


# CHIROPRACTIC CARE & WOMEN'S HEALTH

Personalized Care for Your Unique Needs



A photograph of a woman from the back, holding her neck with her right hand. A red glow highlights the neck and shoulder area, indicating pain. The background is a teal and blue marbled pattern.

Men and women have many of the same aches and pains — such as low back pain, neck pain, joint pain and headaches. Women, however, often **REQUIRE SPECIALIZED CARE** for these neuro-musculoskeletal pain issues focused on their unique bodily structure and needs. A doctor of chiropractic (DC) can help you determine the cause of your pain and will work with you to **CREATE A CARE PLAN** focused on pain relief, prevention and improving your sense of well-being, all without the risks associated with pharmaceutical drugs.

The following are some of the unique neuro-musculoskeletal problems that women face throughout their lives and how chiropractic can help them experience safe, effective and drug-free pain relief.


# 94%

More than 94% of pregnant women experienced low back pain relief with chiropractic care.



## PREGNANCY

More than 68% of pregnant women report **LOW BACK PAIN**<sup>1</sup> and more than 65% of women<sup>2</sup> report such pain along with **PELVIC PAIN** after they deliver. Chiropractic care has long been used to help pregnant and postpartum women relieve this common problem. In one study of pregnant women, more than **94% EXPERIENCED PAIN RELIEF** in less than five days and after fewer than two visits to a doctor of chiropractic (DC).<sup>3</sup> Your DC is specifically trained to care for pregnant women and safely manage the pain, but also improve structural balance so discomfort does not return after the baby arrives.



**JUST ONE** chiropractic adjustment of pregnant women relaxed pelvic floor muscles, which can help prevent incontinence.

## PELVIC FLOOR FUNCTION

During and after pregnancy, many women experience **URINARY INCONTINENCE** caused by a stretching or tightening of the muscles in the pelvic floor. These muscles hold the bladder, vagina, uterus and bowel in place and affect the functioning of these organs. Pelvic floor dysfunction is also caused by menopause, weight gain, previous injury or inactivity. Chiropractic care can help **CORRECT THE STRUCTURAL IMBALANCES** that contribute to dysfunction and resulting incontinence, back pain or both. Just one spinal manipulation — otherwise known as a chiropractic adjustment — on women in their second trimester of pregnancy worked to relax the pelvic floor muscles,<sup>4</sup> which can **IMPROVE URINARY AND BOWEL CONTROL.**



# BREAST HEALTH

Larger breast sizes are associated with poor posture and can cause muscles in the back to work harder,<sup>5</sup> which may lead to back pain if not corrected. A properly fitted bra will **HELP PREVENT BACK PAIN** caused by breast size, yet only 15% of women have a bra that fits correctly.<sup>6</sup> A DC can **HELP RELIEVE PAIN** caused by an improperly fitting bra. More importantly, a DC will guide you into **IMPROVING POOR POSTURE** through care, exercise and other tips. Poor posture over time is a major contributor to back pain, regardless of breast size or bra fit.

**85%**

of women are wearing the wrong size bra.



# SCIATICA

Men and women both suffer from sciatica, which is **PAIN RADIATING FROM THE LOWER BACK** down your hip and leg caused by compression of the sciatic nerve. Yet women seem to have longer recoveries and tend to have worse outcomes compared to men.<sup>7</sup> A unique risk factor for women is high heels, which shift your weight forward and stretch your hamstring where the sciatic nerve is located.<sup>8</sup> The good news is that in a clinical trial, men and women who received a chiropractic adjustment (spinal manipulation) experienced **GREATER PAIN RELIEF** than those who received a placebo adjustment. DCs can also recommend appropriate footwear or shoe inserts to help prevent the pain from returning.

**40%**

of people experience sciatica in their life.



