

BILATERAL PUBIC AND INGUINAL PAIN IN A FOOTBALL PLAYER: CASE REPORT

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Pubic pain is very frequent in football players. Its entity can vary and it can present itself in various ways: above the pubic region, under the pubic area, on one side or bilaterally. For this reason we prefer to refer to it as a lumbo-rectus-adductor syndrome (LRAS). In the case presented the patient suffered from bilateral pain, both above and under the pubic region and in the inguinal area. Our aim is to contribute to the discussion on the diagnosis and treatment of LRAS.

Care Report

A professional top level football player (25 yrs, 177 cm, 71 kg, BMI 22,7 kg m⁻²), midfield player, came to our observation after an absence from training and official matches of about five months caused by bilateral pain in the pubic region.

He suffered from a marked bilateral hypertonus of small gluteus, quadratus lumborum and ileopsoas and of the muscles of the posterior muscular chain of the lower limbs. All the muscular tests against resistance, caused acute pain. The muscular ultrasonography excluded pathologies of the adductor and abdominal muscles, and pointed out an irregularity of the pubic insertion of both rectus abdominis muscles, probably caused by repeated corticosteroid infiltrations, as referred by the patient. Radiological examination excluded structural anomalies of the spine. Chiropractic evaluation showed a lower position of the left antero-superior iliac spine so the left lower limb appeared longer (+2cm); there was also an important block of both sacroiliac joints. The patient did not present orthodontic pathologies or food intolerances.

Rehabilitation program

It was divided in two phases. First phase: two sessions in the rehabilitation gym performed for two weeks (= 20 sessions). The objectives were: 1. act upon the contracture of the lumbar and gluteus muscles with deep massage and prolonged stretching of the hamstrings. 2. aerobic reconditioning on cyclette for at least 20 min per session; 3. isometric muscular strengthening of the adductors with hips adducted and low workloads on elastic leg press (Vector, Easytech, Italy) and electromiostimulation of the quadriceps. The whole protocol was carried out below the pain threshold. On the second day: isometric exercises of the adductors with adducted hips and bilateral myofascial massage of adductors and ileopsoas. On the third day the athlete was less contracted and was able to run at 8 km h⁻¹ for 15min. In the last two days of the week selective exercises for the abdominal muscles were introduced, strengthening of the quadriceps with elastic load and running in place with skips on the bouncer. He underwent a chiropractic treatment of the sacroiliac joints.

Second week, the patient performed aerobic conditioning (cyclette and running on treadmill for 30 minutes) and stretching in the morning; in the afternoon the strengthening session of ileopsoas and adductors against elastic resistance and massage of the rectus abdominis and pectineus. The patient undergoes the second chiropractic treatment. In these two weeks all workloads were increased without pain which progressively disappears. The second phase included the on-field rehabilitation in the morning and in the afternoon a rehabilitation session in the gym.

The on-field sessions started with running in a straight line (300-900m), stretching and joint mobility of the upper and lower limbs and back. All the exercises proposed were performed without pain, with a good proprioceptive and neurological control. On the third day: skips, backward and forward kick, running with a change in rhythm, accelerations in 50m running in straight line, dribbling, stops and passing. In the specific exercises for football a softer and lighter soccer ball was used and after one week an official soccer ball was used. The patient underwent a third chiropractic treatment and general conditioning, running forwards and backwards, running with 360° rotations or lateral slides, ball conduction and slalom combined with game situations which included passing, crossing, kicking, dribbling, contrasts performed with progressive difficulty. Even in this second phase all exercises were performed below the threshold of pain.



The Rehabilitation of Sports Muscle and Tendon Injuries

Conclusion

In this case a professional football player suffering from LRAS with blocks of the sacroiliac joints, was treated with an aggressive physical therapy (10 sessions a week for four weeks), combined with chiropractic treatment, and including specific football exercises performed on-field under control of the athletic trainer. The two main characteristics of this protocol are: all exercises were performed below the threshold of pain and the progression of the workload was scrupulously followed. The case was treated successfully, but we want to underline that in this type of pathology each case is a case of its own!