

## Guidelines for SOWH Member Physical Therapist Usage of the Postpartum Recovery Packet from the Section on Women's Health of the American Physical Therapy Association



The Postpartum Recovery Packet and handouts are available for free to the members of the Section on Women's Health for download and printing for distribution directly to patients, and to share with referrers.

The free use of the handouts is restricted to organizations with an active member of the SOWH on staff, and to individuals who have paid for and attended the SOWH OB2 course. Anyone wishing to use the handouts for research should request permission from the SOWH by contacting Ann Marie Flores, PhD, PT, Director of Research, SOWH @ [Research@womenshealthapta.org](mailto:Research@womenshealthapta.org)

SOWH Members and SOWH OB2 participants wishing to print these handouts for a single large scale distribution (greater than 50 to one group or organization) should please notify Cynthia Neville, PT, WCS, BCIA-PMDB of their intention @ [Cindy.Neville@brookshealth.org](mailto:Cindy.Neville@brookshealth.org)

**SOWH Members and SOWH OB2 participants should insert their clinic or contact information in the bottom right hand corner of the first page. (instructions are below)**

Included in this packet you'll find information designed to ease the recovery from childbirth, and to promote a healthy and happy time for a new mother and her baby. Topics include: Postpartum Back and Pelvic Pain, Caring for Your Pelvic Floor Muscles, Postpartum Fatigue, Exhaustion, Baby Blues and Depression, Postpartum Posture and Body Mechanics, Get Your Belly Back, Cesarean Scar Management, Postpartum Sexual Healing

Physical therapists can use this packet in many ways to help educate patients, physicians and other health care professionals. Some ideas include:

- Give to patients in physical therapy during pregnancy
  - Give to patients in physical therapy postpartum
  - Give to OBGYN offices to distribute to patients during pregnancy and postpartum
  - Give to pediatrician offices to distribute to new mom's at baby's checkups
  - Distribute at child birth preparation classes
  - Distribute at birthing centers to give to women when they go home
  - Distribute at prenatal and/or postpartum exercise classes (ie. Yoga, aerobics, water aerobics, etc.)
  - Distribute at support groups (ie. La Leche, etc)
  - Take the time to review the information with those receiving it.
  - Consider providing an informational presentation about the information in the handouts to any support group, exercise class or child preparation class.
  - Please use this packet as you feel appropriate.
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- Be sure to insert your professional contact information into the bottom right hand corner of the first page of the packet. This will facilitate referrals back to your clinic and to a women's health PT.
    - Instructions on how to insert your logo and contact information
    - Using Adobe Acrobat 9 Standard (You must have the "writer" program, not just the Adobe reader program)
    - Open the pdf file in Adobe go to top tool bar under Document
    - Click on Background

- Add your information and logo in the box of options that opens up:
  - Under Source: choose File
  - Click on Browse to find your logo file from your computer files.
  - Once opened, your logo will appear behind the picture on the page, in the middle.
- Go to the next option: Appearance to make your logo smaller (or do this as you are moving it down.)
- Go to Position and click the vertical distance to move it down and the horizontal to shift it over (keep making smaller or bigger as needed)
- Click OK and Save changes.

When appropriate, please acknowledge the work of the SOWH Postpartum Task Force who created this packet as a benefit to the members of the SOWH: Cynthia E. Neville, PT, WCS, BCIA-PMDB, Jessica Drummond, PT, Laura Scheufele, MS, PT, Patricia Wolfe, MS, PT, Karen Abraham, PT, PhD

# Postpartum Recovery

This information is provided to you by physical therapists from the American Physical Therapy Association's Section on Women's Health who have received specialized training to care for women during the childbearing years. If you have any questions about this information, please contact a women's health physical therapist or your healthcare provider. More information is available from the Section on Women's Health at [www.womenshealthapta.org](http://www.womenshealthapta.org).



## PLEASE READ THIS IMPORTANT INFORMATION

Inside this packet you'll find some information designed to ease your recovery from childbirth, and to promote a healthy and happy time with your baby.

Topics include:

- Postpartum Back and Pelvic Pain
- Caring for Your Pelvic Floor Muscles
- Postpartum Fatigue, Exhaustion, Baby Blues and Depression
- Postpartum Posture and Body Mechanics
- Get Your Belly Back
- Cesarean Scar Management
- Postpartum Sexual Healing

*Information about finding a physical therapist for women can easily be found. Go to the website for the Section on Women's Health of the American Physical Therapy Association website at [www.womenshealthapta.org](http://www.womenshealthapta.org) and look for the Consumers link, then click on "Women's Health PT Locator."*

# POSTPARTUM BACK AND PELVIC PAIN

## DON'T IGNORE BACK PAIN

- Back pain during pregnancy and afterward is very common, but it is not normal.
- Women with back pain during pregnancy have a greater risk for back pain postpartum.
- If back pain is not treated, there may be problems in the future.
- Back pain after delivery may be related to pelvic floor problems, such as leakage of urine.

## HOW DOES YOUR BACK FEEL?

### COMMON COMPLAINTS:

#### Pelvic Joint Pain:

- Buttock or hip pain
- Pubic or groin pain
- Tailbone pain
- Sharp stabbing pain
- Pain when changing positions: sit to stand, stair climbing, rolling in bed, getting out of your bed or car
- Loose and weak joints which can cause popping or clicking
- Pain that extends to groin or down the back of the leg
- Feels as though leg is "giving way"

#### Low Back Pain:

- Pain worsens when you stand for a long time which is called postural
- Pain increases with activities which is referred to as mechanical
- Feels fine upon waking
- Dull ache in low back worsens as day goes on

### IF YOUR BACK HURTS YOU CAN:

- Apply an ice pack for 15 minutes when you have sharp pain. A loose pack of frozen vegetables works well.
- Apply heat to the painful area for 15 minutes. You can make a rice bag by putting 2 cups of uncooked rice in a cotton sock, knot the open end and heat in the microwave for 60 seconds.
- Have your partner massage sore muscles.
- Exercise your core muscles.

### HOW TO CARE FOR YOUR BACK:

- Practice good posture when standing or sitting.
- Avoid sitting cross-legged or standing on one leg with hip jutting out.
- Activate the deep core muscles during activities and movements. These muscles include the pelvic floor, deep abdominals and deep spinal muscles.
- Avoid bending and twisting at the same time.
- Use good body mechanics – bend from the knees and hips, not your back.
- Contract your deep core muscles when lifting and exercising. Squeeze and lift your pelvic floor muscles up and in, pull your low abdominals muscles inward.
- Keep your low back in a neutral posture that is not too flat or arched.
- Apply these tips during all activities, especially when lifting items such as weights, your baby, groceries, etc.



*Consult a physical therapist for specific treatment and to learn abdominal muscle exercises. Research shows that postpartum women with pelvic and back pain who did abdominal and pelvic floor muscle training exercises had improvement. These results lasted through the first year postpartum.*

# CARING FOR YOUR PELVIC FLOOR MUSCLES

## EXERCISE THE PELVIC FLOOR MUSCLES

You should begin exercising the pelvic floor muscles immediately after childbirth. Exercising can help you recover from your delivery now, and can help prevent problems from developing later in your life.

### THIS IS A GREAT EXERCISE FOR THE POSTPARTUM PERIOD:

- Squeeze and lift the pelvic floor muscles by squeezing the muscles that you use to hold in gas. Try to hold the contraction for a count of 5. Count out loud to make sure you don't hold your breath. Then relax for at least 10 seconds. Letting the muscles relax is very important.
- Try contracting your pelvic floor muscles as you begin to exhale, this may make it easier.
  - Work up to 10 second holds and 10 contractions at a time. Repeat 5 to 6 sets of 10 holds a day.
  - You can do these lying on your back, sitting or standing.
- You should not feel the buttock or inner thigh muscles working too much when you exercise your pelvic floor.
- Practice doing a quick and strong squeeze before you sneeze, cough, laugh or lift your baby or heavy objects.
- A good way to remember to exercise is to do them every time you wash your hands, feed or change your baby.

