

# ***OSTEITIS PUBIS***

## **DESCRIPTION**

An overuse injury at the front of the pelvis at the symphysis pubis joint. The symphysis pubis joint joins the two of the main bones of the pelvis. The symphysis pubis joint is made up of the pubic bones (portion of the pelvis), cartilage, a joint capsule and joint fluid. The ends of the pubic bones resorb, a slow dissolving process. The cause is unclear, but may be a reaction to stress or stress fracture of the end of the pelvic bones (the pubis symphysis). There is an association with femoroacetabular impingement (FAI) of the hip.

## **FREQUENT SIGNS AND SYMPTOMS**

- Pain, discomfort or ache, tenderness and swelling at the front of the pelvis at the pubic symphysis. The pain may extend to the groin, inner thigh and/or lower belly
- Symptoms usually start slowly and insidiously following the activity, and progress to affect the whole activity, becoming constant pain.
- Pain is worsened with pivoting on one leg, kicking a ball, sprinting, jumping, climbing stairs or sudden change of direction while running. Also pain is worse with stretching, particularly separating the legs/thighs or with bringing the thighs/legs together against resistance.
- Walking or running with a limp
- Weakness bending the hip or kicking
- Occasionally click in the front of the pelvis
- May cause no symptoms

## **CAUSES**

Unclear, but felt to be due to excessive or repeated stress to the pubic symphysis with vigorous activities or due to repeated tension from muscles that attach to the area. There is an association with FAI.

## **RISK INCREASES WITH**

- Sports that require repetitive kicking, such as soccer or football kicker, and sports that require repetitive jumping. It is also commonly seen in distance runners, fencers, ice hockey players and weight-lifters
- Previous osteitis pubis,
- Stiffness or loss of motion of the hip
- Previous hip injury
- Ankylosing spondylitis
- Following bladder or prostate surgery

## **PREVENTIVE MEASURES**

- Avoid trauma to the hip
- Appropriate conditioning including cardiovascular fitness and pelvis and hip strength, endurance and flexibility
- Proper technique
- Hip flexibility

## **EXPECTED OUTCOME**

The condition is curable by avoiding the exacerbating activity. Continued activity results in persistent pain and disability. It may take 3-8 months or more to return to sports.

## **POSSIBLE COMPLICATIONS**

- Recurrent symptoms, especially if athlete resumes activity too soon
- Prolonged healing time if usual activities are resumed too early
- Chronic pain and inflammation of the pubic symphysis
- Unstable or arthritic joint following continued injury or delayed treatment

## **GENERAL TREATMENT CONSIDERATIONS**

If there are no symptoms, no treatment is necessary. Initial treatment consists of medications and ice to relieve pain and reduce inflammation. Modify the activities that initially caused the problem to occur by eliminating those activities, often with substituting them with other activities that do not cause symptoms. Stretching and strengthening exercises of the hip muscles is considered important. These can be carried out at home, though referral to an athletic trainer or physical therapist for further evaluation and treatment may be helpful.

Cortisone, by injection or by pills, may be attempted to relieve the symptoms and inflammation. Very slow and gradual return to sports is attempted after all symptoms have disappeared. If symptoms persist despite at least 6 months of conservative treatment and the athlete is unwilling or unable to give up participating in the sport, surgery may be necessary. Surgical options include fusing the joint (remove all motion at the joint) or cleaning out the joint and removing inflamed or scar tissue.

## **MEDICATION**

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take if surgery planned in 7 days or less), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed. Contact your physician immediately if any bleeding, stomach upset or allergic reaction occurs.
- Pain relievers may be prescribed as necessary. Use only as directed. Usually prescribed for relief after surgery.
- Injections of corticosteroids to the pubic symphysis joint may be given to reduce inflammation. Cortisone given in pill form may also be attempted instead of injection, however there are many more risks with this form of treatment, including affecting blood sugars in diabetics, and interruption of blood supply to the hip (rare with short course of treatment).

## **HEAT AND COLD:**

- Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10 - 15 minutes every 2-3 hours for inflammation and pain, and immediately after any activity which aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used prior to performing stretching and strengthening activities prescribed by your physician, physical therapist or athletic trainer. Use heat pack or a warm soak.

## **NOTIFY OUR OFFICE IF**

- Pain, tenderness or swelling worsens or does not improve despite 2-6 weeks of treatment
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.