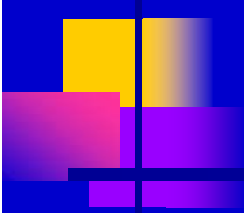


The Bottom Line Lumbopelvic Instability



June 16 2005
Magali Robert
Dept of O & G
University of Calgary

Core Stability

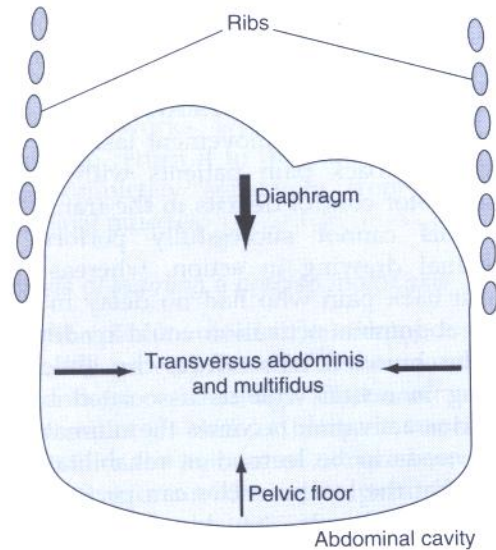


Figure 7.2 The functional unit of local stabilization: a stylized drawing of the transversus abdominis, diaphragm and lumbar multifidus and pelvic floor.

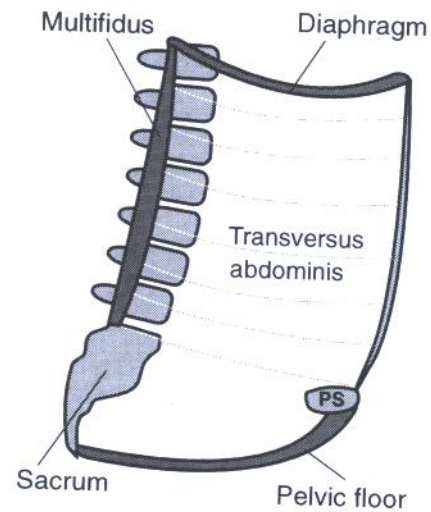


Figure 2.22 The muscles of the 'inner core' unit include the multifidus, transversus abdominis, thoracic diaphragm and pelvic floor. (From Lee 1999, with permission.)

