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RESEARCH ARTICLE

TRANSVAGINAL PELVIC FLOOR PHYSICAL THERAPY, AN IMPORTANT TREATMENT APPROACH FOR SACROILIAC JOINT DYSFUNCTION

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ABSTRACT

Objectives: There is a growing evidence that Transvaginal Pelvic Floor Physical Therapy reduced the severity of Sacro-iliac joint dysfunction (1). However, attention is to be paid to pelvic floor muscle training with functional integration. This study responds to a greater contribution in the area of clinical practice (2). The Sacroiliac joint dysfunction (SJD) has been found to be the primary culprit for Lower Back Pain (LBP), but it is still over worked and treated as LBP. Often, we find that many patients with SI joint dysfunction (particularly sacroiliac joint pain hyper mobility) will manifest with pelvic floor with hypertonic muscular dysfunction, as this is a compensatory strategy used to stabilize the SI joint. Hence, pelvic floor physical Therapy is an important treatment approach which can be used for sacroiliac joint dysfunction. We hypothesized that pelvic floor transvaginal physical therapy can improve sacroiliac joint dysfunction. **Methods:** 15 patients with sacroiliac joint dysfunction participated in this pilot study. The outcome measures used were the Oswestry Disability Index (ODI), Visual analog scale (VAS) , pain assessment short form 36 (SF-36) and Manual Pelvic floor assessment through Modified Oxford Grading System. The study findings revealed a statistical improvement in post intervention values for sacroiliac joint dysfunction and a statistically significant decrease in hypertonicity of pelvic floor muscle's and also a significant decrease of pain in the sacroiliac joint. **Conclusion:** Transvaginal Pelvic Floor physical Therapy is an important treatment approach tool for Sacroiliac Joint Dysfunction.

INTRODUCTION

The Sacroiliac joint dysfunction is a common cause of low back pain (1), occurring in 16-30% of patients with low back pain. Low back pain is a major health problem having an impact on quality of life at some time in their lives.(2) Sacroiliac dysfunction is a condition of changed mechanics, either an increment or diminishing from the typically normal or the presence of an abnormal movement (3). It is recognized as a condition causing pain arising from the sacroiliac joint and is caused by the increased or abnormal motion of the ilia around the sacrum and irritation of sacroiliac joint structures (capsule, ligaments, muscle or pain receptors located around the joint)(4). In spite of frequent occurrence of sacroiliac joint dysfunction, its assessment and management were inadequately explained to the published work. The clinical diagnosis of sacroiliac joint dysfunction is based on focused history and physical clinical examination. Treatment of sacroiliac joint dysfunction is still questionable (5). Physical therapy approaches correcting sacroiliac joint misalignment manually by emphasizing restoring the balance of lumbar and pelvic muscles. Despite the output results after management of sacroiliac joint dysfunction are restricted and there is a need for further studies to compare between various treatment techniques (6). Transvaginal Pelvic floor physical therapy should be used routinely (6) The objective of the study was to assess the effectiveness of Transvaginal Pelvic Floor Physical Therapy for sacroiliac joint dysfunction patients.

METHODOLOGY

The study was performed in the outpatient department, Womens Health department at Aqua Centric Private limited July 2020 to September 2021.

Subjects: 15 subjects ranged between 40 to 65 years had pain over the sacroiliac joint and had sacroiliac joint hypomobility or intermediate mobility. The treatment was done 3 times for week for 20 numbers of sessions.

The exclusion criteria were as follows: Acute injury or fracture in the lower limbs, pregnant females , any inflammatory pathology, any hip joint pathology, previous hip surgeries or any recent received intra-articular injections, stenosis / spondylolisthesis / disc disease, congenital spinal deformity, previous major lumbar spine surgery, hypermobility of sacroiliac joint A written consent was obtained from all the participants.

