

Dr Paul Annett

“Groin Pain 101”

www.orthosports.com.au

29-31 Dora Street, Hurstville



ORTHOSPORTS

ORTHOPAEDIC & SPORTS MEDICINE SERVICE

Dr Paul Annett
Sport & Exercise Medicine Physician

Groin Pain Is Difficult???

- adductor strain, adductor tendinitis, adductor tendinopathy, adductor enthesopathy, adduction-related groin pain, osteitis pubis, athletic pubalgia, pubic bone overload, pubic bone stress injury and athletic groin injury + sports hernia, Gilmores groin, posterior inguinal wall deficiency,
- FAI, labral tears, OA, stress #, AVN, Perthes, SFE,



'Groin' or Hip

- 'Pubalgic pain'
 - Osteitis pubis, adductor tendinopathy, sports hernia, iliopsoas

VS

- 'Non-pubalgic pain'
 - Hip joint
- **The hip joint refers pain to the groin!!!**
 - Bradshaw '08 – Hip joint pathology most common



Hip Joint

- Groin, thigh, even knee pain
- Pain, restriction with sitting, abduction
- Older patient. ?Female
- Mechanical symptoms
- Positive Trendelenberg
- Reduced ROM.
- Pain in quadrant position ‘FADIR test’
- Negative ‘squeeze test’



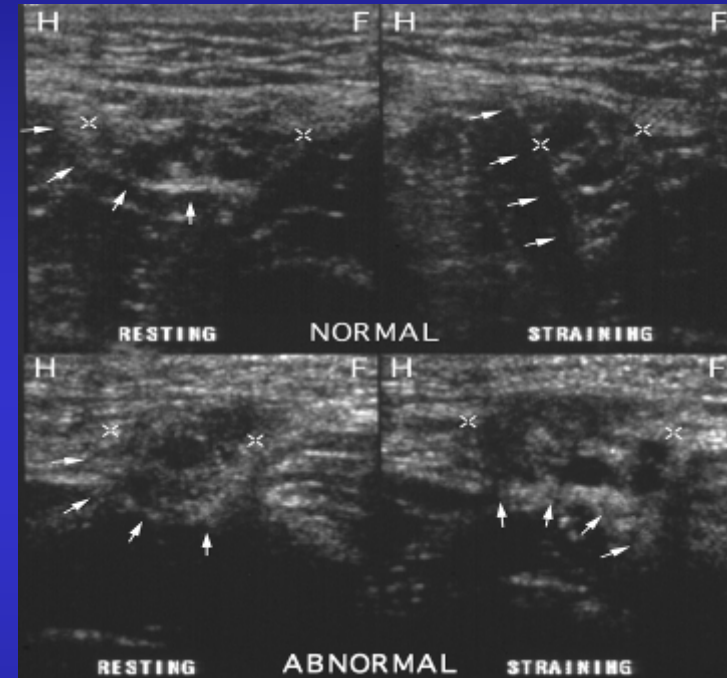
Pubalgic Pain

- Younger male patient
- Worse with sport (soccer, etc)
Insidious/poorly localized pain
- Pubic tenderness (symphysis, PT, PR)
- Positive squeeze test/resisted muscle tests
- Good hip ROM. Quadrant negative



Investigation

- Please get a plain Xray!!!
 - Hip joint/morphology
 - Pelvic bony structures
- MRI scan
- Specialist Ultrasound (sports hernia)



Classification of Pubalgia

- Single diagnosis theory
 - Adductor tendinopathy
 - Sports Hernia
 - Osteitis pubis
 - Iliopsoas tendinopathy
- Multiple diagnosis/pathology theory
 - 27-95% more than 1 pathology
- ‘Adduction’ related pain (Holmich)
 - Pubic symphysis the ‘victim’



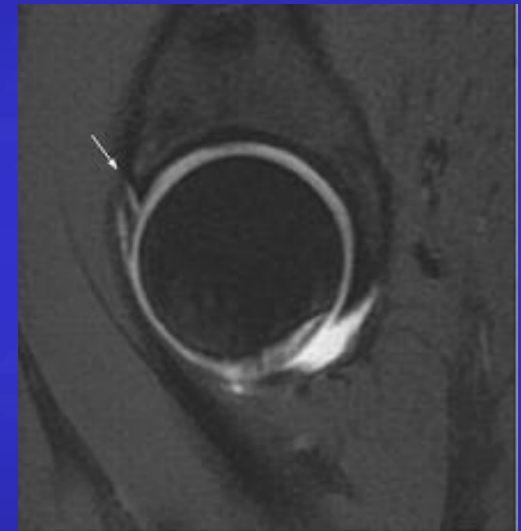
Management – ‘Pubalgia’

- Generally favourable outcome with rest/activity restriction (Arnason)
- Prolonged timeframe to resolution (months)
- Active rehabilitation mandatory (Holmich)
- Manual therapy required
- Adjunct therapy – NSAID, Cortisone, blood
- Graded return to sport
- Surgery



FAI & Labral Tears

- A recent development
- Diagnosis important
- Investigation MRI + contrast
- Management surgical
 - Labral repair/debridement
 - Remove the bump
- Relationship to OA



Groin Pain - Take home Message

- Never forget the hip joint
- Xrays are always helpful
- Pubalgic pain improves with rest and requires active rehabilitation
- Consider adjunct treatment or surgery in those not settling



Thank You



ORTHOSPORTS

ORTHOPAEDIC & SPORTS MEDICINE SERVICE

Dr Paul Annett
Sport & Exercise Medicine Physician