## FUNCTIONS OF THE PELVIC FLOOR MUSCLES

### PELVIC FLOOR MUSCLES:

- Support your organs (including the bladder) as well as your pelvis and spine. They act like a posture muscle working all day and night.
- Assist in the stopping and starting of the flow of urine and the passage of gas and stool.
- Help with your sexual response and orgasm.
- Provide stability to the spine and pelvis during movement.

### POSTPARTUM PROBLEMS MAY INCLUDE:

- A sense of heaviness or pressure in the vagina or rectum
- Leakage of urine
- Difficulty holding back gas
- Pain with sex

*Pregnancy and childbirth can strain and sometimes injure these muscles. Any problems with pelvic floor muscles should be resolved by 4 to 6 weeks postpartum. If you continue to have problems after 6 weeks, you should let your health professional know.*

## HOW TO FIND THE PELVIC FLOOR MUSCLES

### THERE ARE MANY WAYS YOU CAN FIND THE RIGHT MUSCLES:

Here are the DO's:

- Squeeze and lift the muscles around the vagina and anus together, as if you are trying to hold in gas. Tighten the muscles you would use to hold the gas in. No one should be able to tell you are doing this. Try to keep your buttocks and thighs as relaxed as possible.
- Insert your finger into the vagina and squeeze.
- Test your urinary sphincter by trying to stop the flow of your urine mid-stream. Then let it go again. If you can not completely stop the stream, it means that your pelvic floor muscles are weak.

Here are the DON'Ts:

- Avoid the above exercise when you have a full bladder.
- Once you have control of these muscles, do not continue practicing while urinating. It could lead to urinary tract infections.

*At your 6 week follow-up with your doctor, nurse or mid-wife, ask them to check your muscles to make sure that you are contracting your pelvic floor muscles correctly.*

# POSTPARTUM FATIGUE, EXHAUSTION, BABY BLUES AND DEPRESSION

## AM I JUST TIRED?

Caring for a newborn can be exhausting for a new mother or anyone for that matter. The lack of sleep that new parents experience can contribute to feelings of depression, sadness or anxiety. Additionally, postpartum depressive symptoms can be up to 3 times more common for women having back or pelvic pain.

### CALL YOUR HEALTHCARE PROVIDER IF:

- Fatigue doesn't stop.
- Your fatigue is noticed by others.
- You feel depressed, anxious or angry with your baby.
- Fatigue is accompanied by sadness or headaches.
- You feel tired after activities.

### OTHER COMMON SOURCES OF POSTPARTUM FATIGUE INCLUDE:

- Anemia
- Heart problems
- Infections
- Thyroid problems
- Baby blues or postpartum depression



## DO I HAVE POSTPARTUM DEPRESSION?

Postpartum depression is serious and requires an appointment with your healthcare provider. It usually starts within the first 90 days after delivery, but can begin up to 12 months postpartum, and/or after you stop breastfeeding.

### SOME SYMPTOMS ARE:

- Strong feelings of sadness, anxiety or irritability
- Feeling that you can not take care of yourself or your family
- Difficulty motivating yourself to do everyday tasks
- Unable to sleep or sleeping too much
- Loss of pleasure or interest in things that used to be fun
- Lack of interest in your baby
- Crying
- Lack of interest in food (or overeating)
- Reduced interest in bathing or dressing
- Trouble with concentrating or remembering things
- Overly intense worry about your baby
- Thoughts of harming yourself or your baby

## BABY BLUES AND PSYCHOSIS

Most new moms experience the baby blues. You may feel tearful, fatigued, irritable, sad, have mood swings, and/or have trouble concentrating. Your symptoms will be similar to postpartum depression, but will usually start within 3-4 days after delivery and will get better within 10 days. You will feel that your symptoms are mild and short-lived.

On the other hand, your symptoms may be more severe than postpartum depression, and may include hallucinations and delusions. Your symptoms may change rapidly. You might be very restless, confused, angry, disorganized and unable to sleep. If this is how you feel, you might have postpartum psychosis. This is a medical emergency. Call 911 or your healthcare provider right away! If you have a history of bipolar disorder or have had postpartum psychosis in an earlier pregnancy, you are at much higher risk.

## WHAT CAN I DO TO HELP MYSELF?

- Look for support from friends and family for meals, housekeeping and baby sitting. There are postpartum doulas that can help you as well.
- Refer to the websites listed in the box for more information.
- Look for local exercise or yoga classes that include your baby.
- Eat more foods that contain omega-3 fatty acids.
- Understand that you're not alone in your feelings. Reach out to others who have had similar experiences.
- Speak with your healthcare provider about other medical options.
- Need someone to talk to? Call the confidential MOMS postpartum depression hotline at 866-364-MOMS.

### CHECK OUT THESE WEBSITES:

[www.napcs.org](http://www.napcs.org)  
[www.dona.org](http://www.dona.org)  
[www.cappa.net](http://www.cappa.net)  
[www.postpartum.net](http://www.postpartum.net)  
[www.momsclub.org](http://www.momsclub.org)  
[www.mothersandmore.org](http://www.mothersandmore.org)  
[www.postpartumdads.org](http://www.postpartumdads.org)  
[www.seemommyrun.com](http://www.seemommyrun.com)  
[www.mothersacrossamerica.com](http://www.mothersacrossamerica.com)

# POSTPARTUM POSTURE AND BODY MECHANICS

## CORRECT POSTURE PRINCIPLES

- Keep your back slightly arched and bend your knees when lifting your baby or other objects.
- Before standing or lifting, pull in and lift up your lower belly muscles, and continue to breath.
- Hold your baby or other objects as close to your body as possible.
- Try using support when carrying your baby (i.e. slings, Baby Bjorn, Snuggli).
- Sit straight and tall and bring your baby to the breast, do not lean into your baby.
- Support your baby during feeding with pillows (i.e. Boppy).
- Try other nursing positions (i.e. football hold, side lying, cradle, or cross cradle).
- Carry only what's needed in your diaper bag. You may want to try a backpack.



*Use good technique by keeping your back straight, knees bent and your baby close.*



*Cross-cradle position*



*Side-lying position*



*Avoid pushing your hip out to hold and carry baby. Try to carry baby with your body weight balanced over both legs. Try holding baby in front and center.*



*Good technique – baby balanced*

# GET YOUR BELLY BACK!

## THE IMPORTANCE OF ABDOMINAL STRENGTH

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Strengthening your abdominal muscles will not only help you lose your “pooch,” it will aid in getting stronger.

### THE ABDOMINAL MUSCLES:

- Become stretched and/or weak during pregnancy.
- Aid in breathing, coughing, sneezing and bowel movements.
- Help prevent problems such as back pain, incontinence (can't control your urine) and constipation.
- Provide stability to the trunk.
- Stabilize the spine during lifting.
- Maintain good posture.

### GENERAL EXERCISE GUIDELINES:

For beginners, remember:

- Quality is more important than quantity.
- It may be weeks before you see any change and several months before the muscles become short and strong.
- No sit-ups, curl-ups or crunches for at least 4 weeks, or at least 6 weeks if you had a Cesarean birth.
- You must do the exercises correctly.

Ask your physical therapist for more advanced exercises when you are ready.

### WATCH OUT FOR SEPARATION OF THE BELLY MUSCLES

During pregnancy, the abdominal muscles can become stretched enough to result in separation. This separation is known in medical terms as *diastasis recti*. When the muscles are separated, they cannot work efficiently. This can contribute to low back and pelvic pain and a flabby appearance.

To check yourself for diastasis recti:

- Lie on your back, place your fingers in the center of your belly just above the belly button.
- Slowly lift your head until your shoulder blades are off the bed while feeling how many fingers you can insert between the belly muscles.
- If you have a separation of 2 or more fingers, ask your doctor if you would benefit from a referral to a physical therapist or use of a belly binder for support.

## STAGE I EXERCISES

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Start 1 week after delivery. This exercise can be done in any position.

