

## GROIN AND HIP QUANDARIES

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**S**tudies have shown that a combination of hip and groin injuries occur in about 14% of the population. In football, 70% of male soccer players experience hip and/or groin pain during 1 season. Traditionally, there has been little international consensus regarding terminology, definitions and classification of groin pain in athletes. Consequently, there is minimal understanding of diagnosis, pathophysiology, investigation or management. During the past decade, the field has evolved and an evidence-based understanding is slowly emerging. As the diagnosis is multifactorial, one of the key points is to understand the entire anatomy particularly, the functional anatomy. Groin and hip physical testing of impairments, function, and performance have been documented. However, many of the studies are of poor quality and the results of research difficult to interpret and implement into practice. The prevalence of radiographic groin and hip abnormalities is considerable. It is imperative that one must identify the relationship between these radiographic abnormalities and the clinically symptomatic pathologies. Further, there is no consensus over the time span for non-surgical treatment or as to the ideal operating technique. Improvements are needed in relation to nonsurgical and surgical management and the timing of these management approaches. In spite of minimal evidence-based medicine, and as our understanding of hip and groin complexities, including hip joint restriction, FAIS and chondral injuries and their causes grows, future efforts should focus on prevention. Firstly, one needs to assess how the patient's functional movement influences the hip and the pubic symphysis, as well as the entire kinetic chain, including the neuro-motor control.

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