

Adductor Strains

Inner thigh or Adductor injuries are common injuries treated by the physiotherapists at the hpc. Adductor strains are common in sports that require forceful directional changes such as rugby, soccer, tennis, hockey and cricket.

The adductors are a group of powerful muscles located on the inner thigh and consist of six muscles, namely: Adductor Magnus, Adductor Minimus, Adductor Longus, Adductor Brevis. The Gracilis and Pectineus muscles are also part of the adductor group.

This group of muscles is most commonly injured when it is subjected to forceful contractions or excessive stretching which overloads the muscle to the point of failure. A muscle strain, which is tearing of muscle fibre will then occur. The site of injury is most commonly the musculo-tendonous junction. This is a section of muscle close to the bone, where the muscle becomes less elastic and therefore more vulnerable to injury.

Acute injuries are common, and if managed correctly should see the athlete returning to their respective sport without too much time spent on the sidelines. But when these athletes are rushed back to competition and continue to play with even moderate pain, adductor injuries can become chronic and can plague a person incessantly.

Strengthening

The adductors should then be strengthened, starting with isometric exercises and progressing to dynamic exercise. Lunges and side lunges as well as sports specific exercises are end stage rehabilitation. Only once straight line running is completely pain free may the athlete commence with direction changes while running.

Strengthening exercises should also focus on the abdominals as well as hip flexors, since weakness in them will place extra strain on the adductors. Once again, these exercises should all be done in a pain free range to ensure that the injury does not develop into a chronic one.

Chronic Injuries

The adductor tendons attach onto a small area of bone on the pelvis. This area has a poor blood supply and a rich nerve supply making it slow to heal and very sensitive to any intervention. This is why the rehabilitation should not be rushed 🏳️

Reference: Clinical Sports Medicine. Brukner and Khan. Third edition 2006.
Adductor Strains, American Journal of Sports Medicine
Bruce Fry et al. Feb 2007

Initial Treatment

As with most other soft tissue injuries, the R.I.C.E protocol should be followed. Rest, Ice, Compression and Elevation. This controls the initial bleeding and swelling. Ice can be applied for 10-20 minutes every two hours. During this phase the leg must be rested as much as possible.

Range of Motion

Subsequent to this, the range of motion must be restored, first passive range and then active range, the range must be gained by working "to pain" but not "through pain". Adductor injuries are notorious for developing into chronic injuries, this is mainly due to an overly robust and accelerated rehabilitation that works through pain.

High Performance Centre Physiotherapists

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General sports physiotherapy practice which also offer:

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