### TUMMY TUCK EXERCISE:

- Take a deep breath.
- As you exhale, pull your belly muscles inward as if you are trying to zip a pair of tight jeans.
- Hold this contraction for 3-5 seconds. Work up to holding this contraction for 1-2 minutes at a time.
- Don't hold your breath or flatten your back.
- Practice holding this contraction for longer periods. Try holding it while washing dishes, driving the car or standing in the grocery line.

## STAGE II EXERCISES

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Begin 2 weeks after delivery.

### HEEL SLIDES

- Lie on the floor with your knees bent with both feet flat on the floor and pull your belly muscles inward.
- Hold the belly contraction while slowly sliding one leg along the floor until the leg is straight.
- Slowly slide your leg back to the bent position.
- Keep your belly muscles pulled inward while your leg is moving and don't let your back arch or move.
- Relax and repeat with your other leg.



# CESAREAN SCAR MANAGEMENT

## WHAT IS “SCAR MANAGEMENT”?

Scar management will improve the healing of a scar. It reduces infection, aids skin and tissue motion and stretches the fully healed scar tissue. Scar massage will actually reduce the amount of scar tissue.

## WHY PERFORM SCAR MASSAGE?

Scar massage should not be started until the incision is fully healed. This is usually 4 to 6 weeks post surgery. Check with your healthcare provider if you are not sure if your scar is fully healed. Massaging the incision area is important to prevent the scar tissue from attaching to the deeper muscle layers. Scar tissue can be quite deep, depending on the type of surgery. If a scar is thick and deep, it can limit movement and add to your pain.

## WHEN SHOULD YOU START SCAR MANAGEMENT?

Scar management should begin the day after your surgery. You must keep the incision clean and dry to prevent infection. An infection will delay healing and make the scar worse.

## HOW OFTEN SHOULD YOU PERFORM SCAR MASSAGE?

The massage should be done 2 to 3 times a day for 5-10 minutes at a time to get the most benefit. The more the scar is massaged, the more pliable, soft, and thin it will become. The goal is to have a smooth, flat, and pain-free scar.

## HOW LONG DO YOU KEEP TREATING THE SCAR?

Management of the scar should continue until it is mature. This can take from 6 months to 2 years. A mature scar is usually a light pink or white color that is paler than normal skin color. Ask your pharmacist for products, such as lotions and gels, that help with scar healing. Talk to your healthcare provider about these options.

## HOW DO YOU PERFORM SCAR MASSAGE?

Warm your hands by rubbing them together. Natural oils or warm compresses can be used, but are not necessary.

- Massage the scar by working it with a rubbing motion along the line of the scar.
- Stroke back and forth across the scar.
- Roll the scar between your thumb and your forefinger.
- Pick up and lift the fully healed scar to prevent it from attaching.

## HOW CAN YOU DECREASE THE SENSITIVITY OF A SURGICAL SITE?

Some women experience sensitive skin in the surgical area. After surgery, even clothing may be painful if it touches the incision. The nerves are sometimes overly sensitive. Try “desensitization” on a daily basis to decrease the pain and tenderness.

## DESENSITIZATION TECHNIQUES:

Massage or rub the area with a soft material such as a cotton ball. Later try using a rougher material like a towel. Patting and tapping along the sensitive area is also used to desensitize.

- Massage the sensitive area of skin with hand lotion and rub in circles with gradually increasing pressure.
- Gently rub and tap the sensitive areas starting with soft materials and gradually work up to rougher materials. Some materials to try are cotton balls, silk, cotton fabric, terry cloth (towel), paper towels, soft velcro and corduroy.
- Rub for 5-10 minutes, 3 times per day.

# POSTPARTUM SEXUAL HEALING

## COMMON QUESTIONS

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### WHEN CAN I HAVE SEX AGAIN?

- Will my doctor tell me at my 6 week check-up if it is okay to have sex? Your healthcare provider will let you know when it is safe to have sex.
- Has bleeding stopped? Loss of bright red blood usually stops by 2 weeks. Call your doctor if it has not.
- Has my bottom (perineum) healed? This typically heals by 6 weeks. If extensive tearing occurred, or if you had an episiotomy then healing may take 6-12 months. You should consult a physical therapist for advice.

### WHAT HAPPENED TO MY BODY?

Concerns about body image:

- Weight gain
- Changed appearance of vagina
- Loss of muscle tone
- Being out of shape

What to do:

- Exercise to improve abdominal muscle tone.
- Exercise to improve fitness level including walking with your baby. Try walking with another mom and her baby.
- Talk with other moms about your feelings.
- Consult a physical therapist for treatment to improve strength of the abdomen and pelvic floor muscles.



### TREATMENTS FOR LOSS OF SEX DRIVE:

- Physical therapy for painful sex
- Address postpartum fatigue
- Address postpartum blues and depression
- Be patient, enjoy touching and cuddling
- Exercises
  - Improve your fitness level
  - Increase abdominal muscle tone
  - Improve pelvic floor muscle action

## WHY CAN HAVING SEX HURT?

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### POSSIBLE CAUSES OF PAINFUL SEX:

- Loss of vaginal moisture
- Scar pain after episiotomy (incision to prevent tearing)
- Tearing and trauma to the muscles in the vaginal area

### TREATMENTS INCLUDE:

- Physical therapy for tissue massage.
- Use of a lubricant can be very helpful during intercourse.
- Talk with your healthcare provider about other options.

### NOT INTERESTED IN SEX?

Possible causes of the loss of sex drive may include:

- Demands of the newborn
- Lack of sleep
- Breastfeeding
  - Causes less estrogen which often results in vaginal dryness
  - Nipple sensitivity
- Body image issues
- Painful sex



### SEXUAL DYSFUNCTION:

- Sexual problems such as lack of interest in sex or decreased enjoyment of sex, which were present before you delivered your baby might affect a woman's return to sexual activity.
- The father might also have some problems when resuming sex.
- Contact your healthcare provider for help.

# PARmed-X for PREGNANCY **PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION**

## PARmed-X for PREGNANCY is a guideline for health screening prior to participation in a prenatal fitness class or other exercise.

Healthy women with uncomplicated pregnancies can integrate physical activity into their daily living and can participate without significant risks either to themselves or to their unborn child. Postulated benefits of such programs include improved aerobic and muscular fitness, promotion of appropriate weight gain, and facilitation of labour. Regular exercise may also help to prevent gestational glucose intolerance and pregnancy-induced hypertension.

The safety of prenatal exercise programs depends on an adequate level of maternal-fetal physiological reserve. PARmed-X for PREGNANCY is a convenient checklist and prescription for use by health care providers to evaluate pregnant patients who want to enter a prenatal fitness program and for ongoing medical surveillance of exercising pregnant patients.

Instructions for use of the 4-page PARmed-X for PREGNANCY are the following:

1. The patient should fill out the section on PATIENT INFORMATION and the PRE-EXERCISE HEALTH CHECKLIST (PART 1, 2, 3, and 4 on p. 1) and give the form to the health care provider monitoring her pregnancy.
2. The health care provider should check the information provided by the patient for accuracy and fill out SECTION C on CONTRAINDICATIONS (p. 2) based on current medical information.
3. If no exercise contraindications exist, the HEALTH EVALUATION FORM (p. 3) should be completed, signed by the health care provider, and given by the patient to her prenatal fitness professional.

In addition to prudent medical care, participation in appropriate types, intensities and amounts of exercise is recommended to increase the likelihood of a beneficial pregnancy outcome. PARmed-X for PREGNANCY provides recommendations for individualized exercise prescription (p. 3) and program safety (p. 4).

