

# PHYSIO4ALL

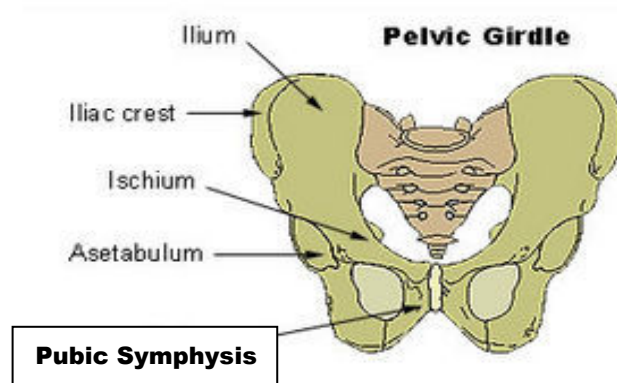
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## Osteitis Pubis

Osteitis Pubis (or pubic symphysisitis) is inflammation of the pubic symphysis, the joint that connects the two pelvic bones at the front (see figure). If the condition is not addressed early, bony erosion and overgrowth may occur around the joint.

### Symptoms

Initially pain may only be felt after activity but as the condition progresses pain levels increase and become more constant. Pain is commonly felt in the groin and lower abdomen (occasionally in the testicles). The pubic symphysis is usually acutely tender to pressure. Initially pain may be felt constantly, including at rest but as the constant pain resolves, symptoms are brought on with activities such as running, hopping and kicking.



### How does it occur?

Inflammation can occur at the pubic symphysis when the joint is placed under increased stress. Activities such as running, kicking, side-stepping or sit-ups all load the pubic symphysis and an increase in these activities may irritate the joint. Biomechanical factors may also increase stress on the pubic symphysis, these include decreased hip joint mobility, tight muscles (groin, hamstrings, glutes, lateral thigh) or poor core strength. Women may also experience pubic symphysis pain during pregnancy due to the increased load placed on the pelvis and hormonal changes that decrease stability of the joints around the pelvis.

### Core strength

Many muscles contribute to stability around the low back and pelvis, among the most important of these are the deep abdominals and muscles of the back and buttocks. Maintaining good control over the core is vital to provide a firm base for all lower limb activities, any deficit in this control will obviously place increased stress on joints around the pelvis and low back. Specific exercises train coordination of the core muscles, initially while lying still then integrated into progressively more difficult and dynamic movements. Pilates-type exercises are designed to achieve this purpose and your physiotherapist may recommend such a program for you.

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## **Management**

Time off from aggravating activities is vital to allow healing to occur at the pubic symphysis. This means that all running, kicking, sit-ups etc must be stopped completely for a period of time. During the acute phase, treatment involves anti-inflammatory medication, ice and ultrasound. You may also be fitted with a special belt that provides support for the pelvis and reduces the load on the joint.

As symptoms resolve, treatment will move toward addressing the underlying causes. Stretches will form an important part of your rehabilitation; groins, hamstrings, hip flexors, glutes and ITBs (iliotibial band – run down the outside of each thigh). Your physiotherapist may decide to mobilise stiff low back and/or hip joints and will design and supervise a core strengthening program. Return to sport needs to occur gradually and be progressed slowly to prevent further overload and recurrence.

## **What to expect**

A diagnosis of osteitis pubis can lead to disappointment and frustration, as patients often present to their physiotherapist thinking they have a simple groin strain expecting to be ‘back in action’ in 2 or 3 weeks. In reality, a minimum of 4-6 weeks (or sometimes longer) of rest is required before any weight-bearing activity (such as running) can be resumed. A similar period again of gradual progression and increasing load is usually required before return to competition levels. Premature return to sport is the most common reason for poor outcome as osteitis pubis will not resolve without adequate rest. Adequate rehabilitation is vital as chronic irritation of the pubic symphysis can result in symptoms that are ongoing and recurring over a period of months and even years.

## **Physiotherapy Tips**

1. Avoid aggravating activities such as running, kicking and sit-ups
2. Stretch the muscles around the hips; glutes, hamstrings, groins, quads
3. Concentrate on your core strengthening exercises
4. Be conservative about return to sport, increase the intensity of activity gradually

## **Other sources of groin pain**

1. Groin muscle or tendon strain
2. Referred pain from the hip joint
3. Inguinal (‘sportsmans’) hernia or abdominal wall tear
4. Low back or sacroiliac joint dysfunction
5. Obturator or femoral nerve entrapment

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