

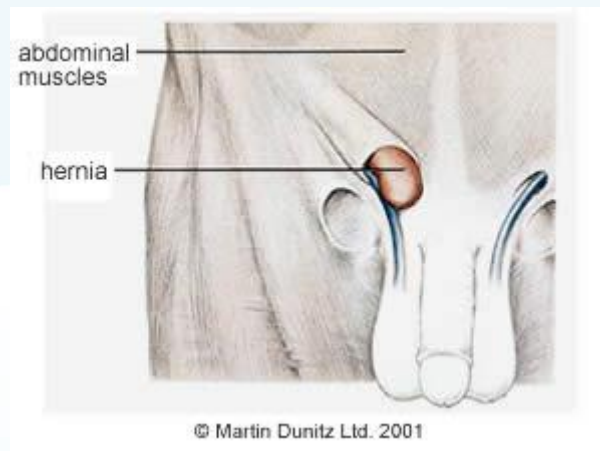
Gilmore's Groin

Gilmore's groin tends to be quite common for those who participate in kicking sports like rugby, football and Gaelic football. The condition garnered its name from Jerry Gilmore, who is the London surgeon that first recognized the syndrome back in 1980. It has also been referred to as a sports hernia, but the title Gilmore's groin tends to fit it better because there isn't an actual herniation. It tends to be characterized by damage to the surrounding tissue of the inguinal canal. There is a tear in the aponeurosis of the external oblique, as well as a tear to the tendon of the internal oblique muscle.

Gilmore's Groin Anatomy

Numerous structures are involved in the groin region of athletes. These can include injuries to the lower abdominal as well as the tough lining in the lower part of the pelvis. Common denominators are weakness and dilation of the internal inguinal ring.

Repeated twisting and extreme force encountered during a high level of athletics ends up leading to an injury of the lower part of the abdominal wall. It can be exacerbated from the typically strong thigh adductors when compared with the weaker lower abdominal muscles.



How to Treat Gilmore's Groin:

1. Stabilization and Strengthening

By stabilizing and strengthening the muscles within the pelvic region, this will provide you with a cessation of any swelling or inflammation. In the majority of cases, compression shorts can allow you to continue playing sports without having to worry about additional injury.

Core exercises are helpful in allowing the individual to continue competing for additional time. There comes a time where the individual isn't going to be able to continue because performance will become impaired.

2. Surgery

Successful surgery depends on an accurate diagnosis, repair and adhering to a standard rehab program. Between 1980 and 2000, out of the 4,500 patients that had been referred to the clinic in London, 2,700 of those ended up being treated surgically. In terms of the professional soccer players that were surgically treated, a 97 percent success rate was reported.

3. Rehabilitation

A specific program for rehabilitation needs to be adhered to. Rehab will prohibit a sudden turning and twisting movement, with a gradual progression of the pelvic muscles flexibility, strength and stability. Upright walking and standing is encouraged right from the start. Between 10 and 14 days after the surgery, straight line jogging is initiated. Straight line springing often occurs after three weeks. Sports rehab is often graduated with a complete return to competition after five weeks.



Tips:

- Core stability and strength exercises will help to improve muscle function across the pelvis and the trunk.
- Doing strength exercises on a mat with resistance bands and a Swiss ball is ideal.
- Improving muscular strength and stability helps to counteract large forces applied to the lower abdomen and the pelvis.
- If you notice any pain when turning and twisting, you need to stop engaging in those activities.
- Someone with Gilmore's groin will end up being sore and stiff. Getting out of bed on the day following the sporting activity can prove quite challenging.