Postural Changes

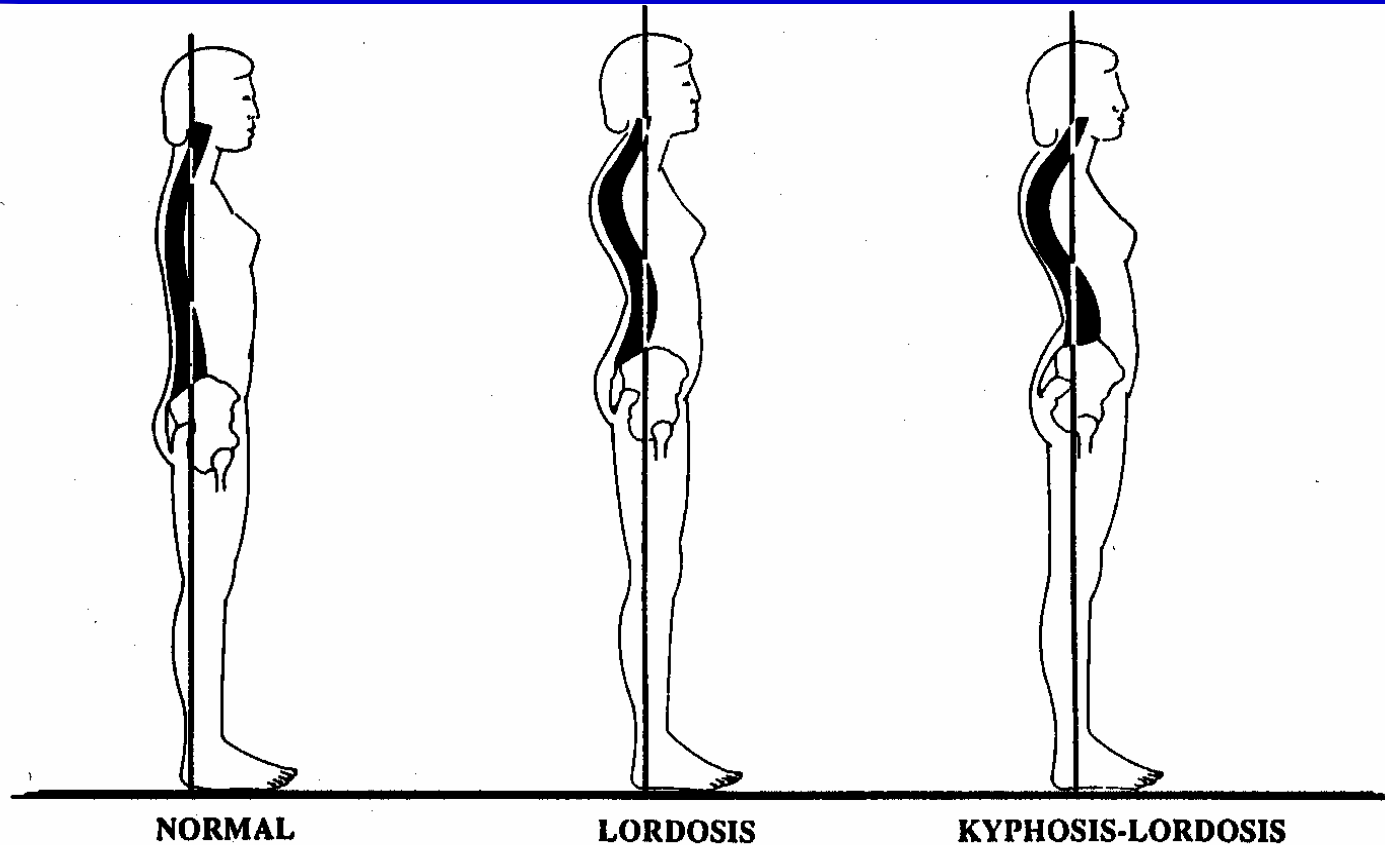
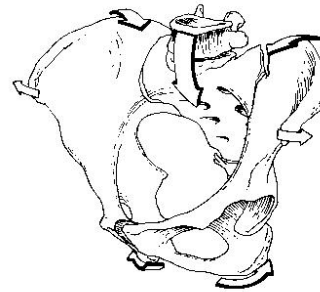