**NOTE:** Sections A and B should be completed by the patient before the appointment with the health care provider.

<h3 style="margin: 0;">A PATIENT INFORMATION</h3> <p>NAME _____</p> <p>ADDRESS _____</p> <p>TELEPHONE _____ BIRTHDATE _____ HEALTH INSURANCE No. _____</p> <p>NAME OF PRENATAL FITNESS PROFESSIONAL _____ PRENATAL FITNESS PROFESSIONAL'S PHONE NUMBER _____</p>																																																																																																		
<h3 style="margin: 0;">B PRE-EXERCISE HEALTH CHECKLIST</h3> <h4 style="margin: 0;">PART 1: GENERAL HEALTH STATUS</h4> <p>In the past, have you experienced (check YES or NO):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>1. Miscarriage in an earlier pregnancy?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Other pregnancy complications?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. 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List only regular fitness/recreational activities:</p> <p>_____</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2" style="width: 20%;">INTENSITY</th> <th colspan="3" style="text-align: center;">FREQUENCY (times/week)</th> <th colspan="3" style="text-align: center;">TIME (minutes/day)</th> </tr> <tr> <th style="text-align: center;">1-2</th> <th style="text-align: center;">2-4</th> <th style="text-align: center;">4+</th> <th style="text-align: center;">&lt;20</th> <th style="text-align: center;">20-40</th> <th style="text-align: center;">40+</th> </tr> </thead> <tbody> <tr> <td>Heavy</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Medium</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Light</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </tbody> </table> <p>2. 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Do you currently smoke tobacco? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. Do you consume alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <h4 style="margin: 0;">PART 4: PHYSICAL ACTIVITY INTENTIONS</h4> <p>What physical activity do you intend to do? _____</p> <p>Is this a change from what you currently do? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p><b>*NOTE: PREGNANT WOMEN ARE STRONGLY ADVISED NOT TO SMOKE OR CONSUME ALCOHOL DURING PREGNANCY AND DURING LACTATION.</b></p> </div>	INTENSITY	FREQUENCY (times/week)			TIME (minutes/day)			1-2	2-4	4+	<20	20-40	40+	Heavy	—	—	—	—	—	—	Medium	—	—	—	—	—	—	Light	—	—	—	—	—	—		YES	NO	Heavy Lifting?	<input type="checkbox"/>	<input type="checkbox"/>	Frequent walking/stair climbing?	<input type="checkbox"/>	<input type="checkbox"/>	Occasional walking (>once/hr)?	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged standing?	<input type="checkbox"/>	<input type="checkbox"/>	Mainly sitting?	<input type="checkbox"/>	<input type="checkbox"/>	Normal daily activity?	<input type="checkbox"/>	<input type="checkbox"/>
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# PARmed-X for PREGNANCY **PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION**

## **C** **CONTRAINDICATIONS TO EXERCISE: to be completed by your health care provider**

Absolute Contraindications			Relative Contraindications		
<i>Does the patient have:</i>			<i>Does the patient have:</i>		
	YES	NO		YES	NO
1. Ruptured membranes, premature labour?	<input type="checkbox"/>	<input type="checkbox"/>	1. History of spontaneous abortion or premature labour in previous pregnancies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Persistent second or third trimester bleeding/placenta previa?	<input type="checkbox"/>	<input type="checkbox"/>	2. Mild/moderate cardiovascular or respiratory disease (e.g., chronic hypertension, asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Pregnancy-induced hypertension or pre-eclampsia?	<input type="checkbox"/>	<input type="checkbox"/>	3. Anemia or iron deficiency? (Hb < 100 g/L)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Incompetent cervix?	<input type="checkbox"/>	<input type="checkbox"/>	4. Malnutrition or eating disorder (anorexia, bulimia)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Evidence of intrauterine growth restriction?	<input type="checkbox"/>	<input type="checkbox"/>	5. Twin pregnancy after 28th week?	<input type="checkbox"/>	<input type="checkbox"/>
6. High-order pregnancy (e.g., triplets)?	<input type="checkbox"/>	<input type="checkbox"/>	6. Other significant medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Uncontrolled Type I diabetes, hypertension or thyroid disease, other serious cardiovascular, respiratory or systemic disorder?	<input type="checkbox"/>	<input type="checkbox"/>	Please specify: _____		
<b>NOTE:</b> Risk may exceed benefits of regular physical activity. The decision to be physically active or not should be made with qualified medical advice.					
<b>PHYSICAL ACTIVITY RECOMMENDATION:</b>			<input type="checkbox"/> Recommended/Approved <input type="checkbox"/> Contraindicated		

## Prescription for Aerobic Activity

**RATE OF PROGRESSION:** The best time to progress is during the second trimester since risks and discomforts of pregnancy are lowest at that time. Aerobic exercise should be increased gradually during the second trimester from a minimum of 15 minutes per session, 3 times per week (at the appropriate target heart rate or RPE) to a maximum of approximately 30 minutes per session, 4 times per week (at the appropriate target heart rate or RPE).

**WARM-UP/COOL-DOWN:** Aerobic activity should be preceded by a brief (10-15 min.) warm-up and followed by a short (10-15 min.) cool-down. Low intensity calisthenics, stretching and relaxation exercises should be included in the warm-up/cool-down.

**PRESCRIPTION/MONITORING OF INTENSITY:** The best way to prescribe and monitor exercise is by combining the heart rate and rating of perceived exertion (RPE) methods.

### TARGET HEART RATE ZONES

The heart rate zones shown below are appropriate for most pregnant women. Work during the lower end of the HR range at the start of a new exercise program and in late pregnancy.

Age	Heart Rate Range
< 20	140-155
20-29	135-150
30-39	130-145

### RATING OF PERCEIVED EXERTION (RPE)

Check the accuracy of your heart rate target zone by comparing it to the scale below. A range of about 12-14 (somewhat hard) is appropriate for most pregnant women.

6	
7	Very, very light
8	
9	Somewhat light
10	
11	Fairly light
12	
13	Somewhat hard
14	
15	Hard
16	
17	Very hard
18	
19	Very, very hard
20	

<b>F</b>	<b>I</b>	<b>T</b>	<b>T</b>
FREQUENCY	INTENSITY	TIME	TYPE
Begin at 3 times per week and progress to four times per week	Exercise within an appropriate RPE range and/or target heart rate zone	Attempt 15 minutes, even if it means reducing the intensity. Rest intervals may be helpful	Non weight-bearing or low-impact endurance exercise using large muscle groups (e.g., walking, stationary cycling, swimming, aquatic exercises, low impact aerobics)

**"TALK TEST"** - A final check to avoid overexertion is to use the "talk test". The exercise intensity is excessive if you cannot carry on a verbal conversation while exercising.

The original PARmed-X for PREGNANCY was developed by L.A. Wolfe, Ph.D., Queen's University. The muscular conditioning component was developed by M.F. Mottola, Ph.D., University of Western Ontario. The document has been revised based on advice from an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill, with additional input from Drs. Wolfe and Mottola, and Gregory A.L. Davies, M.D., FRCS(C) Department of Obstetrics and Gynaecology, Queen's University, 2002.

**No changes permitted. Translation and reproduction in its entirety is encouraged.**

Disponible en français sous le titre «Examen médical sur l'aptitude à l'activité physique pour les femmes enceintes (X-AAP pour les femmes enceintes)»

Additional copies of the PARmed-X for PREGNANCY, the PARmed-X and/or the PAR-Q can be downloaded from: <http://www.csep.ca/forms.asp>.

For more information contact the:

Canadian Society for Exercise Physiology  
185 Somerset St. West, Suite 202, Ottawa, Ontario CANADA K2P 0J2  
tel.: 1-877-651-3755 FAX (613) 234-3565 [www.csep.ca](http://www.csep.ca)

# PARmed-X for PREGNANCY **PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION**

## Prescription for Muscular Conditioning

It is important to condition all major muscle groups during both prenatal and postnatal periods.

