Symphysis Pubis Dysfunction (SPD) for patients undergoing physiotherapy

Physiotherapy Department
Community & Therapy Services

This leaflet has been designed to explain and advise you about Symphysis Pubis Dysfunction (SPD).
What is Symphysis Pubis Dysfunction (SPD)?

SPD describes pain in the symphysis pubis joint at the front of the pelvic girdle. The discomfort is often felt right over the pubic bone at the front, below your tummy, around the sides of your hips or in your lower back. You may experience pain in all or some of the areas shaded in the diagrams below. This leaflet will help you understand more about it, how you can adapt your lifestyle and how you can look after yourself during and after your pregnancy and the labour process.

SPD is common. The sooner it is identified and assessed the better it can be managed.

About one in five pregnant women experience mild discomfort in the back or especially the front of the pelvis during pregnancy. If you have any symptoms that do not improve within a couple of days or interfere with your normal day-to-day life, you may have SPD and should ask for help from your midwife, GP or physiotherapist. Women experience different symptoms and these are more severe in some women than others. If you understand how SPD may be caused, what treatment is available, and how you can help yourself, this may speed up your recovery, reducing the impact of SPD on your life.

How is SPD diagnosed?

The diagnosis of SPD is based on certain signs and symptoms which you may experience during your pregnancy or afterwards. Having one or more of them may indicate the need for a physiotherapy assessment followed by advice on appropriate management.

You may also have:
- difficulty with walking
- pain when standing on one leg, e.g. climbing stairs, dressing or getting in and out of the bath
- pain and/or difficulty moving your legs apart, e.g. getting in and out of a car
- clicking or grinding in the pelvic area – you may hear or feel this
- limited or painful hip movements e.g. turning in bed
- difficulty with lying in some positions, e.g. on your side
- pain during normal activities of daily life
- pain and difficulty during sexual intercourse.
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With SPD the degree of discomfort you feel may vary from being intermittent and irritating to being very wearing and upsetting.

What causes SPD?
Sometimes there is no obvious explanation for the cause of SPD. Usually it is a combination of factors, including:

- change in the activity of the muscles in your stomach, pelvis, hip and pelvic floor, which can lead to the pelvic girdle becoming less stable
- a previous fall, accident or weakness that has damaged your pelvis or hips
- hormones released during pregnancy can lead to increased looseness in all ligaments and muscles throughout the body, destabilising joints
- occasionally, the position of the baby may produce symptoms related to SPD.

Susceptibility is increased if:

- you have had previous injury to your pelvis
- you have had SPD in a previous pregnancy
- you have a hard physical job or workload
- you have increased body weight and body mass index before and / or by the end of the pregnancy.

How many women get SPD?
This condition is common; about one in five women will have some pelvic pain.

There is a wide range of symptoms and in some women it is worse than in others, but having some symptoms does not mean you are automatically going to get worse. If you get the right treatment early during pregnancy, it can usually be managed well in some cases the symptoms will go completely. However, in a small percentage of women, SPD may persist longer after birth, particularly if left untreated.

Management
You will need general advice to help you self-manage your condition (see overleaf) and you may need one or more of the following referrals:

- your GP or midwife can refer you to the Physiotherapy Department for assessment of your pelvic joints, followed by treatment (as necessary) and advice on how to manage your condition
- your GP for medication for pain relief

Physiotherapy treatment
Physiotherapy aims to improve your spinal and pelvic joint position and stability, relieve pain and improve muscle function. Treatment may include:

- manual therapy to ensure your spinal, pelvic and hip joints are moving correctly
- exercises to stretch out tighter tissue and to help strengthen and improve stability of your stomach, back, pelvis and hips
- advice including: back care, lifting advice, suggested positions for labour and birth, looking after your baby or other toddlers, positions for sexual intercourse
- other types of pain relief, e.g. TENS, ice / heat exercises in water
- provision of equipment such as pelvic support belts, crutches or wheelchairs.

Your physiotherapist will see you during your pregnancy, as necessary. You may need several visits to control your pain and
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improve your stability. If the pain persists treatment can continue after you have had your baby.

Exercise during pregnancy
- Take moderate exercise, but do not start new sporting activities
- Don’t indulge in intensive or extensive periods of exercise
- Avoid high impact exercise such as running, racket sports and aerobics
- Swimming may be of benefit, but avoid breast stroke and leg kicks
- Walk with shorter strides than usual
- Generally avoid any activity which increases your pelvic girdle pain

Tips during pregnancy
- Be as active as possible within pain limits
- Avoid activities that make the pain worse
- Ask for and accept help with household chores and involve your partner, family and friends
- Rest when you can – you may need to rest and sit down more often
- Sit down to get dressed and undressed
- Avoid standing on one leg
- Wear flat, supportive shoes
- Avoid standing to do tasks such as ironing
- Try to keep your knees together when moving in and out of the car – a plastic bag on the seat may help you swivel
- Sleep in a comfortable position, e.g. lie on your side with a pillow between your legs
- Try different ways of turning in bed, e.g. turning under or over with your knees together and squeeze your buttocks
- Roll in and out of bed keeping your knees together
- Take the stairs one at a time (go upstairs leading with your less painful leg and downstairs with the more painful one, or go upstairs backwards, or on your bottom)
- Plan your day – bring everything you need downstairs in the morning and have everything to hand
- Consider alternative positions if you desire sexual intercourse, e.g. lying on your side or kneeling on all fours

Activities to avoid which will make the pain worse
- Standing on one leg
- Bending and twisting to lift or carry a toddler or baby on one hip
- Crossing your legs
- Sitting on the floor
- Sitting or standing for long periods
- Lifting heavy weights (shopping bags, wet washing, vacuum cleaners, toddlers)
- Vacuuming
- Pushing heavy objects like supermarket trolleys or pushchairs, especially uphill
- Carrying anything in only one hand

After you have had your baby
You should move about as much as possible after the baby, within the limits of your pain. Be aware, medication to relieve pain may cover up the discomfort of your SPD, so be...
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careful and continue to avoid the aggravating activities, as you did before you had your baby.

Most women’s SPD symptoms disappear in the week following the birth. If you still have symptoms 10-14 days after the birth, you should be referred to a physiotherapist for assessment and receive treatment from your midwife or GP.

Remember, SPD is common and treatable. The sooner it is identified and assessed, the better it can be managed.

Reference Section
Mothercare Maternity Support Belt (Nexcare belt)
www.mothercare.com
Pelvic Partnership
www.pelvicpartnership.org.uk
Association of Chartered Physiotherapists in Women’s Health
www.acpwh.org.uk
Chartered Society of Physiotherapy (CSP)
www.csp.org.uk
Acknowledgement to Colchester Hospitals University NHS Foundation Trust

Contact details for Further Information
Physiotherapy Department, Scunthorpe General Hospital, Tel: 01724 290010
Physiotherapy Department, Diana Princess of Wales Hospital, Tel: 01472 875676
Physiotherapy Department, Goole District Hospital, Tel: 01724 290019

Concerns and Queries
If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which situated on C Floor.

Alternatively you can email: nlg-tr.PALS@nhs.net

Confidentiality
Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Zero Tolerance - Violent, Threatening and Abusive Behaviour
The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:
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- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

Northern Lincolnshire and Goole NHS Foundation Trust

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Date of issue: June, 2015
Review Period: June, 2018
Author: Physiotherapy Department
IFP-857

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