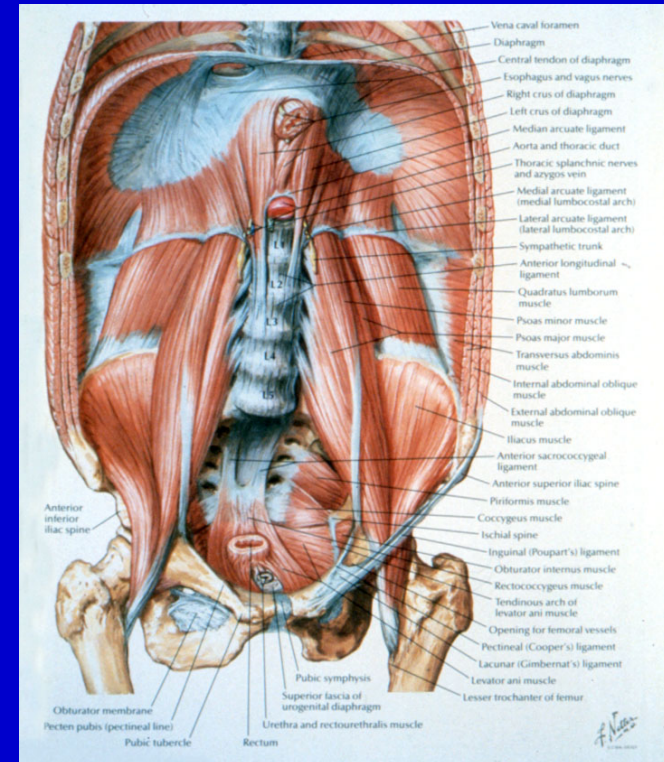
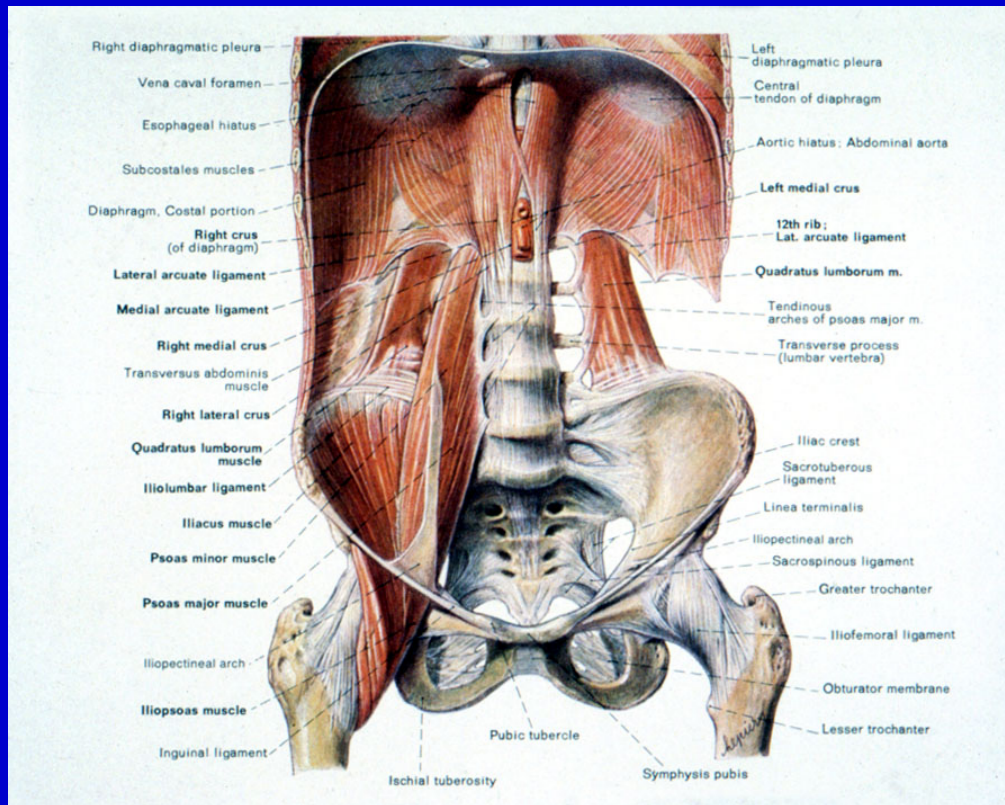
Figure 24-4. Normal and faulty posture. Both lordosis and kyphosis-lordosis occur in typical pelvic pain posture. (From King PM, Meyers CA, Ling FW, et al: Musculoskeletal factors in chronic pelvic pain. *J Psychosom Obstet Gynecol* 1991;12:87.)