**WARM-UPS & COOL DOWN:**  
*Range of Motion:* neck, shoulder girdle, back, arms, hips, knees, ankles, etc.  
*Static Stretching:* all major muscle groups  
**(DO NOT OVER STRETCH!)**

EXAMPLES OF MUSCULAR STRENGTHENING EXERCISES		
CATEGORY	PURPOSE	EXAMPLE
Upper back	Promotion of good posture	Shoulder shrugs, shoulder blade pinch
Lower back	Promotion of good posture	Modified standing opposite leg & arm lifts
Abdomen	Promotion of good posture, prevent low-back pain, prevent diastasis recti, strengthen muscles of labour	Abdominal tightening, abdominal curl-ups, head raises lying on side or standing position
Pelvic floor ("Kegels")	Promotion of good bladder control, prevention of urinary incontinence	"Wave", "elevator"
Upper body	Improve muscular support for breasts	Shoulder rotations, modified push-ups against a wall
Buttocks, lower limbs	Facilitation of weight-bearing, prevention of varicose veins	Buttocks squeeze, standing leg lifts, heel raises

### PRECAUTIONS FOR MUSCULAR CONDITIONING DURING PREGNANCY

VARIABLE	EFFECTS OF PREGNANCY	EXERCISE MODIFICATIONS
Body Position	<ul style="list-style-type: none"> <li>in the supine position (lying on the back), the enlarged uterus may either decrease the flow of blood returning from the lower half of the body as it presses on a major vein (inferior vena cava) or it may decrease flow to a major artery (abdominal aorta)</li> </ul>	<ul style="list-style-type: none"> <li>past 4 months of gestation, exercises normally done in the supine position should be altered</li> <li>such exercises should be done side lying or standing</li> </ul>
Joint Laxity	<ul style="list-style-type: none"> <li>ligaments become relaxed due to increasing hormone levels</li> <li>joints may be prone to injury</li> </ul>	<ul style="list-style-type: none"> <li>avoid rapid changes in direction and bouncing during exercises</li> <li>stretching should be performed with controlled movements</li> </ul>
Abdominal Muscles	<ul style="list-style-type: none"> <li>presence of a rippling (bulging) of connective tissue along the midline of the pregnant abdomen (diastasis recti) may be seen during abdominal exercise</li> </ul>	<ul style="list-style-type: none"> <li>abdominal exercises are not recommended if diastasis recti develops</li> </ul>
Posture	<ul style="list-style-type: none"> <li>increasing weight of enlarged breasts and uterus may cause a forward shift in the centre of gravity and may increase the arch in the lower back</li> <li>this may also cause shoulders to slump forward</li> </ul>	<ul style="list-style-type: none"> <li>emphasis on correct posture and neutral pelvic alignment. Neutral pelvic alignment is found by bending the knees, feet shoulder width apart, and aligning the pelvis between accentuated lordosis and the posterior pelvic tilt position.</li> </ul>
Precautions for Resistance Exercise	<ul style="list-style-type: none"> <li>emphasis must be placed on continuous breathing throughout exercise</li> <li>exhale on exertion, inhale on relaxation using high repetitions and low weights</li> <li>Valsalva Manoeuvre (holding breath while working against a resistance) causes a change in blood pressure and therefore should be avoided</li> <li>avoid exercise in supine position past 4 months gestation</li> </ul>	



## PARmed-X for Pregnancy - Health Evaluation Form

(to be completed by patient and given to the prenatal fitness professional after obtaining medical clearance to exercise)

I, \_\_\_\_\_ PLEASE PRINT (patient's name), have discussed my plans to participate in physical activity during my current pregnancy with my health care provider and I have obtained his/her approval to begin participation.

Signed: \_\_\_\_\_  
 (patient's signature)

Date: \_\_\_\_\_

HEALTH CARE PROVIDER'S COMMENTS:

Name of health care provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
 (health care provider's signature)

## Advice for Active Living During Pregnancy

Pregnancy is a time when women can make beneficial changes in their health habits to protect and promote the healthy development of their unborn babies. These changes include adopting improved eating habits, abstinence from smoking and alcohol intake, and participating in regular moderate physical activity. Since all of these changes can be carried over into the postnatal period and beyond, pregnancy is a very good time to adopt healthy lifestyle habits that are permanent by integrating physical activity with enjoyable healthy eating and a positive self and body image.

### Active Living:

- see your doctor before increasing your activity level during pregnancy
- exercise regularly but don't overexert
- exercise with a pregnant friend or join a prenatal exercise program
- follow FITT principles modified for pregnant women
- know safety considerations for exercise in pregnancy

### Healthy Eating:

- the need for calories is higher (about 300 more per day) than before pregnancy
- follow Canada's Food Guide to Healthy Eating and choose healthy foods from the following groups: whole grain or enriched bread or cereal, fruits and vegetables, milk and milk products, meat, fish, poultry and alternatives
- drink 6-8 glasses of fluid, including water, each day
- salt intake should not be restricted
- limit caffeine intake i.e., coffee, tea, chocolate, and cola drinks
- dieting to lose weight is not recommended during pregnancy

### Positive Self and Body Image:

- remember that it is normal to gain weight during pregnancy
- accept that your body shape will change during pregnancy
- enjoy your pregnancy as a unique and meaningful experience

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For more detailed information and advice about pre- and postnatal exercise, you may wish to obtain a copy of a booklet entitled *Active Living During Pregnancy: Physical Activity Guidelines for Mother and Baby* © 1999. Available from the Canadian Society for Exercise Physiology, 185 Somerset St. West, Suite 202, Ottawa, Ontario Canada K2P 0J2 Tel. 1-877-651-3755 Fax: (613) 234-3565 Email: info@csep.ca (online: www.csep.ca). Cost: \$11.95

For more detailed information about the safety of exercise in pregnancy you may wish to obtain a copy of the Clinical Practice Guidelines of the Society of Obstetricians and Gynaecologists of Canada and Canadian Society for Exercise Physiology entitled *Exercise in Pregnancy and Postpartum* © 2003. Available from the Society of Obstetricians and Gynaecologists of Canada online at www.sogc.org

For more detailed information about pregnancy and childbirth you may wish to obtain a copy of *Healthy Beginnings: Your Handbook for Pregnancy and Birth* © 1998. Available from the Society of Obstetricians and Gynaecologists of Canada at 1-877-519-7999 (also available online at www.sogc.org) Cost \$12.95.

For more detailed information on healthy eating during pregnancy, you may wish to obtain a copy of *Nutrition for a Healthy Pregnancy: National Guidelines for the Childbearing Years* © 1999. Available from Health Canada, Minister of Public Works and Government Services, Ottawa, Ontario Canada (also available online at www.hc-sc.gc.ca).

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### SAFETY CONSIDERATIONS

- ◆ Avoid exercise in warm/humid environments, especially during the 1<sup>st</sup> trimester
- ◆ Avoid isometric exercise or straining while holding your breath
- ◆ Maintain adequate nutrition and hydration — drink liquids before and after exercise
- ◆ Avoid exercise while lying on your back past the 4<sup>th</sup> month of pregnancy
- ◆ Avoid activities which involve physical contact or danger of falling
- ◆ Know your limits — pregnancy is not a good time to train for athletic competition
- ◆ Know the reasons to stop exercise and consult a qualified health care provider immediately if they occur

### REASONS TO STOP EXERCISE AND CONSULT YOUR HEALTH CARE PROVIDER

- ◆ Excessive shortness of breath
- ◆ Chest pain
- ◆ Painful uterine contractions (more than 6-8 per hour)
- ◆ Vaginal bleeding
- ◆ Any "gush" of fluid from vagina (suggesting premature rupture of the membranes)
- ◆ Dizziness or faintness

