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Groin Injury - Powerlifting

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History: 43 year old amateur competitive powerlifter sustained a left groin injury while at physical therapy for a previous knee injury. Reports practicing controlled lunges with his right leg leading and felt sudden onset groin pain with an audible pop. Since the injury he has had left sided groin pain with an inability to complete an abdominal crunch and significant pain with left leg extension and flexion. Denies any difficulty walking, bowel or bladder trouble or noticeable bulges.

Physical exam: Physical exam revealed tenderness to palpation at the insertion of the left rectus abdominis with noted weakness. He had focal tenderness at the adductors and proximal quadriceps. There was no tenderness at the pubic symphysis with normal hip alignment. He reported pain with left hip flexion and extension, but full range of motion was demonstrated. No pain or limited range of motion was noted on the right. No bulge noted with abdominal flexion or valsalva.

Differential Diagnosis:

1. Rectus abdominis strain
2. Inguinal hernia
3. Pubic symphysis stress fracture
4. Femoral acetabular impingement

Tests and Results:

In office limited diagnostic ultrasound revealed some disorganization at the lateral edge of the left rectus abdominis without tearing or fluid collection. MRI pelvis without contrast showed a bilateral nondisplaced tear of the rectus abdominis and bilateral tear of the adductor aponeurosis.

Final/Working Diagnosis: Bilateral nondisplaced tear of the rectus abdominis and bilateral tear of the adductor aponeurosis consistent with athletic pubalgia

Treatment and Outcomes

1. Tried a course of physical therapy with no improvement in symptoms
2. Will be meeting with a general surgeon for rectus abdominis and adductor aponeurosis repair
3. Post surgery will continue physical therapy for the first 4 weeks. Will progress to powerlifting specific physical therapy when appropriate
4. Plans to return to competitive powerlifting