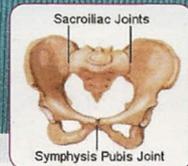


How Reflexology can relieve pelvic girdle pain

Expert advice to give assistance with this extremely painful condition



References

- (1) **The Pelvic Partnership**
SPD Leaflet about symphysis pubis dysfunction and its management www.pelvicpartnership.org.uk
- (2) **The Goodbirth guide** 'What is SPD?' www.goodbirthguide.co.uk
- (3) **The Association of Chartered Physiotherapists in Woman's Health** 'Pregnancy Related Pelvic Girdle Pain' www.acpwh.org.uk
- (4) **Susanne Enzer Maternity Reflexology Manual** 2004 Hart Press ISBN: 0-9548060.p.10

What is PGP?

PGP is experienced when the joints in the pelvis are unstable and painful (symphysis pubis ligament and sacro-iliac joints). PGP is characterised by a stiffness or dysfunction in the joints that make up the closed ring of the pelvis. Because this ring of bone comprises a closed system, when one of the joints becomes stiff or stuck, others may compensate by moving excessively and in doing so cause pain and discomfort. (1)



Traditionally it was thought that PGP was caused by the increase in hormones such as relaxin, and it was thought there was nothing that could be done to ease it. More up-to-date studies show that in fact it is the movement (or lack of it) in the pelvic joints at the back (the sacro-iliac joints) which causes the problem – this is very good news, as it means that it can now be treated. (2)



Treatment

In addition to the wonders of maternity reflexology, early intervention and management is essential.

Warning signs

Epidemiology (3)

- * Lumbar-pelvic pain is common during pregnancy, with prevalence described variously as ranging from 50-70%.
- * 14-22% (of that 50-70%) have serious PGP, with 5-8% having severe problems of pain and disability.
- * Serious PGP is present in 7% of postpartum women.

Symptoms

- * Difficulty walking.
- * Pain when standing on one leg – i.e. Climbing stairs, getting in and out of bath.
- * Pain or difficulty moving legs apart – i.e. turning over in bed, getting in and out of the car.
- * Clicking or grinding in the pelvic area.
- * Pain during normal daily activities.
- * Pain and difficulty during sexual intercourse.

Physiotherapy referral and assessment by the general practitioner, obstetrician or midwife is paramount. A physiotherapist can give advice, exercise and assistance with support belts. Osteopaths, chiropractors and acupuncturists are also trained to treat and manage PGP.



Maternity reflexology

In my postgraduate training, I discovered that there is a clear correlation between the shape of the bones of the pelvis and the bones of the feet (direct somatic replication) which means that reflexologists are able to locate and treat very specific and precise points on the pelvis reflexes. (4)

Once the anatomy of the pelvis and the feet (mainly Calcaneus and Talus) are explored, the reflexologist is able to relate how the areas of discomfort within the body are generally referred onto the reflexes on the feet. For instance, if the sacro-iliac joint reflexes are painful, they often show as puffy, hot, painful areas on the SI joint reflex on the feet and can be very painful. Indeed, when working around the pelvic region on the feet, I can generally feel which joint has contracted (tightened) and which side is relaxed. Once the area of pain is identified, 'trigger release' first aid – a very effective technique which clears localised blocked energies – can be applied. It's painful at the time but gives clients up to two weeks of relief in my experience. For two years I had my own midwifery centre where we cared for pregnant women with midwifery care and complementary therapies. Women with PGP often arrived on crutches unable to function normally with everyday activities.

One of our yoga teachers had extreme PGP. At six weeks of pregnancy she staggered into the centre in floods of tears, experiencing excruciating pain. The obstetricians and physiotherapists at the centre worked on the physical aspect of her pelvis and I worked on the pelvic reflex aspect of her feet. She said that she knew exactly how her day would be by how her feet felt when she awoke – hot, throbbing feet meant she had a bad day ahead of her. She had an 'uncomfortable' but stable pregnancy, no longer in agony or requiring crutches, until her elective caesarean section at 39 weeks.

Gill Thomson MAR

Reflexology 4 Pregnancy

New year greetings to maternity reflexologists from Susanne Enzer FAOR

I feel that Maternity Reflexology is taking its place amongst the important specialities in reflexology, and the people who practice this speciality are themselves special people. We know that whilst working in maternity reflexology there are times of not only great thrill and pleasure but also times of great sadness and distress. I feel that a few words of wisdom are needed here: "We can change neither history nor destiny. Please know that you have contributed your love, care, knowledge and skills and accept that there are some things over which you have no control". I know reflexology to be second to none in maternity care.

**Love and Light
Susanne**