WRONG DIAGNOSIS IN ATHLETES

A. J. BANKS, MSc, FRCS* and P. D. MALIMSON, FRCS†

**Bolton Royal Infirmary*

†Park Hospital, Davyhulme, Manchester

INTRODUCTION

High performance athletes are prone to a wide variety of acute and chronic soft-tissue problems. A common complaint is of pain in the groin which in some instances can be severe enough to curtail further sporting activities. Most cases are due to soft-tissue injuries such as adductor, psoas and rectus femoris strains (Renström and Peterson, 1980).

Some cases of groin strain can be due to other causes such as hip joint lesions, nerve entrapment syndromes and herniae. Three cases of painful herniae are reported in athletes who sought medical advice following failure of prolonged physiotherapy. In all cases physiotherapy was instituted on a self-referral basis and in no instance did the symptoms resolve.

CASE 1

A twenty year old female high jumper presented with a nine month history of pain in the left groin. She had received private physiotherapy treatment for nine months which included ultrasonics, massage and a variety of exercises. She proved to have a small indirect inguinal hernia. Following surgical repair she was able to return to her sport three months post operatively.

CASE 2

A 26 year old male badminton player presented with a four month history of pain in the left groin. He had received three months treatment through private physiotherapy. Following repair of the hernia he was able to return to his game three months post operatively.

CASE 3

A 25 year old male squash player presented after having had private physiotherapy for four months for what he termed a "groin strain". This proved to be an indirect inguinal hernia. Following treatment he was able to return to his sport three months post operatively.

COMMENT

Over the last few years there has been an upsurge in the interest in the treatment of sporting injuries resulting in a proliferation of so called sports medicine or sports injuries clinics. In addition the private sector physiotherapists have become involved. Lack of sympathy by many general practitioners (understandably in many cases) together with long waiting lists in orthopaedic departments drives the frustrated sportsman into the private fringe medicine sector. This can be an expensive procedure both financially and in terms of time lost from sporting interest. For example the sum spent by Case 1 would have covered the cost of a private medical consultant together with the operating fee.

While not wishing to under-estimate the value and skill of many chartered physiotherapists, we feel it important that sportsmen should seek medical advice at some stage during the course of treatment, especially after a prolonged period, when symptoms have remained unchanged.

Since completion of this report four more similar cases have been encountered.

REFERENCE

Renström, P. and Peterson, L., 1980 "Groin injuries in athletes". *Brit.J.Sports Med.* 14: 30.