

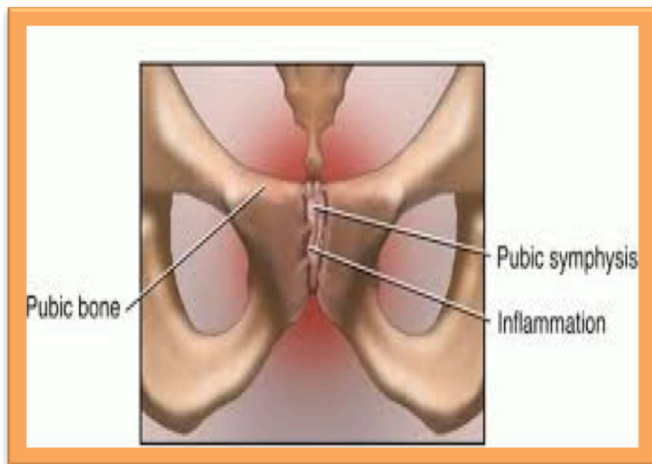


WHAT IS OSTEITIS PUBIS?

Osteitis Pubis (OP) is classified as an overuse injury and inflammatory response at the pubic symphysis, which is the joint between the right and left pubic bones.

ANATOMY:

The pelvis is made up of two bones that are joined centrally at the pubic symphysis. This is a cartilaginous joint, which reduces forces between the left and right pubic bones. This region also serves as a common attachment for the adductor muscle group.



CAUSES OF OP:

- Repetitive stress through the pubic symphysis region;
- Tightened or dysfunctional adductor muscles;
- Inadequate rehabilitation from associated injury such as an adductor strain or tendinopathy;

- Abnormal abdominal muscle behaviours;
- Kicking and changing direction sports

Other contributing factors can include poor footwear, poor lower limb biomechanics, training load changes, poor fitness e.g. often occur after a lazy off-season.

DIAGNOSIS:

A thorough subjective and objective examination will help assess the current history of the condition including aggravating factors, exercise status and pain behaviours. The physiotherapist may perform some provocation tests including the adductor squeeze, pelvic compression, sit up and assess the adductor muscle length.

MRI or CT scan may also be necessary to help with a definitive diagnosis and often a bone scan is used looking for stress responses.

SIGNS AND SYMPTOMS:

- Pain when squeezing the knee's together;
- Pain on palpation of the pubis symphysis region;
- Tightness through the adductor muscle group;
- Pain on abdominal testing e.g. sit up;
- Groin pain that worsens overtime, especially when completing exercise.



The
Physio
Movement

OSTEITIS PUBIS

PHYSIOTHERAPY TREATMENT OPTIONS:

- Deep tissue massage
- Trunk stability program
- Carefully graduated return to sport program
- Muscle energy techniques
- Mobilization with movement techniques
- Facial scrapping techniques
- Inflammatory management
- Stretching program
- Dry Needling
- Education
- Pain relief strategies
- Electrotherapy
- Pilates

OP can often occur in relation to another problem such as an adductor tendinopathy, recovering strain or inguinal hernia and therefore a careful and focused approach is needed.

OTHER INTERVENTIONS:

Alternative therapies for OP may include Platelet Rich Plasma (PRP) injections, cortisone injection, surgical unloading of the pubic symphysis, adductor tendon release, cutting of local nerve tissues and sometime a screw approach if instability is present.

PROGNOSIS:

Prognosis is often extremely slow with OP recovery. By participating in a graded return to sport program your progress is closely monitored and you will achieve better outcomes. Athletes can often make the mistake of returning too early, which ultimately slows the recovery period. Recovery periods are often anywhere from 3 months to 2 years.

