The Pelvic Girdle

In the second edition of this text, the author, Diane Lee, a Canadian physiotherapist, emphasizes that during the preceding decade, she has been concerned with the description of “specific mobility and stability assessment techniques (joint play) used clinically to determine the status of mobility of the sacroiliac joint.” She states that “joint play tests are essential for understanding the abnormal movements which can occur in a normal neutral zone.”

The influence of research teams from Erasmus University in Rotterdam and the University of Queensland, Brisbane, Australia, is acknowledged. In particular, Lee mentions that the work of Andry Vleeming, PhD and Chris Snijders, PhD (Rotterdam, The Netherlands) has led to a better understanding of impaired load transfer through joints. In the foreword to the new edition, Dr Vleeming describes this change in emphasis from an anatomic model to a functional anatomic model. The two legs and the spine are considered to be three levers acting on the pelvis, viewed as the basic bony platform. The stabilization of extrinsic and intrinsic motion must occur before levers can act. Vleeming credits Lee’s incorporation and application of the most recent fundamental and clinical data in treatment as contributing to a state-of-the-art text, essential to those involved in the treatment of pelvic problems. This contention, coming from another discipline, deserves the consideration of manipulative practitioners of osteopathic medicine.

The value of this volume lies in its presentation of contemporary research findings that support Lee’s view on joint play testing of abnormal pelvic girdle movements. Appropriately cited historical sources complete the survey of the topic. The objectives of the text are clearly met in the presentation of subjective and objective examination. Lee articulates well the critical points of her examination and assessment approach to the patient’s problem. Primarily directed to physiotherapy practitioners, the potential audience easily includes students, residents, and practicing physicians. Lee’s writing style is suitable for these expanded reader categories.

The organization of the text is easy to follow. In addition to Dr Vleeming’s “Foreword,” the reader can follow the development of purpose in reviewing the “Preface to the First Edition” (1989). This review establishes the perspective for Lee’s work during the 10-year interval. The basic chapter outline, updated, is retained in the new edition. Succinct presentations of historical review, evolution, and comparative anatomy and embryology prepare the reader for the discussions of anatomy and biomechanics of the lumbar-pelvic-hip complex. A current review of pain, dysfunction, and the healing process bridges the basic and clinical halves of the text. Subjective and objective examination is the most heavily developed chapter, consistent with Lee’s premise. This information is then applied to clinical syndromes of the lumbarosacral junction, pelvic girdle, and hip. A new chapter addresses muscles, posture, and ergonomics. Lee has drawn from the work of Drs Paul Hodges, Julie Hides, Carolyn Richardson, and Gwendolyn Jull (Brisbane) in establishing the stabilization program so important in this text. That team of researchers provides evidence-based principles of exercise training. A glossary of terms, a comprehensive list of references, and an index complete the text.

Illustrations are primarily clinical photographs and line drawings. Although some of these are from the first edition, many are new. All were done by Frank Crymble. The text thereby achieves a consistent quality, easily comprehended by the reader. Careful attention to layout provides comfortable apposition of clinical photographs with text. The sacroiliac joint at various ages is illustrated with five color plates.

Although not as exhaustive when compared with a text by Gregory P. Grieve (Common Vertebral Joint Problems, 1981), Lee’s crispness in writing lends itself to a very rapid grasp of the information presented. Lee mentions in passing that the osteopathic approach to musculoskeletal medicine was introduced to Canadian physiotherapists in the early 1980s. The circumstances of this introduction are not elaborated, thereby missing an opportunity to demonstrate expanded awareness of professional interface in the use of palpation diagnosis and manipulative interventions (mobilization). The spectrum of manipulative interventions taught and practiced by osteopathic physicians would, if interfaced with the text’s presentation of mobilization, provide significant enhancement. A review of references reveals citations of Myron C. Beal, DO; H. H. Fryette, DO; Philip E. Greenman, DO; Robert E. Kappler, DO; Irwin M. Korr, PhD; Fred L. Mitchell Sr, DO and Frank H. Willard, PhD. Special acknowledgment is given to Dr Willard for permission to reproduce photographs of his dissections. These names are quite familiar to members of the osteopathic medical profession.

The literature of the osteopathic medical profession has, for many years, addressed assessment, treatment, and management of clinical problems associated with the pelvic girdle. In a time of increasing publication by authors from the discipline of physiotherapy, greater acknowledgment of this literature would contribute to a more enlightened basis for cooperative activity in patient management between physiotherapists and osteopathic physicians. This would certainly benefit the patients for whom we provide care.

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