

CASE REPORT

Effectiveness of Client-Centered Interventions in a Patient with Pelvic Girdle Pain: A Case Report

Pelvik Halka Ağrısı olan Bir Hastada Kişi Merkezli Müdahalenin Etkisi: Olgu Sunumu

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Abstract

Pelvic girdle pain (PGP) is an important postpartum musculoskeletal problem in women and negatively affects pain, quality of life, perceived occupational performance, and satisfaction. In this report, we present the effectiveness of a client-centered intervention consisting of 45-min sessions, 4 days a week for 4 weeks, on pain, quality of life, perceived occupational performance, and satisfaction level in a patient with PGP. We determined that the client-centered intervention positively affected the perceived activity performance and satisfaction level in her daily life. In conclusion, client-centered intervention in women with PGP may be an important solution in ensuring compliance with activities of daily living, reducing pain, and increasing functional levels.

Keywords: Client-centered interventions; Pain; Pelvic girdle pain; Quality of life

Due to the increased fetal-maternal weight during pregnancy, an increasing load is placed on the musculoskeletal system until delivery. As a result of the changes during pregnancy, the most common musculoskeletal problem is low back and pelvic region pain. Pelvic girdle pain (PGP) is defined as pain felt in all pelvic bones, especially around the sacroiliac joint, gluteal folds, and especially on the posterior iliac crest, which can spread to the thighs and hips.^[1]

PGP is an important condition that causes daily living activities problems in women and requires personalized interdisciplinary interventions.^[1] Compared with other examinations during pregnancy, ultrasound is the most reliable and repeatable imaging method. Although the exact

mechanism of PGP is not known, a relationship was found between interpubic distance and clinical findings in the study conducted by Terzi and Kaya in 2021.^[2] Identifying the disease and applying treatments in the early period of pregnancy is beneficial and reduces the loss of labor.

Herein, we report the effectiveness of a client-centered intervention consisting of 45-min sessions, 4 days a week for 4 weeks, on pain, quality of life, perceived occupational performance, and satisfaction level in a patient with PGP.

Case Report

A 32-year-old female patient with a 29-week pregnancy was admitted with the complaint of pain in the waist, hip, and pubic region that has intensified for the last 15 days

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and is reflected in both thighs. She was diagnosed with PGP. She stated that there was an increase in pain while standing and walking and the pain decreased while resting. This was her second pregnancy, and she had a living child born with normal vaginal delivery. Her medical history was unremarkable. Physical examination of the patient revealed no neuromuscular defects, flat leg stretching test was -ve, Lasegue test was -ve, but pubic tenderness by palpation was ++ve, Patrick Faber test was +ve, and posterior pelvic provocation test was +ve. The interpubic distance was found to be 11.1 mm on ultrasound, and PGP was diagnosed. A client-centered intervention consisting of 45-min sessions, 4 days a week, was applied in the daily living unit of our hospital to the patient.

Client-centered intervention is a treatment method created with the active cooperation of the therapist and the client.^[3] This intervention method involves active interaction with the client. The key aspect of this intervention was the client-centered approach the therapist used according to the participant's prioritized goals determined in the Canadian Occupational Performance Measure (COPM). Problem activities are determined according to COPM, and possible solution strategies are created with the client. The four stages are explained below:

1. First stage: Set a measurable, realistic, and achievable goal to address occupational performance problems.
2. Second stage: Develop and evaluate the pros and cons of possible solutions.
3. Third stage: Decide on a possible solution, make a plan, and take action:
 - Adaptation of the occupation, making alterations to one or more of the following: who (involving another person), where (making a change in the place), when (changing the time), how (altering the way of application), and what (adding up new steps at the beginning or at the end of the occupation),
 - Finding out the new occupation,
 - Planning the steps of the occupation (in accordance with priority),
 - Bringing together occupation-related information and resources.
4. Fourth stage: Revising the therapy process activated with the CC training, receiving feedback about individual's experiences, and making alterations to the course of action when necessary.

To give an example of the intervention we applied, at the first level, we determined that our client had a problem with

the "walking" activity due to pain. At the second level, with the client, it was first aimed to strengthen the pelvic floor muscles and soft tissue mobilization to reduce pain and facilitate walking. The intervention strategy also included soft tissue therapy, pregnancy support belt, side-lying mobilizations, pelvic blocks, and instrument-assisted pubic symphysis adjustments. Home advice included ice, staying active, moving as a unit, stretching, using a pillow between the knees while sleeping, regular breaks from sitting, and pelvic floor (Kegel) exercises. The plan of management included weekly visits consisting of soft tissue trigger point therapy, lateral recumbent diversified mobilizations to the sacroiliac joints, pelvic blocks, and instrument-assisted pubic symphysis adjustments. On the other hand, rest breaks were added by cascading the activity. In addition, appropriate shoe selection and correct walking exercises were determined. At the third level, our possible solutions were implemented, and at the fourth level, the response strategy was revised with a reassessment. As in the "walking" activity, all other problematic activities were solved with a similar strategy.

