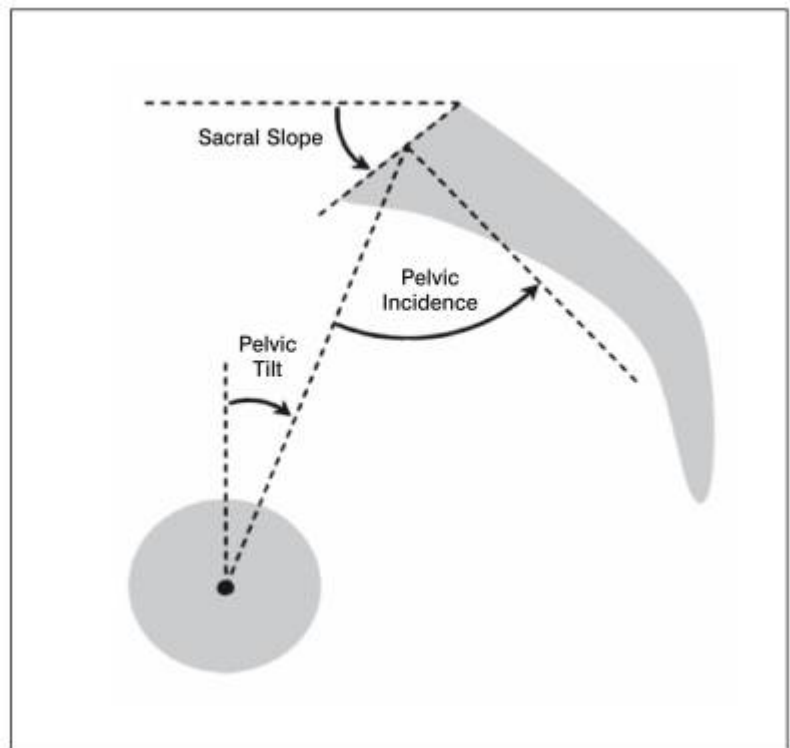


Pelvic tilt



Angle between the vertical reference line (VRL) and a line drawn from the midpoint of the femoral head to the midpoint of the S1 endplate

Normal 10-25 °

Alignment objective < 20°

Pelvic Tilt (PT)

- 0: nonpathologic (PT < 20°)
- +: moderate deformity (20° < PT < 30°)
- ++: marked deformity (PT > 30°)

Pelvic tilt > 20° suggests the patient is trying to compensate by retroverting the [pelvis](#) (some authors accept up to 25° as normal).

Higher [HQOL](#) scores in elderly individuals are associated with less [lumbar lordosis](#) and increased compensatory pelvic tilt.

see also:

[Sacral Slope](#)

[Pelvic incidence](#)

Pelvic tilt (PT) is a compensatory mechanism for [adult spinal deformity](#) patients to mitigate [sagittal imbalance](#).

The angle between the line connecting the midpoint of the sacral plate to the axis of the femoral heads, and the vertical.

In [adult spinal deformity](#) (ASD), patients increase pelvic tilt (PT) to maintain standing alignment. Previously, ASD patients with low PT and high disability were described.

Adult deformity patients with high preoperative PT treated with minimally invasive surgical techniques had less radiographic success but equivalent clinical outcomes as patients with low PT ¹⁾.

¹⁾

Uribe JS, Januszewski J, Wang M, Anand N, Okonkwo DO, Mummaneni PV, Nguyen S, Zavatsky J, Than K, Nunley P, Park P, Kanter AS, La Marca F, Fessler R, Mundis GM, Eastlack RK. Patients with High Pelvic Tilt Achieve the Same Clinical Success as Those with Low Pelvic Tilt After Minimally Invasive Adult Deformity Surgery. *Neurosurgery*. 2017 Aug 17. doi: 10.1093/neuros/nyx383. [Epub ahead of print] PubMed PMID: 28945896.

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