

Musculoskeletal Medicine In Clinical Practice

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" Chapter 12 (p. 72-73) Pelvic Pain The significance and diagnostic pitfalls of inguinal fossa pain has been discussed in the previous chapter, in which epigastric, gallbladder, renal, ureteric, and bladder pain have also been mentioned. Each has its particular history and attendant physical signs, but the common reality of referred pain does not exclude the possibility of pains at any of these sites being of mechanical origin, most likely arising between the 8th and 12th thoracic levels, as well as the lumbar ones, even when systemic disease is at first suspected. It is equally important to remember that the teaching of cure of any of these conditions by manipulation remains a dangerous dream. So to the pelvis itself. As previously mentioned, the pubic bones, like every other structure in the skeleton, may not be symmetrical in form; indeed they are seldom so. This may result in their appearing not to be level on the two sides. Therefore, clinically observed differences in level must be of no diagnostic value. Such an observation does not imply any degree of malposition. Of course, this does not mean that it is useless to observe the apparent differences, before and after manipulation. It must be remembered that the symphysis has a disc somewhat similar to the intervertebral disc, and that it may be damaged by excessive stresses. Other than in complex traffic accidents, where in any case manipulative techniques would not be contemplated, such damage is rare, though less so during and following pregnancy, as a result of the physiological slackening of all the pelvic ligaments. In the latter case it is associated with the distraction force of the infant's head, due to uterine muscular contraction during the second stage of labour in effect prizing open the pelvic outlet. Other than these cases, I have seen one case in 40 years of musculoskeletal practice; it was due to trauma by the pommel of a saddle, in a horseman misjudging a jump. A sudden upward blow to the converging inferior pubic rami put a distraction force on the symphysis sufficient to separate it by disruption of the disc. It is noteworthy that the causative force in this case is diametrically opposed to that in intervertebral disc rupture distraction, rather than compression. One of the commonest pelvic pains is that felt over the sacroiliac joints. The possibility of this being due to rheumatoid arthritis or Scheuermann's disease has already been mentioned, as has polymyalgia rheumatica. While the same principles apply here in pregnancy as at the symphysis pubis, the suggestion that the sacroiliac joints are

common sites of origin of (nonpregnancy) musculoskeletal problems requires further thought. There are three cogent reasons for viewing this unsubstantiated belief with grave suspicion. First, the sacroiliac joints are the largest joints in the body, irregular in shape, and their articular surfaces are deeply pitted, with compensatory prominences engaging in the pits, so that their interlocking allows minimal movement, except under a strong distraction force between the ileum and sacrum. Application of such a force just does not occur, except in the second stage of labour or complex accidental trauma." EAN/ISBN : 9781846280146 Publisher(s): Springer, Berlin, Springer, London Discussed keywords: Skelettmuskulatur Format: ePub/PDF Author(s): Paterson, John K.

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