

# Athletic Groin Pain (Athletic Tendinitis)

Quincy Medical Center

Massachusetts General Hospital

## **Eric Berkson, MD**

Orthopaedic Surgery of Quincy  
909 Hancock Street  
Quincy MA  
(617) 773-7457

## **THE INJURY**

The adductor muscles of the thigh connect the lower rim of the pelvic bone (pubis) to the thigh-bone (femur). These muscles draw the thigh inwards and exert high forces during activities such as soccer, hockey and football when powerful and explosive movements take place. High stresses are concentrated especially at the tendon of the adductor longus tendon where it attaches to the bone. This tendon can become irritated and inflamed and be the source of unrelenting pain in the groin area. Pain can also be felt in the lower abdomen.

## **TREATMENT**

Initially, treatment consists of rest and ice application. Allowing adequate time to heal is necessary to avoid re-injury. If the pain is refractory to activity modification, surgery may be considered.

## **THE OPERATION**

Athletic groin pain due to chronic injury to the adductor longus muscle-tendon complex usually can be relieved by releasing the tendon where it attaches to the pubic bone. A small incision is made over the tendon attachment and the tendon is cut, or released from its attachment to the bone. The tendon retracts distally and heals to the surrounding tissues. The groin pain is usually relieved since the injured tendon is no longer anchored to the bone.

It takes several weeks for the area to heal. Athletes can return to full competition after a period of six or eight weeks of rehabilitation, but it may take a longer period of time to regain full strength and function.

## **RISKS OF SURGERY AND RESULTS**

As with any operation, there are potential risks and possible complications. These are rare, and precautions are taken to avoid problems. The spermatic cord (in males) is close to the operative area, but it is rarely at risk. There is a small chance for bleeding in the area. There is a small (less than 1%) risk of infection after surgery.

The success rate of adductor release surgery is high if the pain is coming from the adductor longus tendon. Pain can also come from an associated lower abdominal strain, which may require additional (or concomitant) surgery. If the pain is correctly diagnosed from the adductor longus, the success rate of the adductor release surgery is high.