

<b>Clinical Practices</b>	4
<i>Ann Dunbar, MS, Editor</i>	
The Silent Problem: Taking the Patient History One Step Further	
<i>by Ann Dunbar, MS</i>	
<b>Continuing Education</b>	6
<i>Cheryl Appel, Editor</i>	
<b>Book Review</b>	8
<i>Cathy Mitchell, MS, Editor</i>	
<b>Feature</b>	10
<i>Elaine Pomerantz, MS, Editor</i>	
Knee Ligamentous Laxity During the Trimesters of Pregnancy: A Case Report	
<i>by A. Joseph Santiesteban, PhD, Lisa M. Santiesteban, BS and Jean Fox, BS</i>	
<b>Literature Review</b>	13
<i>Linda M. Pipp, Editor</i>	
Brief Notations	
<i>by Linda M. Pipp</i>	
<b>Consumer Review</b>	16
<i>Diane Milhan, PhD, Editor</i>	
<b>Section News</b>	17
<i>Elisa Kennedy, Editor</i>	
Nominations Sought	

Dear Editor:

I just renewed my membership and was happy to receive the March 1991 issue of J OB/GYN PT. I am in agreement with the letter to the editor written by Trena Wicks. I share her excitement for the pertinent information in your journal. I also agree with her that hypomobility is a significant problem and especially so in the postpartum population. In my evaluation I use 11 basic joint spring tests. For complex sacroiliac dysfunction there are 22 different joint spring tests available. It has also been my experience that in treating hypomobility one does achieve more balance in the pelvic joints. What appears to be a hypomobility in one direction often represents a hypermobility or the preferred term, relative or apparent hypermobility, in the opposite direction. In treating the hypomobility, one is also treating the antagonistic hypermobility. I believe that treating the pelvis as a tri-planar joint with a potential of up to 6 degrees of freedom is a very important concept in seeking balance in these important articulations. The influence of the very powerful mechanoreceptors, which are abundant in this region, and their obligatory influence on pelvic girdle and pelvic floor muscle tone cannot be ignored.

The importance of pelvic floor strengthening in effecting internal stability cannot be ignored. I am grateful for the influence of several prominent OB/GYN section members in this regard.

I have no doubt that a joint spring test applied to the pelvic region evaluates not only articular mobility, but also the important influence of muscle. I do think that one of the purest joint spring tests is an anterior to posterior spring test on each pubic bone with the client in supine. I think that this might also be an external evaluation of the influence of the pelvic floor. I have noted a fairly consistent hypermobility in this joint in the postpartum population and especially in the multiparous population, even several years after delivery. I do not think we can assume that stability is automatically established after delivery without evaluating for such. I did have a client who presented with significant hypermobility with A-P spring testing applied to the symphysis pubis. After achieving tri-planar symmetry of her lumbopelvic region and having her perform 100 repetition of Kegel's exercises daily, she achieved stability within 2 weeks. I was very pleased with the degree of stability and indeed was quite surprised. The next day, however, she presented again, as she did on the first day, with significant hypermobility. In this example, I suspect hormonal influence to be significant.

I do think that we will see an emerging trend of evaluating the sacroiliac and pubic symphysis joints on the basis of joint spring tests and perhaps less so on the basis of gross motion tests, which may not reveal actual mobility or actual dysfunction.

Thank you for the opportunity to express my opinions.

Jerry Hesch  
Albuquerque, New Mexico