

Adductor (groin) Tendinopathy

This is a condition of the adductor tendons. The adductor tendons attach the thigh bone (femur) to the pelvis and are placed under great stress with running, jumping or kicking activities.

Tendinopathy is a general term that means "tendon disorder". It encompasses all types of tendon problems and does not imply a particular diagnosis or mode of treatment required.

Frequently this is a degenerative condition (or tendinosis), meaning that the tendon undergoes structural changes related to cell death and disintegration. This condition can develop in anyone at any age but is more common in athletes particularly those in kicking and running sports.

If this is left untreated it can develop into a long term injury which can be highly detrimental to athletic performance.

Pain and Symptoms

- The pain is typically felt in the lower groin or upper thigh region
- Pain is typically worsened by activities such as running, moving sideways, or jumping, although lower grades of injury will sometimes settle as they warm up

Risk Factors

- Running on hard surfaces
- Excessive running
- Body Mass
- Footwear
- Changes in training intensity, volume or type of training
- Excessive amount of kicking (especially long balls)

- Poor hip/pelvic stability and strength
- Poor adductor strength and flexibility
- Age - tendons become less able to absorb force as they age
- Poor collagen (genetic factors)

Diagnosis

The diagnosis is usually made from the history and from clinical testing. Further investigations such as x-ray, MRI and ultrasound can be undertaken to confirm the diagnosis and to assess other structures.

Due to the proximity of this injury to the lower abdominal and genital region a medical assessment is often required to exclude other possible problems.

Treatment

Physiotherapy

Initially a period of reduced load is required. This can be achieved by rest from or modification of running, pivoting, twisting and kicking. A groin strap may be used throughout the rehabilitation period to help unload the affected tendon. Cross-training in a non-stressful way is usually prescribed to maintain cardiovascular fitness and the strength and flexibility of uninjured areas.

Following this treatment will address the risk factors and you will commence an exercise program. Lower limb strengthening is an essential part of the rehabilitation to help re-establish neuromuscular control. This will usually be a gym based program that is graded and progressed as your symptoms allow. A high emphasis will be placed on restoring hip/pelvic control and stability.

Medical There are several promising medical treatments available. These need to be prescribed and administered by a Medical Doctor who has expertise in this area. **Some examples are:**

- **Cortisone** – Will typically only be suggested if there is an associated bursal or tendon sheath inflammation
- **Local Blood Injection** – This is designed to stimulate a healing response in the tendon. They use your own blood which contains growth factors.

Recovery Time

Recovery from this condition is variable. It is important to realise that tendons take a long period of time to recover and some do not even recover completely. Often the condition can take up to 3 – 6 months to resolve, and then a preventative program would be implemented to help decrease the risk of future aggravations.

If the condition fails to settle over an appropriate period of time and all conservative measures have been exhausted then referral to a specialist Doctor may be required.

There are some cases that can be unresponsive to rehabilitation and these may require surgery.