TREATMENT NOTE:

A MOBILISING TECHNIQUE FOR THE SYMPHYSIS PUBIS

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This is an introduction to a mobilising technique of the symphysis pubis which has been used for some years now.

The condition of subluxed symphysis pubis can easily be found, using kinesiology, particularly by behavioural kinesiology, (B.K.) with manual localisation. If not acquainted with B.K. testing then this area can be tested by pressure over the superior and arcuate pubic ligaments. Tenderness indicates ligament strain and that some degree of subluxation is present.

The side which is "down" has an associated hypertonic and tender gracilis muscle. The superior pubis ramus on the affected side is more difficult to palpate and is often tender. Resisted hip flexion on the affected side is weakened, compared with the "good" side. Hypertonicity of psoas/iliacus plus abdominal muscle imbalance is a common finding.

Pain relieved so far includes recalcitrant sciatica (often on the opposite side); low back pain; knee pain; "period pains" and other gynaecological pains. It has also been noted that cervical subluxations at C1 & 2 often appear reduced after pelvic adjustment, particularly in young women.

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TECHNIQUE

This is simple but one should beware of putting too much pressure on the patient or your own contact hand. Stand on the affected side of the supine patient, facing towards the patient at about waist level. The contact hand is on the same side as the patient's affected side. Slide this hand up the inside of the patient's thigh, palm on thigh, thumb towards the head. Make contact between the distal part of the 2nd metacarpal and the inferior aspect of the pubic ramus. This point may be tender, so apply pressure gently in the direction of the patient's chin. This pressure needs to be applied steadily for at least half a minute so reinforce the contact hand with the other hand around the wrist of the contact hand. Be careful to avoid digging the thumb into the patient's groin or lower abdomen. When the movement is felt, maintain pressure until the movement ceases. Some patients feel movement and alteration of pain level, whilst others ask if anything is happening. Test afterwards for increased hip flexor strength, reduction of gracilis tension and tenderness, plus a more easily palpable pubic ramus. The ligaments are usually less tender.

This is not a once only adjustment as gravity and jerky movement plus the usual abdominal muscle weakness associated with this problem all mitigate against total success in one session. Thus follow up with appropriate exercises for home management but no sit-ups or straight-leg raising exercises! Rather use awareness training, for example, Feldenkrais or Alexander techniques.

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