Procedures

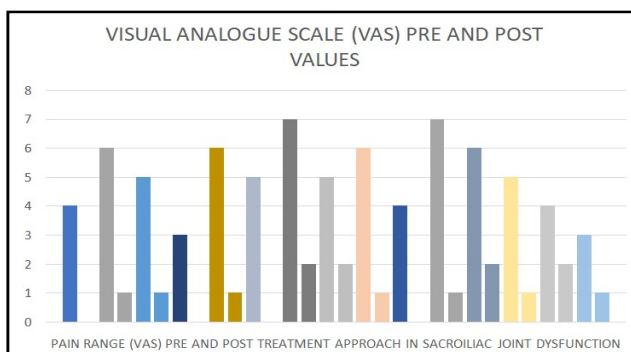
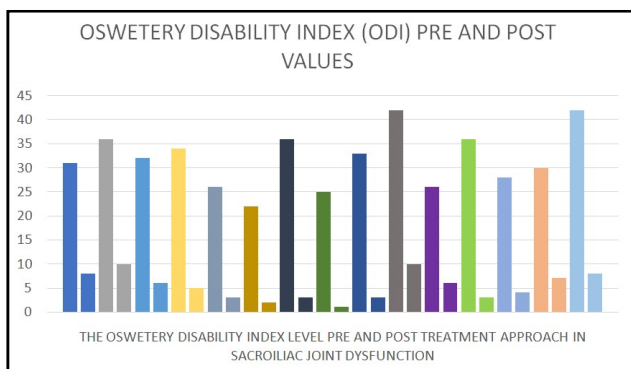
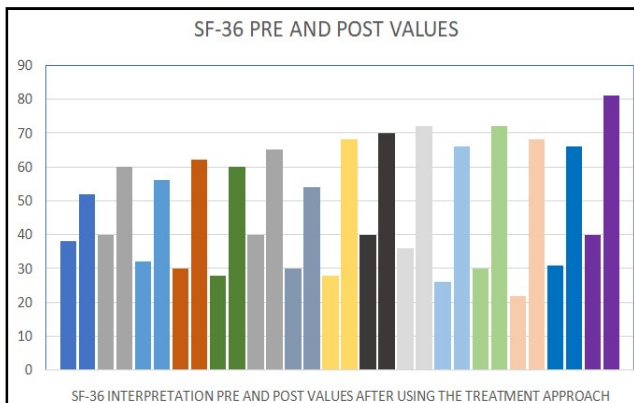
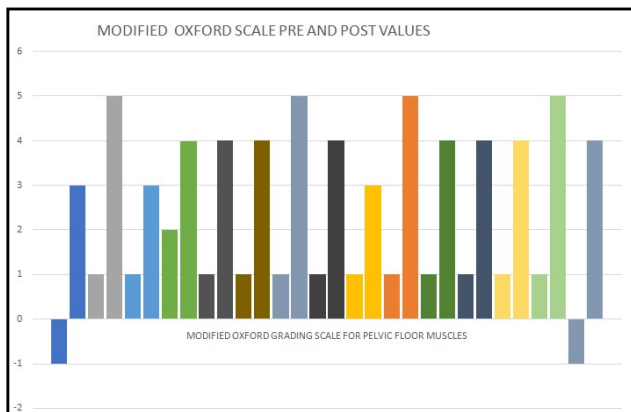
Measurement Procedures

- Pain Intensity level assessment was measured by visual Analogue Scale (VNS). VAS consisted of a 10cm horizontal line. It was

used for measuring pain intensity. The patient was asked to put a mark at the point that represented her pain.

- Oswestry Disability Index (ODI)
- Pain assessment short form 36 (SF-36)
- Manual Pelvic Floor Assessment through Modified Oxford Grading System.

Treatment Procedures: All subjects had pelvic floor muscle tenderness or examination. Patients underwent manual transvaginal pelvic floor physical therapy which included release of trigger points over pelvic floor muscles. The patients responded to internal treatment and symptoms were 'moderately' or 'markedly' improved compared to before treatment.



RESULTS

Sacroiliac joint dysfunction has been identified as a primary as contributing source of pain in patients with low back pain. The has letteluster of SI joint pain provocation tests had the strongest evidence for clinical testing. The purpose of this study was to describe impacts of transvaginal Pelvic Floor Physical Therapy as a treatment approach for SI joint pain or dysfunction. Especially , the goal was to assess the impact of progressive pelvic floor muscle exercise through Manual/Transvaginal approach. The Modified Oswestry Low Back Pain Disability Questionnaire (MODI) was the primary outcome measure used in this case. In addition, the Numeric Pain Rating Scale (NRPS) and Modified Oxford Grading Systems for pelvic floors muscles by using vaginal palpation.

DISCUSSION

The purpose of the study was to investigate the effects of manual transvaginal pelvic floor physical therapy in patients with sacroiliac joint dysfunction. The patients participated in this study had symptoms of sacroiliac joint dysfunction with the treatment protocol described, symptoms were improved in 8 weeks. The study findings revealed a statistical remarkable improvement in post intervention values for sacro-iliac joint mobility and also a significant decrease of pain compared to pre intervention values There was a significant improvement in anterior pelvic tilt angle and pain level with Transvaginal Pelvic floor physical therapy. Chronic musculoskeletal disorder should be a cause of soft-tissue muscle shortening, muscle shortening and can be long term adaptive postural changes. Hence, manual pelvic floor muscle release can be used to re-elongate shortened tissue , break adhesion and restore normal position.

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