What is Osteitis Pubis?

Since 1924, Osteitis pubis has been known as a non-infectious inflammation of the pubis symphysis, causing varying degrees of lower abdominal and pelvic pain. The symptoms of Osteitis pubis can include loss of flexibility in the groin region, dull aching pain in the groin, or in more severe cases, a sharp stabbing pain when running, kicking, changing directions, or even during routine activities such as standing up or getting out of a car. Osteitis pubis is a common cause of chronic groin pain in the football codes. It is an overuse injury. It is caused by repeated trauma rather than a specific incident. However, it is not uncommon for a specific incident to trigger the symptoms. The main cause is instability of the pelvic bones and in particular the pubic symphysis. The instability is aggravated when asymmetrical loads are placed through the pelvis such as when running or kicking. Due to the instability in the region it is not uncommon for the athlete to have experienced a previous history of groin strains, a "sportsman's" hernia or low back pain. Osteitis pubis, if not treated early and correctly, can more often than not end a sporting individual's career, or give them an uncertain playing future.

How to Diagnose Osteitis Pubis

Pain is usually experienced over the pubic symphysis with referred pain into the groin. Resisted muscle contraction of the hip adductors and flexors will elicit pain. Likewise stretching into abduction and extension can elicit pain in the acute stage. Coughing, sneezing and performing a sit up will reproduce pain. This athlete is often unable to lie flat on their back or prone. Bone scan will highlight advanced uptake at the pubis symphysis. X-rays will shows cysts and erosion of the pubic symphysis in advanced cases. MRI will show the bone stress injury and swelling present.

Treatment for Osteitis Pubis

Thorough rehabilitation under the guidance of an experienced Sports Physiotherapist or Sports Physician is highly recommended. The return to sport should be totally guided by their experience to avoid a future re-aggravation. Bone scan will highlight advanced uptake at the pubis symphysis. X-rays will shows cysts and erosion of the pubic symphysis in advanced cases. MRI will show the bone stress injury and swelling present. The Australian Football League has taken some steps to reduce the incidence of Osteitis pubis, in particular recommending that clubs restrict the amount of bodybuilding which young players are required to carry out, and in general reducing the physical demands on players before their bodies mature.

Rehabilitation

Rest is essential to unload the injured region. In the acute stage, it may even require the use of crutches if walking is painful. Retrain stabilisation control of the pelvic girdle via extremely specific exercises. You will need to consult your physiotherapist for these unique exercises including core stabilisation exercises. Normalise the adjacent soft tissue and muscle flexibility to avoid excessive forces being placed through the region. Early return to sport is via less stressful activities such as cycling, swimming with a pool buoy. These activities should be slowly progressed in consultation with your therapist. Use these activities to maintain your cardiovascular fitness. Once pain permits,
light straight-line running drills may commence. It is not uncommon for this rehabilitation process to take in excess of three months.

The incidence of Osteitis pubis among Australian footballers has increased sharply over the past decade. There are believed to be three reasons for this:

The increasing physical demands of football as the game has become more professionalised, with players becoming full-time athletes, such factors as running speed, kicking length, jumping, and tackling have all increased, placing increasing stress on the pubic region.

The increasing hardness of the surfaces of football grounds as they are better drained than in the past. Football evolved as a winter game played on soft, muddy grounds, and modern surfaces have made muscle and bone injuries more common.

The increasing demand for size and strength among footballers, has led young players to concentrate on building muscle mass before their bodies are fully mature. The additional strain that highly developed abdominal muscles place on the pubic bone explains the higher prevalence of Osteitis pubis in young players. Some develop the condition while still playing school-level football.

Pateena Steers
Publicity Officer