

Učinkovitost medeničnega pasu in fizioterapevtskih nasvetov pri nosečnicah z bolečino v medeničnem obroču

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Uvod: Bolečina v medeničnem obroču (BMO) je posebna oblika bolečine v križu, ki se lahko pojavi ločeno ali v povezavi z bolečino v križu. Približno 20 odstotkov žensk med nosečnostjo občuti bolečino v medeničnem obroču (1). Take nosečnice lahko varno zdravimo v kateri koli višini nosečnosti (2). V literaturi je za bolečino v medeničnem obroču navedenih veliko različnih vrst zdravljenja, namenjenih obvladovanju bolečine in zmanjšanju nezmožnosti žensk s tovrstno bolečino (3). Namen: Namen raziskave je bil ugotoviti učinkovitost medeničnega pasu in fizioterapevtskih nasvetov pri nosečnicah z bolečino v medeničnem obroču. **Metode:** Raziskava je potekala v Porodnišnici Ljubljana. Od 83 nosečih prostovoljk je bilo v raziskavo glede na vključitvena in izključitvena merila vključenih 43 nosečih prostovoljk z bolečino v medeničnem obroču med 18. in 37. tednom nosečnosti. Tri nosečnice so od raziskave odstopile. Nosečnice so bile z žrebom naključno razdeljene v skupino s fizioterapevtskimi nasveti in medeničnim pasom (N = 21) in v skupino z nasveti (N = 19). Podatke o nosečnici in bolečini v medeničnem obroču smo pridobili s strukturiranim vprašalnikom, intenzivnost bolečine pa smo ocenjevali z vizualno analognost lestvico (4). Ocenjevanje smo izvedli na začetku raziskave in ga ponovili čez dva tedna. Uporabili smo statistične metode Anova, Pearsonov Hi-kvadrat, Pearsonovo korelacijo, test t za odvisna vzorca in Wilcoxonov test vsote rangov. **Rezultati:** Medenični pas se je v kombinaciji s fizioterapevtskimi nasveti pri lajšanju povprečne bolečine v medeničnem obroču v nosečnosti izkazal kot statistično pomembno bolj učinkovit kot samo fizioterapevtski nasveti ($p = 0,009$). Ugotovljeno je bilo, da pri lajšanju tovrstne bolečine v nosečnosti, ko je ta najhujša, medenični pas v kombinaciji s fizioterapevtskimi nasveti ni bolj učinkovit kot samo fizioterapevtski nasveti. Medenični pas v kombinaciji s fizioterapevtskimi nasveti ni vplival na večje zmanjšanje števila bolečih predelov in števila dnevnih aktivnosti kot samo fizioterapevtski nasveti. V skupini z medeničnim pasom in fizioterapevtskimi nasveti se je število pozitivnih kliničnih testov statistično pomembno zmanjšalo ($p = 0,003$), v skupini s fizioterapevtskimi nasveti pa je ostalo nespremenjeno. **Zaključki:** Rezultati so pokazali, da je medenični pas v kombinaciji s fizioterapevtskimi nasveti pri lajšanju povprečne bolečine v medeničnem obroču v nosečnosti bolj učinkovit kot samo fizioterapevtski nasveti. Na podlagi pridobljenih rezultatov in visoke prevalence bolečine v medeničnem obroču v nosečnosti so potrebne nadaljnje randomizirane kontrolirane raziskave s področja učinkovitosti različnih fizioterapevtskih postopkov za zdravljenje bolečine v medeničnem obroču v nosečnosti, s katerimi bi lahko pripomogli k nadaljnjemu razvoju smernic za njeno zdravljenje v nosečnosti.

Ključne besede: bolečina v medeničnem obroču, nosečnost, medenični pas, nasveti, fizioterapija.

Effect of pelvic belt and physiotherapy advice on pain in pregnant women with pelvic girdle pain

Background: Pelvic girdle pain (PGP) is a specific form of low back pain that can occur separately or in conjunction with low back pain. Estimates of the prevalence of PGP in pregnancy suggest that at least 20% of women experience PGP during pregnancy (1). It can be treated safely at any stage during pregnancy (2). A number of research studies have attempted to identify best intervention and prevention practices for these dysfunctions (3). The purpose of the study was to determine the efficacy of pelvic belt and physiotherapy advice in pregnant women with PGP. **Purpose:** The purpose of the study was to determine the efficacy of pelvic belt and physiotherapy advice in pregnant women with PGP. **Methods:** The study was conducted in the Maternity hospital in Ljubljana. The eligibility criteria ruled in 43 participants out of the cohort of 83 women in their 18 to 37 weeks of pregnancy. Three pregnant women declined their participation in the study. The participants were randomly assigned to physiotherapy advice plus non-rigid pelvic belt (N=21), and to physiotherapy advice alone (N=19). The data about the pregnant women and PGP were recovered through a structured questionnaire and the pain intensity was assessed with visual analogue scale. The assessment was carried out at the beginning of the study and repeated after two weeks. Statistical analysis included Anova, Pearson's chi-squared test, Pearson's correlation, paired samples t-test and Wilcoxon signed-ranks test. **Results:** Results of the study show that physiotherapy advice plus non-rigid pelvic belt was statistically significantly more effective in the treatment of the average PGP in pregnancy than physiotherapy advice alone ($p=0.009$). In cases of worst PGP in pregnancy, the pelvic girdle belt in conjunction with physiotherapy advice was not statistically significantly more effective than physiotherapy advice alone. The combination of therapeutic approaches also did not statistically significantly decrease the number of painful areas and the amount of daily living activities as compared to physiotherapy advice alone. In the group treated with physiotherapy advice plus non-rigid pelvic belt, the number of positive clinical tests was statistically significantly reduced in the second assessment ($p=0.003$), while in the physiotherapy advice group it remained the same. **Conclusions:** Results of the study show that the pelvic belt in conjunction with physiotherapy advice is more efficient in alleviating the average PGP in pregnancy than physiotherapy advice alone. Taking into consideration the results of the study and the high prevalence of the PGP in pregnancy, further randomised controlled trials need to be undertaken to determine the efficacy of different physiotherapeutic approaches in the treatment of PGP in pregnancy and to further develop the guidelines for its management during pregnancy.

Key words: pelvic girdle pain, pregnancy, pelvic belt, advice, physiotherapy.

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