## RESOURCE LIST

Item	Info	Notes
<b>Pregnancy Supports, Belts, &amp; Garments</b>		
Mother-to-Be Maternity Support, Postpartum Binder Support, Loving Comfort Breast Binder, variety of other supports	Therapy Best Buys Banner Therapy Products, Inc. 891 Broadway St Asheville NC 28804 888-277-1188	
Prenatal Cradle & variety of pregnancy support belts.  V2 Supporter	Prenatal Cradle P.O. Box 443 Hamburg MI 48139 1-800-607-3572 <a href="http://www.prenatalcradle.com">www.prenatalcradle.com</a>	<i>V2 supporter offers support to the vulvar region (varicosities, edema, feelings of pelvic pressure)</i>
The Femme Jock	Women’s Health Physical Therapy, Inc. 1919 W Huguenot Rd Richmond VA 23235 804-379-3002 <a href="http://www.obgyn-physicaltherapy.com">www.obgyn-physicaltherapy.com</a>	<i>Orthotic support for the perineum.</i>
Baby Hugger & variety of pregnancy support belts & undergarments.	Mfr TrennaVentions, Inc. Derry PA15627 888-770-0044 <a href="http://www.babyhugger.com">www.babyhugger.com</a>	<i>SymphySupport offers support for pubic symphysis, varicosities, “falling out” feeling.</i>
Saunders Stork S’port and variety of pregnancy SI and lumbar support belts.	The Saunders Group & Empi 599 Cardigan Rd Shoreview MN 55126 800-445-9836 <a href="https://direct.empi.com">https://direct.empi.com</a> OR <a href="http://www.thesaundersgroup.com">www.thesaundersgroup.com</a>	
Motherhood Maternity Belt	Motherhood Maternity 456 North 5 <sup>th</sup> Street Philadelphia PA 19123 800-466-6223 <a href="http://www.motherhood.com">www.motherhood.com</a>	<i>Inexpensive maternity support belt.</i>
Serola Sacroiliac Belt	Serola Biomechanics, Inc. 5281 Zenith Parkway Loves Park IL 61111 815-636-2780 (product info) 800-624-0008 (orders only) <a href="http://www.serola.net">http://www.serola.net</a>	
The Com-Pressor	Diane Lee & Associates Ste 300 1688 152 <sup>nd</sup> Street	<i>SIJ support belt.</i>

	White Rock BC Canada V4A4N2 604-538-8338 <a href="http://dianelee.ca">http://dianelee.ca</a>	
“S-I” Support	IEM Orthopedics 7108 State Route 14 P.O. Box 592 Ravenna OH 44266 800-992-6594 <a href="http://www.iemortho.com">http://www.iemortho.com</a>	<i>SI belt.</i>
Postpartum/Caesarian Binder	Orthobionics, Inc. 2436 S. I-35E Ste 376 PMB 123 Denton TX 76205 <a href="http://www.orthobionics.com">http://www.orthobionics.com</a>	
Soft Form Maternity Support Belt  Activa Sheer Therapy Maternity Panty Hose	FLA Orthopedics, Inc. P.O. Box 277810 Miramar FL 33025 800-327-4110 <a href="http://www.flaorthopedics.com">http://www.flaorthopedics.com</a>	<i>15-20 mmHG pressure</i>
Variety of pregnancy support hose: Juzo, Jobst, Mediven	Support Hose Store Amarillo TX 800-515-4271 <a href="http://www.supporthosestore.com/maternityhose.html">http://www.supporthosestore.com/maternityhose.html</a>	<i>Variety of sizes and compression grades.</i>
Variety of hand & wrist supports.  Scar treatment, scar pump.	Sammons & Preston 1000 Remington Blvd Ste 210 Bolingbrook IL 60440 630-378-6000 <a href="http://www.sammonspreston.com">http://www.sammonspreston.com</a>	<i>Search the orthopedics section of the website for various orthotic supports.</i>
Variety of thumb, hand, & wrist supports/splints.	Empi 599 Cardigan Rd Shoreview MN 55126 800-445-9836 <a href="http://www.direct.empi.com">http://www.direct.empi.com</a>	<i>Search the orthopedics section of the website.</i>
<b>Pillows &amp; Supports</b>		
Back ‘N Belly Contoured Body Pillow, Snoogle Total Body Pillow, variety of other pillows	Leachco, Inc. P.O. Box 717 Ada, OK 74821-0717 800-525-1050	<i>Pregnancy support for belly, back &amp; head/neck. Postpartum support while feeding baby.</i>

Best Rest Pregnancy Comfort Wedge	<a href="http://www.leachco.com">http://www.leachco.com</a>	<i>Dual wedge system to provide support to back, abdomen, shoulders.</i>
On the Way pillow	Bumpil, LLC 495 Stan Dr Ste 105 Melbourne FL 32904 888-4(BUMPIL) <a href="http://www.bumpil.com">http://www.bumpil.com</a>	<i>Support for belly/between knees in pregnancy. Support for feeding and use as infant support/tummy time.</i>
The Prego Pillow	Created by Body's Kneaded 2028 E 38 <sup>th</sup> St Ste 5 Davenport IA 52807 <a href="http://www.pregopillow.com">http://www.pregopillow.com</a>	<i>Firm pillow that tops treatment/massage table to allow pregnant woman to lie prone (with removable cutouts for belly &amp; breasts).</i>
<b>Other Supplies/Equipment</b>		
TENS unit	Centens – TENS USA 6595 Roswell Rd Ste A37 Atlanta GA 30328 800-972-8367	<i>Inexpensive TENS units.</i>
Thermacare patches	ThermaCare/ Proctor&Gamble C6 Central Office 1 Proctor and Gamble Place Cincinnati OH 45273 <a href="http://www.thermacare.com">http://www.thermacare.com</a>	
<b>Premature Birth</b>		
Variety of products created specifically for the preemie.	PreemieSmart by Leachco, Inc. <a href="http://www.preemiesmart.com">http://www.preemiesmart.com</a> 800-525-1050	
Free personalized websites to connect loved ones during critical illness, treatment, recovery.	<a href="http://www.caringbridge.org">http://www.caringbridge.org</a>	<i>Members are able to create their own personal “blog” to provide updates to family &amp; friends, who are able to subscribe to email updates.</i>
<b>Multiples</b>		
Support network	National Organization of Mothers of Twins Clubs, Inc.	<i>Multiples information, locate a local club.</i>

	2000 Mallory Ln Ste130-600 Franklin TN 37067-8231 248-231-4480 <a href="mailto:INFO@nomotc.org">INFO@nomotc.org</a> <a href="http://www.nomotc.org">http://www.nomotc.org</a>	
Book “Having Twins and More: A Parent’s Guide to Multiple Pregnancy, Birth, and Early Childhood”	Author Elizabeth Noble, Leo Sorger Publisher Houghton Mifflin Co. Pub date: May 2003, 592 pp	
Book “Twins!: Pregnancy, Birth and the First Year of Life”	Authors Connie Agnew, Alan Klein, Jill Allison Ganon HarperCollins Publishers Pub date: Feb 2006, 368 pp	<i>Each chapter contains a physician-lead roundtable discussion format with 4 couples who are parents of twins.</i>
Book “Double Duty: The Parents’ Guide to Raising Twins, from Pregnancy through the School Years”	Author Christina Baglivi Tinglov Publisher McGraw-Hill Co. Pub date: April 1998, 224 pp	
Book “Mothering Multiples: Breastfeeding and Caring for Twins or More!”	Author Karen Kerkhoff Gromada Publisher: La Leche League International Pub date: Jan 2007, 429 pp	
Book “The Art of Parenting Twins: The Unique Joys and Challenges of Raising Twins and Other Multiples”	Authors Patricia Maxwell Malmstrom, Janet Poland Publisher: Random House Pub date: June 1999, 333 pp	
<b>Pregnancy/Postpartum Related Websites</b>		
<a href="http://www.maternityandnursing.com">www.maternityandnursing.com</a>		<i>Ordering supports, garments &amp; bras, breastfeeding equipment &amp; information, infant care items, more.</i>
<a href="http://www.mommymaternity.com">www.mommymaternity.com</a>		<i>Maternity clothes, swimwear, supports, garments. Very descriptive of products.</i>
<b>Breastfeeding</b>		
Locate a lactation consultant.	International Lactation Consultant Association 1500 Sunday Drive Ste 102	