Pelvic Dynamics

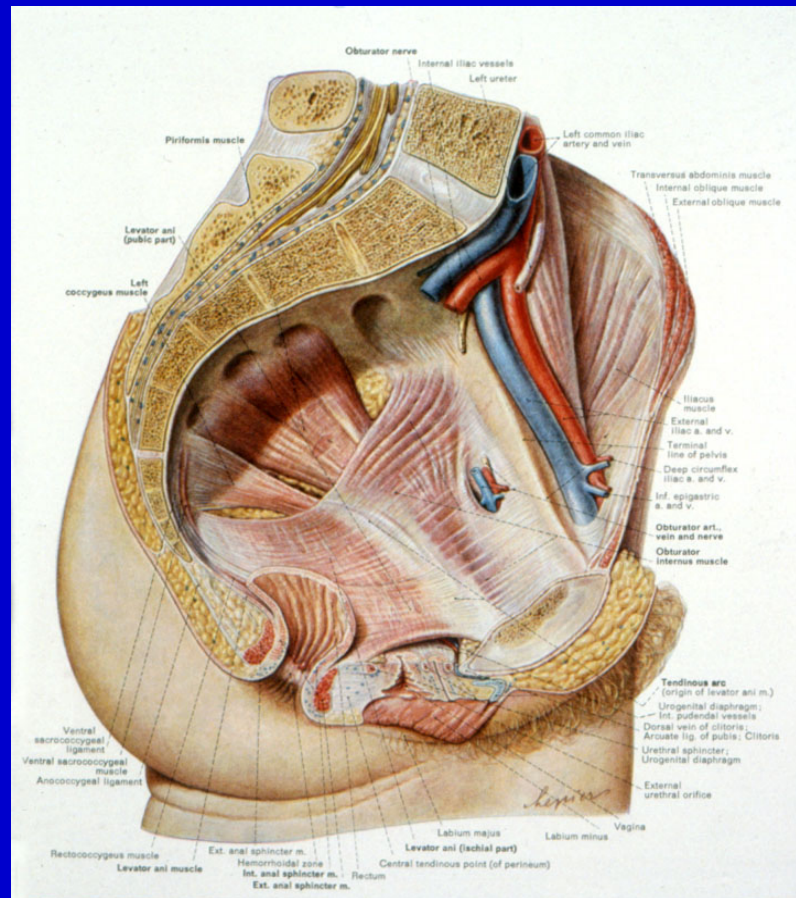


Figs 5.12 and 5.13 Forward bending of the trunk from the erect standing position, and the osteokinematic motion of the pelvic girdle.

