

EXERCISE TREATMENT OF FOOTBALLERS WITH GROIN INJURY: ALWAYS FIRST CHOICE?



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Groin injuries are a problem in many sports especially all the football codes and in icehockey, with an incidence of 0.8-1.3 injuries per 1000 hours of soccer or icehockey play. Soccer is one of the most popular sports in the world, and it is estimated that more than 500 million people play soccer world wide, which means that groin injuries are numerous. The most common injuries are those affecting the adductor muscles, the iliopsoas and the abdominal muscles. Also the rectus femoris and the hip joint are common causes of groin pain in athletes. Only in regards to the adductor-related injuries there is high-level research support the treatment. However, there are experiences from clinical practise indicating that exercise therapy in many cases is the first treatment of choice. The surgical alternatives are full or partial tenotomies; various repairs of the structures around the inguinal canal, in particular the posterior wall, and hip arthroscopy with a number of surgical options. Since no studies have compared the effect of a well-structured exercise program and a standardised surgical procedure it is difficult to claim one or the other as the optimal treatment. The exercise treatment does not have the same risk of complications as surgery and in most cases a postoperative exercise program will be needed anyway, so it seems sensible that exercise treatment should be the first line of treatment in the majority of cases.