Surgical arthrodesis provides positive results for the patient with a painful grade III to IV spondylolisthesis that is nonresponsive to conservative management. However, the phenomenon of an asymptomatic, high-grade spondylolisthesis has previously been described, and support for conservative management is available.

Although counterintuitive, given the appearance of structural change, many with this condition maintain an active lifestyle with little, if any, limitations through conservative management.

This case supports the phenomenon of asymptomatic high-grade spondylolisthesis. A 32-year-old woman was diagnosed with a grade III spondylolisthesis at age 18, which was likely due to a fall at the age of 2. She had a history of intermittent low back pain with radicular symptoms that required treatment by a physical therapist several times while in her early to mid twenties. For the past 7 years, however, the patient did not have low back pain or radicular symptoms and did not experience any functional limitations.

At 22 weeks’ gestation, the patient proactively consulted a physical therapist and an obstetrician, anticipating a recurrence of symptoms during her final trimester. Clinical exam revealed no neurological deficits and pain-free active range of movement of the lumbar spine. Despite the lack of symptoms and unremarkable clinical examination, the history of a high-grade spondylolisthesis prompted the ordering of lumbar magnetic resonance imaging to determine progression, if any, of her spondylolisthesis and to inform decisions on expectant management. Magnetic resonance imaging confirmed the presence of a grade IV spondylolisthesis (FIGURES 1 and 2). Although there is no evidence to suggest that a high-grade spondylolisthesis is a risk factor for pregnancy complications, the obstetrician recommended a so-called prophylactic caesarean delivery, which resulted in an uncomplicated delivery of a healthy baby.

**Asymptomatic Spondylolisthesis and Pregnancy**

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