	Raleigh NC 27607 919-861-5577 <a href="mailto:info@ilca.org">info@ilca.org</a> <a href="http://www.ilca.org">http://www.ilca.org</a>	
Hands-free pumping bras	Easy Expression Products, Inc. 2617C West Holcombe Blvd PMB 231 Houston TX 77025 866-522-7177 <a href="http://www.easyexpressionproducts.com">http://www.easyexpressionproducts.com</a>	<i>Bra that is easily donned over nursing bra; does not require removing any clothing to use.</i>
Book “Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers”	Authors Nancy Mohrbacher, Kathleen A. Kendall-Tackett Publisher: New Harbinger Pub date: Sept 2005, 276 pp	
<b>Exercise &amp; Equipment</b>		
Variety of exercise & therapy equipment	OPTP 3800 Annapolis Lane Ste 165 PO Box 47009 Minneapolis MN 55447-0009 888-819-0121 <a href="http://www.optp.com">http://www.optp.com</a>	
Variety of home exercise videos.	Collage Video 5390 Main St NE Minneapolis MN 55421 800-819-7111 <a href="mailto:collage@collagevideo.com">collage@collagevideo.com</a> <a href="http://www.collagevideo.com">http://www.collagevideo.com</a>	<i>Includes exercise videos specific to pregnancy and postpartum; search “specialty video” on the website.</i>
Book “Essential Exercises for the Childbearing Year”	Author Elizabeth Noble Adapted by Raul Artal Publisher New Life Images Pub date: May 2003, 284 pp	
Book “Fit to Deliver”  Website: <a href="http://www.fittodeliver.com">http://www.fittodeliver.com</a>	Authors Karen Nordahl, Carl Peterson, Renne Minges Jeffreys Hartley and Marks Publishers Pub date: May 2005, 163 pp	<i>Exercise programs for beginner, intermediate and advanced fitness through variety of workouts and over 300 photos.</i>
Book “Exercising Through Your Pregnancy”	Author James F. Clapp III, M.D. Publisher Addicus Books Pub date: Jan 2002, 256 pp	<i>Discusses Dr. Clapp’s research on, guidelines for, and benefits of prenatal exercise.</i>
Book “Pre- and Post-Natal Fitness: A Guide	Authors Lenita Anthony, Terence Conran	

for Fitness Professionals from the American Council on Exercise”	Publisher Coaches Choice Pub date: Jan 2002, 91 pp	
<b>Back care</b>		
Book “How to Raise Children Without Breaking Your Back”	Author Hollis Herman Publisher IBIS Publications June 1995	<i>Illustrated, patient friendly guide to biomechanics, postpartum care.</i>
<b>Birthing Information</b>		
The Bradley Method of natural childbirth	American Academy of Husband-Coached Childbirth® Box 5224 Sherman Oaks CA 91413 800-4-A-BIRTH <a href="http://www.bradleybirth.com">http://www.bradleybirth.com</a>	<i>Description of method, locate a class or instructor.</i>
Lamaze	Lamaze International 2025 M Street NW Ste 800 Washington DC 20036 800-368-4404 <a href="http://www.lamaze.org">http://www.lamaze.org</a>	<i>Description of method, locate a class.</i>
HypnoBirthing®	HypnoBirthing® 10738 W Citrus Grove Way Avondale AZ 85392 623-772-7738 <a href="http://www.hynobirthing.com">http://www.hynobirthing.com</a>	<i>Description, book.</i>
Childbirth education	International Childbirth Education Association (ICEA) 1500 Sunday Drive Ste 102 Raleigh NC 27607 919-863-9487 <a href="mailto:info@icea.org">info@icea.org</a> <a href="http://www.icea.org">http://www.icea.org</a>	<i>Locate educators, become an educator.</i>
Birth centers	American Association of Birth Centers 3123 Gottschall Rd Perkiomenville PA 18074 866-54-BIRTH <a href="http://www.birthcenters.org">http://www.birthcenters.org</a>	<i>Locate a birth center.</i>
<b>Educational Resources &amp; Printed Materials</b>		

<p>Primal Pictures  P.O. Box 2246, 82 Winter Sport Lane  Williston, VT 05945  800-716-2475  <a href="http://www.primalpictures.com">www.primalpictures.com</a></p>	<p><i>3-D anatomy pictures on CD</i></p>
<p>Anatomical Chart Company  4711 Gold Rd Ste 650  Skokie IL 60076  800-621-7500  <a href="http://www.anatomical.com">http://www.anatomical.com</a></p>	<p><i>Charts, pelvic model #267-A</i></p>
<p>Childbirth Graphics  WRS Group Inc.  P.O. Box 21207  Waco TX 76702-1207  800-299-3366  <a href="http://www.wrsgroup.com">http://www.wrsgroup.com</a></p>	<p><i>Displays, charts, books, models on variety of topics (breastfeeding, pregnancy, teen &amp; high-risk pregnancy, infants/infant care, and more).</i></p>
<p>Woman's Hospital PT Dept  P.O. Box 95009  Baton Rouge LA 70895  225-924-8450</p>	<p><i>Patient education booklets, group education programs, policy manual.</i></p>
<p>Fatima Hakeem, PT  2919 Bright Trail  Sugarland TX 77479  <a href="http://www.fatimahakeem.com">www.fatimahakeem.com</a></p>	<p><i>Evaluation forms, booklets, marketing manual.</i></p>
<p>March of Dimes  Education and Health Promotion Dept  1275 Mamaroneck Ave  White Plains NY 10605  914-997-4456  800-367-6630  <a href="http://www.marchofdimes.com">www.marchofdimes.com</a></p>	<p><i>Materials for health consumers &amp; professionals (CDs, magazines, posters, videos, curricula, CD-ROMs).</i></p>
<p>Section on Women's Health  American Physical Therapy Association  <a href="http://www.womenshealthapta.org">http://www.womenshealthapta.org</a></p>	<p><i>Postpartum handouts &amp; OB101 information for members of the section.</i></p>
<p>Rosalind Franklin University  Interprofessional Healthcare Studies  3333 Green Bay IL 60064  847-578-3310  <a href="http://www.rosalindfranklin.edu">www.rosalindfranklin.edu</a></p>	<p><i>Master of Science in Women's Health.</i></p>
<p>Texas Women's University, School of PT  P.O. Box 425589  Denton TX 76204  940-898-2460  <a href="http://www.twu.edu/pt">www.twu.edu/pt</a></p>	<p><i>Certificate in women's health.</i></p>

# Pregnancy Back and Pelvic Girdle Pain Physical Therapy Evaluation

SOWH OB1

Date: \_\_\_/\_\_\_/\_\_\_ Patient Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

HR \_\_\_\_\_ bpm BP \_\_\_\_\_ mmHg RR \_\_\_\_\_

## SUBJECTIVE

Date of Onset: \_\_\_/\_\_\_/\_\_\_  Insidious  Traumatic  Microtrauma  Work Related

Significant Medical History \_\_\_\_\_

Gravida \_\_\_\_\_ Para \_\_\_\_\_ Weeks of gestation \_\_\_\_\_ List of children ages \_\_\_\_\_

Complications during previous and/or current pregnancy (HTN, PTL, bleeding) \_\_\_\_\_

History of current problem \_\_\_\_\_

## Tests and Results

Pain rating \_\_\_/10 Description \_\_\_\_\_  Constant  Intermittent

Activities that aggravate symptoms \_\_\_\_\_

Activities that decrease symptoms \_\_\_\_\_

Sleep position  R  L  Side  supine  Prone Bed Type or sleep location:  Firm  Soft \_\_\_\_\_

Sleep pattern  Sleeps well  Occ. Wake 2° pain  frequently wakes 2° pain  Pain getting out of bed