An informed consent form was signed and obtained from the patient before the treatment. At the beginning of the treatment and at the end of 4 weeks, the patient was evaluated with COPM, which determined the problems in activities of daily living and the level of perceived occupational performance and satisfaction in these activities.^[4] She was also evaluated with the Nottingham Health Profile, which evaluates the quality of life in terms of energy, pain, emotional reactions, sleep, social isolation, and physical activities in daily living activities.^[5] Visual Analogue Scale (0–10) was used to determine the severity of pain during rest, sleep, and activity. As a result of the evaluation before and after treatment, pain, quality of life, perceived occupational performance, and satisfaction level are presented in Table 1.

Discussion

A client-centered treatment protocol consisting of 45-min sessions, 4 days a week for 4 weeks, was established in a patient with PGP, and it was determined that pain decreased after treatment, but the quality of life, perceived occupational performance, and satisfaction level increased.

It was defined that causes such as difficult childbirth or hormonal changes may cause musculoskeletal problems and pain in women.^[1,2] These problems may also cause disturbances in various activities of daily living and significantly affect the quality of life.^[6] In this patient, PGP resulted in problems in the quality of life and occupational performance in daily life. The main reasons for these problems

Table 1. Pre- and posttreatment pain, quality of life, perceived occupational performance, and satisfaction data of the participant

VAS	Before treatment	After treatment		
Activity	8.5	5.3		
Rest	5.7	3.4		
Sleep	4.6	2.2		
NHP	Before treatment	After treatment		
Energy	100	36.8		
Pain	100	53.95		
Emotional reactions	49.26	0		
Social isolation	63.9	0		
Sleep	100	44.07		
Physical activity	66.01	21.77		
Total	479.17	156.59		
COPM	Performance		Satisfaction	
Occupations	Before treatment	After treatment	Before treatment	After treatment
Walking	4	8	2	8
Cleaning the house	2	6	1	7
Going to/resuming work	5	7	5	6
Going up/down stairs	3	7	1	8
Meeting with friends	2	6	1	6
Average point	3.2	6.8	2	7

VAS: Visual Analog Scale; NHP: Nottingham Health Profile; COPM: Canadian Occupational Performance Measure.

may be pain during rest, sleep, and activity and the presence of functional deficiencies in physical activities.

It was stated that the pain caused by PGP increases functional insufficiency, causes problems in different activities of daily living, and reduces the quality of life.^[1,2,6] Authors stated that pain and functional limitations impair the quality of life and that reducing pain, increasing functional capacity, and even performing psychosocial interventions increase the quality of life.^[1,6,7] In this reported patient, despite significant pain and life-quality problems at the time of diagnosis, all those symptoms improved after the client-centered interventions. The patient was reevaluated, and the treatment methods were reorganized every week for the personalization of the treatment. We believe that the success of this client-centered intervention was that it focused on the activities that the client had problems directly in daily life and developed intervention strategies for her.

Researchers stated that the activities of daily living are adversely affected in women with PGP.^[6,7] It is reported that this condition occurs due to the functional limitations brought about by the widespread pain and disease in the pelvic re-

gion.^[8,9] In general, PGP management includes activity modification, pelvic support garments, management of acute exacerbations, physiotherapy and exercise programs to prevent the progression of symptoms, and referral.^[10] However, the data about the exact treatment methods and outcomes of these methods are limited in the literature. In our patient, there were problems with walking, going to work/continuing work, meeting with friends, cleaning the house, and going up and down stairs. We determined that the client-centered interventions positively affected the perceived activity performance and satisfaction level in the daily life of the patient.

Conclusions

Client-centered interventions ensured compliance with activities of daily living, reduced pain, and increased functional levels in a patient with PGP. Because PGP seriously affects daily life in pregnant women, in this case, we wanted to report the high success of client-centered treatments and emphasize the importance of personalized treatments. Studies about the effects of client-centered interventions on PGP are warranted.

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Informed Consent: Written informed consent was obtained from patient who participated in this study.

Conflict of Interest: None declared.

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