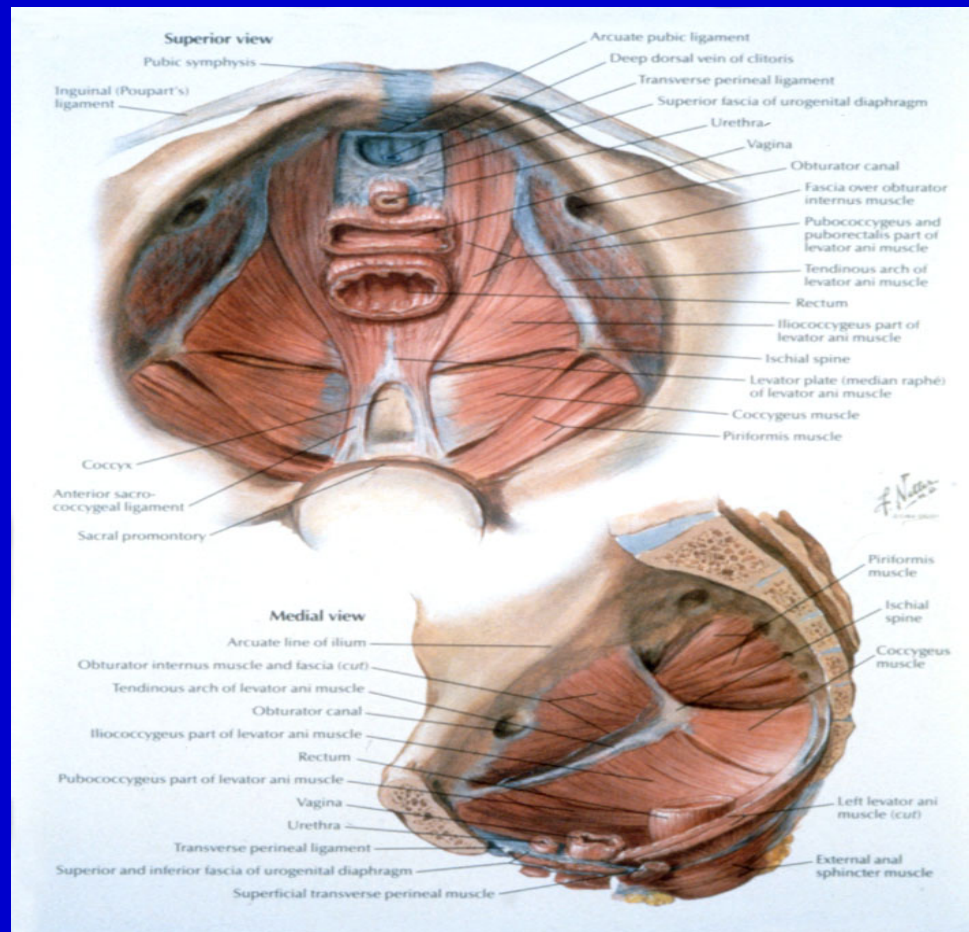
MUSCLES



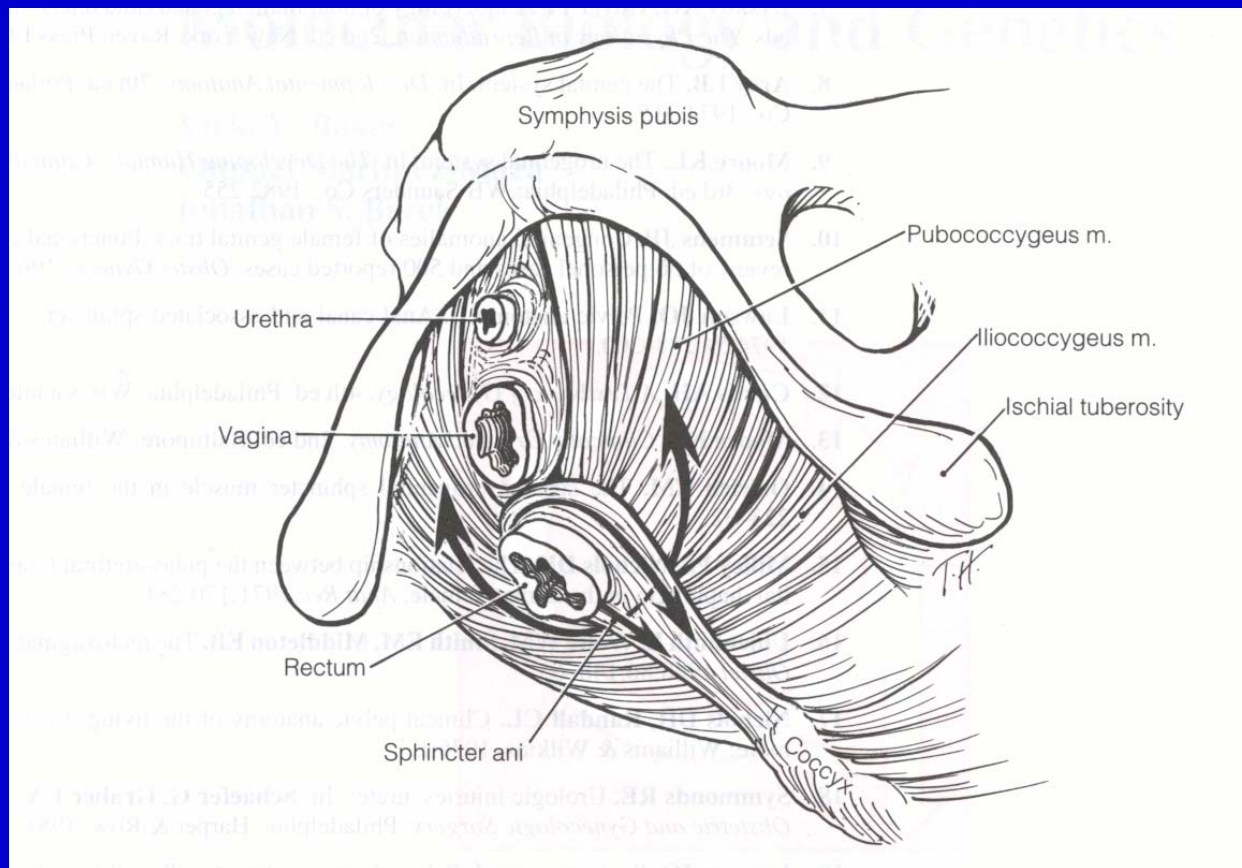
Muscles cont'd



Muscles: Pelvic Floor



If Not Getting Better then