

Adductor Tendinopathy

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What is it?

The adductor muscles are a group of five muscles located on the inside of the thigh that act to move the hip inwards or control hip movements outwards. These muscles also provide stability to the pelvis while standing, walking and running. The muscles attach to the pelvis via the adductor tendon, at the base of the pubic bone. Adductor tendinopathy is a condition affecting the adductor tendon and is used to refer to the typical pattern of pain and stiffness in the groin and inner thigh that accompany this injury.

What are the symptoms?

The hallmark of this condition is pain in the groin region with movements of the adductor muscles. There may be a feeling of stiffness, weakness and pain when pressing over the adductor tendon. The pain usually begins gradually and progresses over time. It may build up over a few months and may not go away on its own. In severe cases, the pain may impact day-to-day activities, with pain being present when walking or going up and down stairs. Tendon tears may occur suddenly, however tendinopathy is often already present when this happens.

What causes it?

Adductor tendinopathy usually occurs due to chronic overuse, particularly for runners and athletes whose sports involve regular changing of directions. Overstretching of the tendon or an increase in training intensity or type often precede the development of adductor tendinopathies. It is thought that excess forces over an extended period of time cause the tendon tissues to degenerate, becoming painful and more prone to

tearing.

What is the treatment?

As many different conditions mimic adductor tendinopathy, accurate diagnosis by a health professional is essential. Certain conditions such as stress fractures of the hip, nerve entrapment or pathologies of the hip should first be ruled out.

Adductor tendinopathy is treated by first identifying factors that may have led to the development of the condition. Your physiotherapist may recommend a period of rest and suggest that you stop stretching. Common contributing factors are running technique, muscle tightness and/or weakness and training frequency.

Your physiotherapist is able to help you maintain your training program to the highest level without aggravating your symptoms and help support tendon healing. They are also able to provide support to unload the tendon along with manual therapy and an exercise program, particularly with eccentric exercises, which have been shown to stimulate tendon regeneration.

In most cases, conservative or non-surgical treatment is attempted as the first line of treatment. If this is unsuccessful, cortisone injections are often used to reduce symptoms. In severe cases where the pain persists despite all other attempts at treatment, other medical interventions can be attempted. Once the pain has subsided your physiotherapist is also able to help prevent any further recurrence.

None of the information in this article is a replacement for proper medical advice. Always see a medical professional for advice on your individual injury.

