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# ADDUCTOR TENDINOPATHY

## WHAT IS ADDUCTOR TENDINOPATHY?

Adductor tendinopathy can be classified as an overuse condition over an adductor (groin) muscle tendon, which leads to disrepair and further degeneration.

## ANATOMY:

The muscles of the inner thigh are known as the groin muscle group and originate from the pelvis and attach to the inner aspect of the femur (thigh) and tibia (shin) bones.

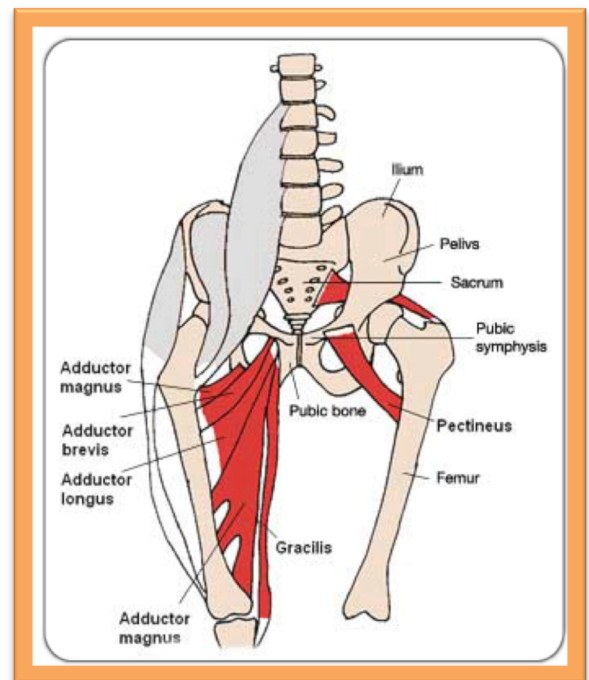
## CAUSES OF ADDUCTOR TENDINOPATHY:

- Repetitive behaviours including running and kicking;
- Underlying pelvis, hip or lower back dysfunction/imbalance causing an overload on the groin muscles;
- Previous groin muscle strain or tear with associated poor rehabilitation;
- Poor training principles or sudden change in intensity, surfaces or conditions;
- Joint stiffness;
- Postural dysfunctions.

## DIAGNOSIS:

A thorough subjective examination will look at the current history of the condition including aggravating and easing factors, mechanism of injury, previous groin injuries and training loads.

Objectively, there may be tenderness through the adductor tendon; pain and/or weakness on resistant muscles testing and a pressure gage can accurately assess the functional strength. Ultrasound is an excellent tool in the diagnosis of adductor tendinopathy.



## SIGNS AND SYMPTOMS:

- Groin pain worsening overtime
- Palpation pain to the groin area
- Pain and weakness when squeezing the knee's together
- Tightness through the groin region



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## CLASSIFICATION OF ADDUCTOR TENDINOPATHY:

Adductor tendinopathy may be classified into the following stages:

1. *Reactive tendinopathy* which refers to a rapid increase in loading;
2. *Tendon disrepair* often follows a reactive tendinopathy if the tendon continues to be excessively loaded;
3. *Degenerative tendinopathy* represents the response of the adductor tendon to chronic overloading.

Adductor tendinopathy is often further classified into:

1. Mild: pain following exercises
2. Moderate: pain before exercise that lessens during and increases afterwards
3. Severe: pain at all times during sporting activity
4. Extreme: pain during daily activities



## PHYSIOTHERAPY TREATMENT OPTIONS:

- Deep tissue massage
- Exercise reduction advice and cross training programs
- Hip, pelvic and trunk strengthening programs
- Pelvic mobilisation
- Active release techniques
- Stretching program
- Dry Needling
- Education
- Pain relief strategies
- Electrotherapy
- Pilates

## ALTERNATIVE TREATMENT OPTIONS:

- Anti-inflammatory medications
- Cortisone injection
- Platelet rich-plasma (PRP) injections
- Surgery release