Consider Pelvic Floor



Pelvic Floor Dysfunction History

Urinary

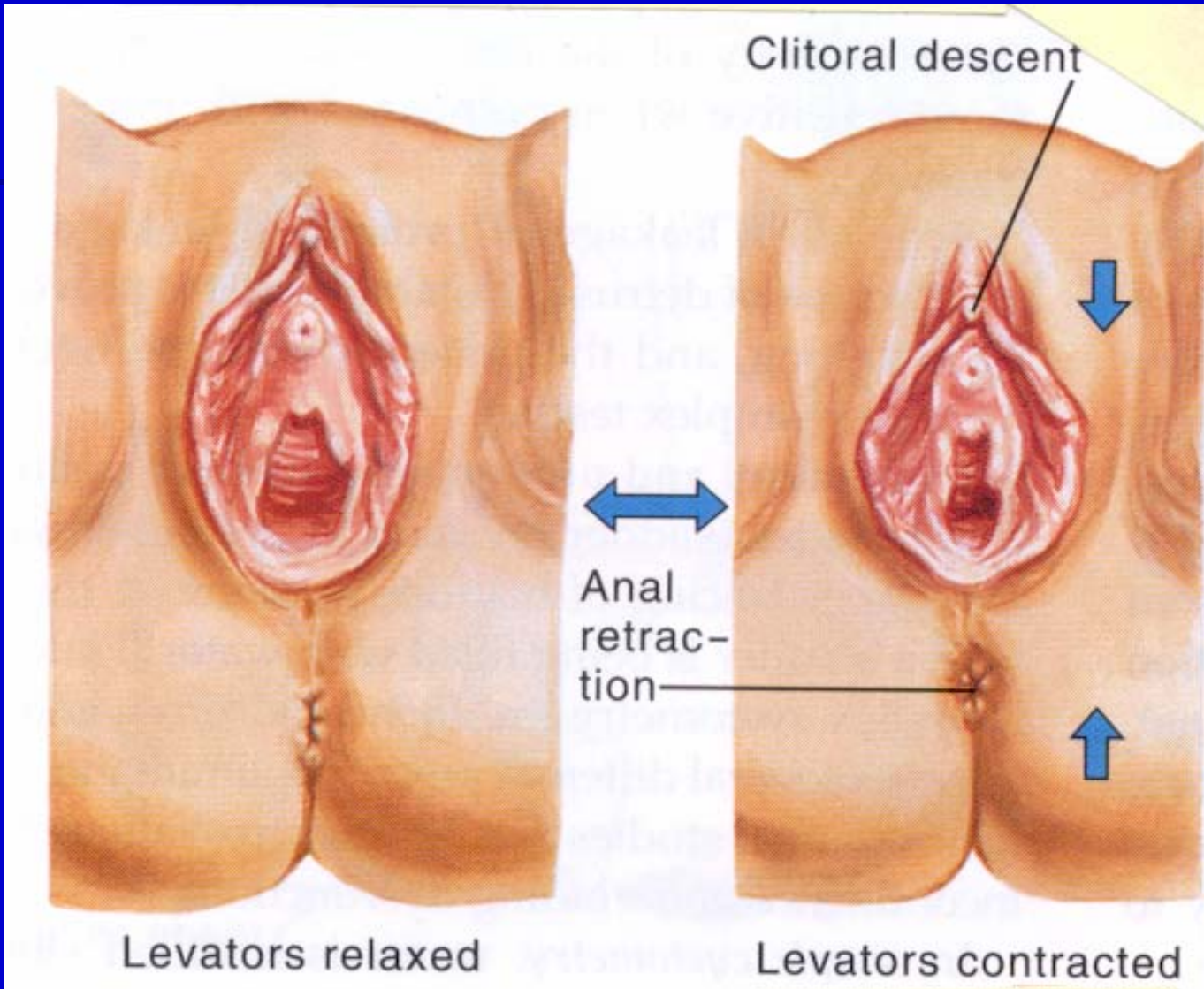
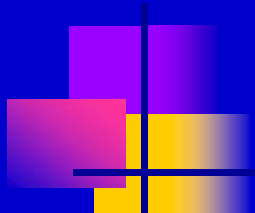
- Vaginal