# PAINFUL MENSTRUAL CYCLES

As many as 91% of women of reproductive age suffer from abdominal **PAIN DURING MENSTRUATION**,<sup>9</sup> also known as “dysmenorrhea.” Here again, research has shown that chiropractic care can help relieve that pain. In a clinical trial, women receiving connective tissue manipulation, which is another type of care that a DC can deliver, had less pain during menstruation, reduced their use of pain relief medication and were more optimistic about their pain compared to women who did not receive care.<sup>10</sup> Likewise, women who received a similar treatment in their pelvic area also experienced **REDUCED LOW BACK PELVIC PAIN** and **INCREASED LEVELS OF SEROTONIN**, which is a brain chemical that is associated with a greater sense of well-being.<sup>11</sup>



# 91%

As many as 91% of women experience pain during menstruation.

# PERSONALIZED CARE TO ACHIEVE YOUR GOALS

Men and women suffer from the same types of **NEURO-MUSCULOSKELETAL PAIN**, but that does not mean they should receive the exact same care. Every patient is unique. Apart from your sex, you bring a **UNIQUE HISTORY**, **GOALS** and **DIFFERENT SET OF HEALTH PROBLEMS** and concerns that your DC is ready to help solve. Your DC is also eager to work with the rest of your healthcare team, which may include your obstetrician-gynecologist, family physician, cardiologist and other providers, to help you **ACHIEVE OPTIMAL HEALTH AND WELL-BEING** at any stage of life.





# SOURCES:

- <sup>1</sup> Wang, Shu-Ming et al. "Low back pain during pregnancy: prevalence, risk factors, and outcomes." *Obstetrics and gynecology* vol. 104,1 (2004): 65-70. doi:10.1097/01.AOG.0000129403.54061.0e
- <sup>2</sup> Bergström, C., Persson, M. & Mogren, I. Pregnancy-related low back pain and pelvic girdle pain approximately 14 months after pregnancy – pain status, self-rated health and family situation. *BMC Pregnancy Childbirth* 14, 48 (2014). <https://doi.org/10.1186/1471-2393-14-48>
- <sup>3</sup> Lisi AJ. Chiropractic spinal manipulation for low back pain of pregnancy: a retrospective case series. *J Midwifery Women's Health*. 2006;51(1):e7-e10. doi:10.1016/j.jmwh.2005.09.001
- <sup>4</sup> Haavik, Heidi et al. "Effect of Spinal Manipulation on Pelvic Floor Functional Changes in Pregnant and Nonpregnant Women: A Preliminary Study." *Journal of manipulative and physiological therapeutics* vol. 39,5 (2016): 339-347. doi:10.1016/j.jmpt.2016.04.004
- <sup>5</sup> Schinkel-Ivy, Alison and Drake, Janessa D.M. 'Breast Size Impacts Spine Motion and Postural Muscle Activation'. 1 Jan. 2016 : 741 – 748.
- <sup>6</sup> McGhee, Deirdre E, and Julie R Steele. "Optimizing breast support in female patients through correct bra fit. A cross-sectional study." *Journal of science and medicine in sport* vol. 13,6 (2010): 568-72. doi:10.1016/j.jsams.2010.03.003
- <sup>7</sup> Peul, Wilco C et al. "Influence of gender and other prognostic factors on outcome of sciatica." *Pain* vol. 138,1 (2008): 180-191. doi:10.1016/j.pain.2007.12.014
- <sup>8</sup> <https://uspainfoundation.org/blog/five-surprising-ways-you-might-be-worsening-your-sciatica/>
- <sup>9</sup> Ju, Hong et al. "The prevalence and risk factors of dysmenorrhea." *Epidemiologic reviews* vol. 36 (2014): 104-13. doi:10.1093/epirev/mxt009
- <sup>10</sup> Özgül, Serap et al. "Short-term effects of connective tissue manipulation in women with primary dysmenorrhea: A randomized controlled trial." *Complementary therapies in clinical practice* vol. 33 (2018): 1-6. doi:10.1016/j.ctcp.2018.07.007
- <sup>11</sup> Molins-Cubero, Silvia et al. "Changes in pain perception after pelvis manipulation in women with primary dysmenorrhea: a randomized controlled trial." *Pain medicine (Malden, Mass.)* vol. 15,9 (2014): 1455-63. doi:10.1111/pme.12404

