



Central States Orthopedics

Get Seen. Get Heard. Get Better.

SPORTS MEDICINE MONTHLY

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Surgical & Non-Surgical Care. Sports Medicine. Physical Therapy.

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EXAMINATION OF THE SPINE AND EXTREMITIES: THE HIP, Part 2

Beginning in January of this year, we began a series of newsletters examining the spine and the extremities one joint/region at a time. Beginning with the foot and working our way upward, the "Examination of the Spine and Extremities Series" is designed to provide a brief overview of the anatomy of each respective joint, an underlying review of its motion and dynamics, and likewise provide for an explanation of some of the more common pathologies experienced in that particular joint.

- Bones:** Femur/Pelvis (i.e. ilium, ischium, pubis)
- Ligaments:** Iliofemoral, Ischiofemoral, Pubofemoral
- Muscles:**
 - Anterior: Iliopsoas Complex (2), Rectus Femoris, Sartorius
 - Medial: Adductor Complex (5)
 - Posterior/Lateral: Gluteal Complex (3), Tensor Fascia Latae
 - External Rotation Complex (4)



Groin Strains

Specifically, the groin refers to the area that lies on the front and inside aspects of the upper thigh. With several muscles in the area along with numerous other tissues, groin pain can be one of the more difficult conditions to diagnose accurately. For athletes or active individuals who make repeated side-to-side movements and/or frequently kick away or across their body, the groin musculature is often overused, weakened, and subject to injury.

Generally speaking, when someone strains these muscles, they can often point to one specific maneuver as the cause of injury. And, planting, cutting, kicking, etc... are all common methods by which the groin musculature is damaged (aka strained). However, more often than not, muscle strains are often a compilation of numerous factors coming together at just the right time. Proper hydration, adequate strength, flexibility, and warmup all work together to keep muscle tissue functioning at its optimum level.

From a recovery standpoint, the predominant treatment for these injuries is several weeks of rest followed by several weeks of focused rehabilitation. Strains are literal tearings in the muscle tissue, whether minimal or full thickness. As such, in order for the muscle to regain its contractile strength, it must first repair itself to receive a load.

Central States Orthopedics Physicians

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ON-SITE ORTHOPEDIC CLINICS EACH WEEK

- No Charge
- Open to patients of all ages
- Appointments (918) 346-7800

Collinsville Public Schools
Monday/Wednesday
2:00pm—3:30pm

Coweta Public Schools
Wednesday
2:45pm—3:30pm

Edison Preparatory School
Monday/Thursday
2:45pm—3:30pm

Glenpool Public Schools
Tuesday
2:45pm—3:30pm

Kellyville Public Schools
Wednesday
Noon—12:45pm

Regent Preparatory School
Wednesday
Noon—12:45pm

Rejoice Christian School
Monday/Wednesday
2:00pm—3:30pm

Victory Christian School
Tuesday
2:45pm—3:30pm

Wagoner Public Schools
Wednesday
2:45pm—3:30pm

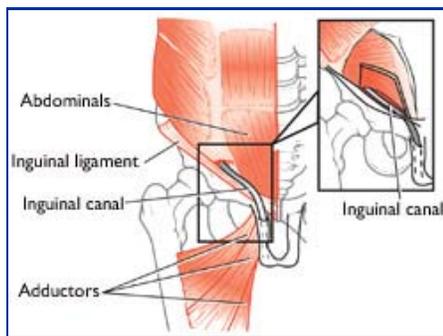
*Hosted by CSO Athletic Trainers and Physician Assistants.

Sports Hernias

Though often discussed as a common term or injury in athletics, sports hernias are oftentimes lumped into one's understanding of a traditional hernia. Unfortunately, the term sports hernia refers to a completely separate pathology that has very little, if anything, in common with a traditional hernia. Whereas traditional hernias created holes or tears in the lower abdominal floor and are often noted by bulges, pain, and/or numbness in the area, a sports hernia is in fact a tearing of the muscle of the abdominal wall, specifically in the abdominal oblique muscles.

Causes:

Generally speaking, activities that require planting, twisting, or rotation at the core, specifically violent or rapid movements, are very common causes of a sports hernias.



Tests/Examination: Pain usually is present along the superior aspect of the pubic bone and difficulties or pain with a sit-up (aka: trunk flexion) against resistance usually indicate an injury to the lower abdominal musculature. If inconclusive, an MRI scan is usually ordered.

Treatment: Acute injuries, if managed with immediate rest and removal from activity, have been shown to be fairly effective at completing a full recovery and return to activity. In fact, more than 90% of all patients who go through non-surgical treatment can return to pre-injury competition after rest and several weeks of rehabilitation, if the condition is treated quickly enough. However, more severe tears or tears that have been present for several weeks/months will often require surgery to repair the torn abdominal musculature in order to return the patient to full activity.

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Femoral & Inguinal Hernias

Abdominal and inguinal hernias specifically refer to a protrusion of the abdominal organ tissue through a portion of the abdominal wall. These 'true' hernias occur when portions of the lower abdominal wall are torn, thus allowing abdominal organ tissue to push through. Hernias in the abdominal area are simply named after the location where they occur. Femoral hernias occur where the femoral nerve, artery, and vein pass through the lower abdominal wall. Likewise, inguinal hernias occur where the inguinal nerve passes through the lower abdominal wall. Femoral hernias are seen predominantly in the anterior thigh region and generally occur more often in females, whereas inguinal hernias occur more medially toward the center of the groin area, and generally occur most often males.

Hernias can be congenital or acquired from activity. Obviously, acquired hernias are usually most common in athletics and activity. Acquired hernias usually occur during activities of heavy lifting, which dramatically increases lower abdominal pressure. Generally speaking, the lower abdominal musculature reinforces the floor of the abdomen and provides support for the intestines. If, for example, the lower abdominal musculature is not strong enough to support the abdominal floor during times of heavy lifting (aka increased pressure), the passages where nerves and blood vessels pass through the abdominal floor tear, thus enlarging these openings in the abdominal floor and allowing the intestines to bulge through. When this occurs, the patient often can feel a bulge present when standing, notes the bulge is absent when lying, and sometimes complains of a slight numbness or tingling in the area due to nerve compression in the passageway.

As the abdominal floor is subsequently torn, surgical repair is necessary in order to 1) prevent the tear from becoming worse, 2) prevent abdominal tissue from getting caught/pinched in the area, and 3) return the patient back to activities of daily living.

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For our entire newsletter disclaimer, visit the Sports Medicine Newsletter page on our website: <http://www.csosortho.com/sports-medicine-monthly.html>

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Tulsa, Oklahoma 74136
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Bixby Clinic

12800 S. Memorial, Ste. D
Bixby, Oklahoma 74008
918-394-2767

South Tulsa Clinic

9716 S. Riverside Dr., Ste. 110
Tulsa, Oklahoma 74137
918-528-3300

Owasso Clinic

13616 E. 103rd St. N., Ste. B
Owasso, Oklahoma 74055
918-272-4488

Downtown Clinic

802 S. Jackson, Ste. 405
Tulsa, Oklahoma 74127
918-583-4400

Hillcrest South Medical Plaza

8803 S. 101st E. Ave, Ste. 300
Tulsa, OK 74133
918-994-6277