- Male

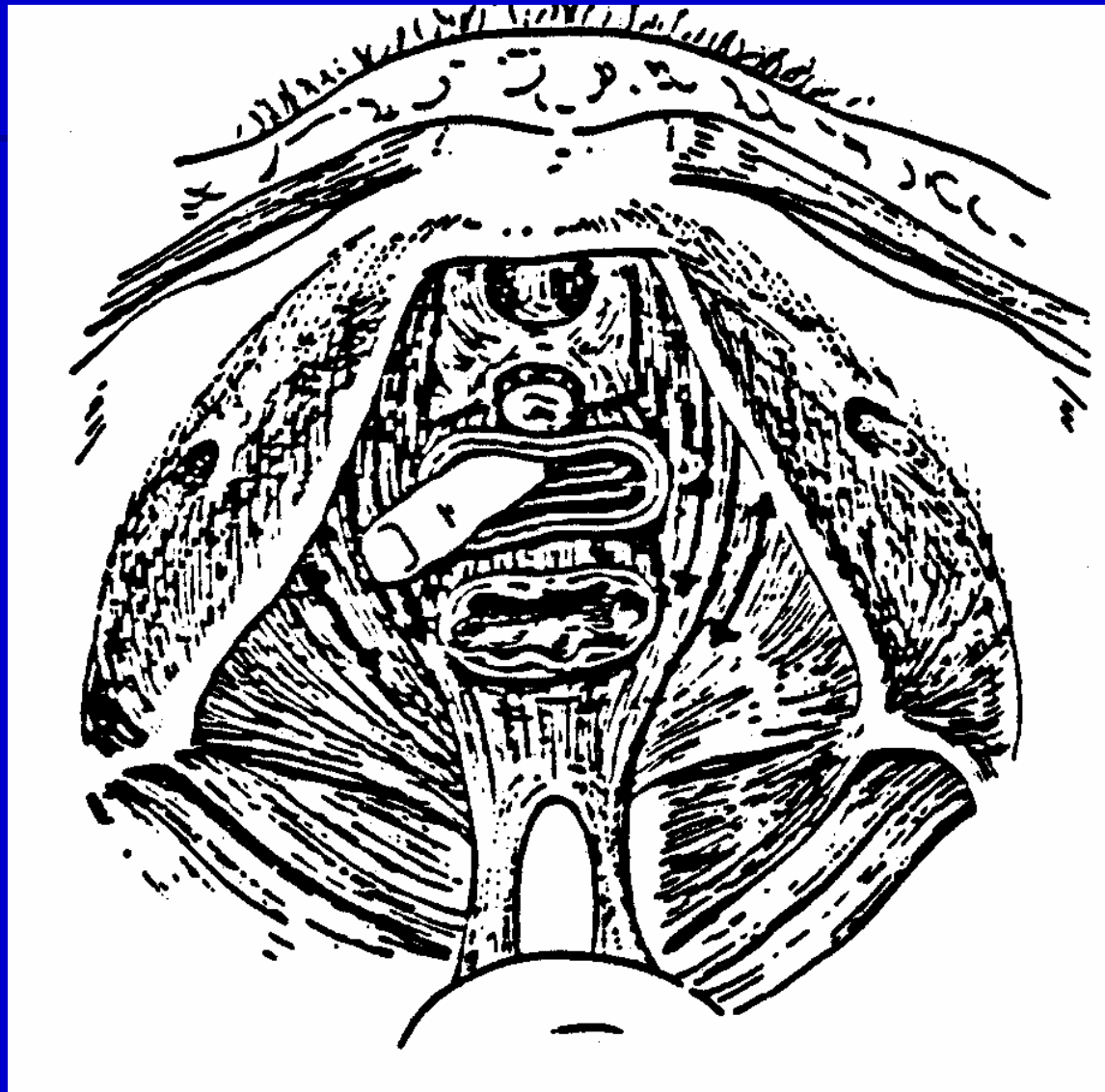
- GI

- Pain

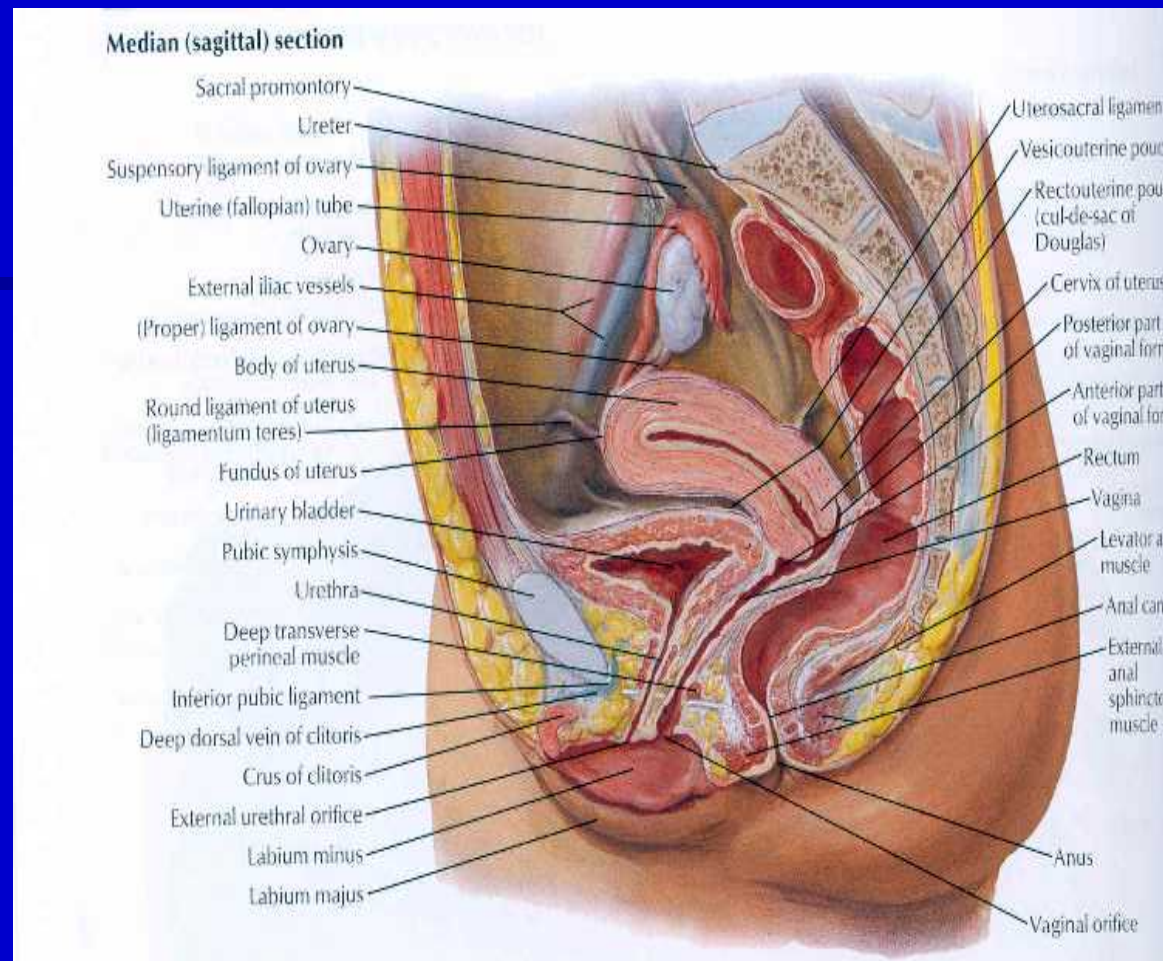
- Retention
- Overactive bladder
 - Urethral syndrome (recurrent UTI)
- Dyspareunia
- Tampons
- Chronic prostatitis
- Ejaculatory dysfunction
- Anismus ("constipation")
- Dyschezia
- Dull, aching, poorly localized
- Shooting, lancinating, elect. shock
- Worse with straining
- Worse with sitting



Palpation of the pelvic floor muscles



Myofascial Aspects of Pelvic Pain



Summary



- Successful management requires
 - Identification
 - Careful assessment of response to therapy
 - Assessment of inter-current visceral pathology