Occupation \_\_\_\_\_ Difficulty performing work duties or ADLs  Yes  No

What activities are difficult \_\_\_\_\_ Psychosocial \_\_\_\_\_

Patient Personal Goal \_\_\_\_\_

## OBJECTIVE - Standing

Posture		Gait A/P View		Gait Lateral View	
<input type="checkbox"/> No significant deviations noted		Lateral leaning during stance or swing	<input type="checkbox"/> L <input type="checkbox"/> R	Reciprocal arm swing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forward Head/ Prominent C7	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trunk rotating opposite of Pelvis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trunk lean	<input type="checkbox"/> Forward <input type="checkbox"/> Backward
Rounded Shoulders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hiking of the pelvis during swing phase	<input type="checkbox"/> L <input type="checkbox"/> R	Pelvic rotation	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> Ant. <input type="checkbox"/> Post.
Scapulae abducted	<input type="checkbox"/> L <input type="checkbox"/> R	Excessive hip abduction	<input type="checkbox"/> L <input type="checkbox"/> R	Hip flexion	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> L <input type="checkbox"/> R
Scapulae elevated	<input type="checkbox"/> L <input type="checkbox"/> R	Excessive hip adduction	<input type="checkbox"/> L <input type="checkbox"/> R	Hip extension	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> L <input type="checkbox"/> R
Thoracic Kyphosis	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑	Excessive hip rotation	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> IR <input type="checkbox"/> ER	Knee flexion	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> L <input type="checkbox"/> R
Lumbar Lordosis	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑	Knee varus	<input type="checkbox"/> L <input type="checkbox"/> R	Knee extension	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> L <input type="checkbox"/> R
Scoliosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Knee valgus	<input type="checkbox"/> L <input type="checkbox"/> R	Heel Strike (Dorsiflexion)	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> L <input type="checkbox"/> R
Anterior Pelvic Tilt	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑	Pronation (Foot Flat Phase)	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> L <input type="checkbox"/> R	Heel Rise (Plantarflexion)	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> L <input type="checkbox"/> R
Posterior Pelvic Tilt	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑	Supination (Heel strike, Heel off, Toe off Phases)	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> L <input type="checkbox"/> R	Step Length	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> L <input type="checkbox"/> R
Genu varus	<input type="checkbox"/> L <input type="checkbox"/> R	Foot Toe Out	<input type="checkbox"/> L <input type="checkbox"/> R	Stride Length	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑
Genu Valgus	<input type="checkbox"/> L <input type="checkbox"/> R	Foot Toe In	<input type="checkbox"/> L <input type="checkbox"/> R	<b>Lumbar ROM</b>	
Pes Planus	<input type="checkbox"/> L <input type="checkbox"/> R	Base of Support	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑	Flexion	
Pes Cavus	<input type="checkbox"/> L <input type="checkbox"/> R	Circumduction of leg	<input type="checkbox"/> L <input type="checkbox"/> R	Extension	
Leg Length (longer)	<input type="checkbox"/> L <input type="checkbox"/> R	Contralateral Hip Drop	<input type="checkbox"/> L <input type="checkbox"/> R	Lateral Flexion Right	
<b>Bony Palpation</b>		<b>MMT</b>		Lateral Flexion Left	
Iliac crest <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑	Gluteus Max – Mod.		Rotation Right	
PSIS <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑	<b>SI Special Tests</b>		Rotation Left	
ASIS <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑	Forward Flexion <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -	Repeated Motions	
Sacral ILA <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑	Gillet's March <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -	Combined rot. and ext.	
Leg length <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> =	Stork Test <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -		
Pubes <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑				

# Pregnancy Back and Pelvic Girdle Pain Evaluation

Date: \_\_\_/\_\_\_/\_\_\_ Patient Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Balance/Function		NOTES:
Abdominal mm contraction (tummy ↑)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Able to do full squat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Single leg balance R	<input type="checkbox"/> ↓ <input type="checkbox"/> normal	
Single leg balance L	<input type="checkbox"/> ↓ <input type="checkbox"/> normal	

## Sitting

Posture		MMT		Palpation	
<input type="checkbox"/> No significant deviations noted		Hip Flexors		Iliac crest <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑
Forward Head	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hip Internal Rotation		PSIS <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑
Rounded Shoulders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hip External Rotation		ASIS <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑
Scapulae abducted	<input type="checkbox"/> L <input type="checkbox"/> R	Quadriceps		Sacral ILA <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑
Scapulae elevated	<input type="checkbox"/> L <input type="checkbox"/> R	Tibialis Anterior		Leg length <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> =
Thoracic Kyphosis	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑	Peroneals		Long Dorsal SI Lig. <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Pain <input type="checkbox"/> Normal
Lumbar Lordosis	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑	EHL		Lumbar ROM Asym.	
Anterior Pelvic Tilt	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑	Hamstrings - modified		Thoracic ROM Asym.	
Posterior Pelvic Tilt	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑	<b>Flexibility</b>			
Tibial Torsion <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hip Internal Rotators			
<b>Special Tests</b>		Hip External Rotators			
SIJ AROM FB <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -	<b>Notes:</b>			
Slump Sit <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -				
Reflexes					
Sensation – Lt. Touch					

## Side-Lying

MMT		Palpation		Special Tests	
Gluteus Minimius		Quad. Lumborum		Ober's (ITB) <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -
Gluteus Medius		Hip abductors		Gaenslen's (SI) <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -
Adductor		Hip rotators		Pelvic Compression <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -
Gluteus Max. - mod		ITB		Pelvic Mobility superior glide <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> normal
<b>Notes:</b>		Adductor muscle		Pelvic Mobility inferior glide <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> ↓ <input type="checkbox"/> ↑ <input type="checkbox"/> normal
		Greater Trochanter			

## Supine

Flexibility		Palpation		Special Tests	
Hamstrings		Iliac Crests		ASLR <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -
Gastroc		ASIS		Post. Pelvic Pain <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -
Soleus		Pubic symphysis		A/P Squish <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -
Iliopsoas		Femoral Head		Hip Compression <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -
Rectus femoris		ITB		Hip Distraction <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -
TFL		Piriformis		FABER <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -
Sartorius		QL		SLR (Sciatic n.) <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -
		Iliopsoas		Diastasis Recti	

**Notes:**

**Pregnancy Back and Pelvic Girdle Pain Evaluation**

Date: \_\_\_/\_\_\_/\_\_\_ Patient Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**Prone**

MMT		Passive Motion		Palpation	
Hamstrings		Lumbar Vertebrae		Iliac Crests	
Gluteus Maximus		Thoracic Vertebrae		PSIS	
Flexibility		Pelvic Joints		Sacral Sulcus	
Hip IR Rotators		Sacrum		Sacral ILAs	
Hip ER Rotators		Special Tests		Vertebrae	
Notes:		Femoral N. <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> + <input type="checkbox"/> -	Paraspinals	
				Hip Rotators	
				Gluteus mm	

**Initial Treatment:**  Evaluation,  HEP instruction \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Education on:  pt. educated on the nature of the diagnosis/problem, \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASSESSMENT/Problem List:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Impairments Include:**  \_\_\_\_\_  
 Pain  Muscle pain / spasm  Pelvic girdle joint dysfunction  
 Weakness  Decreased Mobility  Gait deviations  
 Impaired functional ability  Hypermobility  Postural dysfunction  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

**Rehab Potential:**  Good  Fair  Poor (If fair or poor; reason: \_\_\_\_\_)

Education or treatment limitations:  None  Cognition  Communication  Compliance  Vision  
 Other \_\_\_\_\_

Patient Specific Functional Goals:	Rate DIFFICULTY of each activity:	Short term goal for each activity
Activities that the patient is having difficulty performing because of pain	0= unable to perform, 10 = no difficulty	0= unable to perform, 10 = no difficulty

**GOALS:** Short Term goals: \_\_\_ weeks \_\_\_/\_\_\_/\_\_\_ Discharge goals: \_\_\_ weeks \_\_\_/\_\_\_/\_\_\_

- Independent with HEP \_\_\_\_\_
- ↓ pain /symptoms \_\_\_\_\_
- ↑ strength \_\_\_\_\_
- ↑ ROM \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Plan:** Pt to be seen \_\_\_ x/week for \_\_\_ weeks. Treatment may include:

- Therapeutic Exercise: \_\_\_\_\_
- Neuromuscular Re-education: \_\_\_\_\_
- Joint Mobs: \_\_\_\_\_
- STM/MFR: \_\_\_\_\_
- Modalities: \_\_\_\_\_

Physical Therapist Signature and date: \_\_\_\_\_