

## **Sports Hernia (Part 2)**

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There is a large body of increasing evidence coming out, like we talked about before, FAI and sports hernia. And a lot of times they are coexisting together. There's just tons of studies. If this is something of interest to you, just put FAI and sports hernia into any search engine or PubMed or something like that, you're going to see all sorts of stuff to read up on.

But a couple of studies that I saw, one review suggested up to 94% of sports hernia cases have FAI in addition. That's pretty high. So as chiropractors-- and some of you are probably ATCs as well, and EMTs and all that, depending on what you have. When we're dealing with hip pathology, chiropractic has a lot to offer, right? You know, if you have decreased range of motion and you're going into that hip flexion, abduction, internal rotation and there's hip pain, at the lower level ones chiropractic is going to help with that significantly. You're opening up that space and it's not pinching anymore.


The bad ones may need some referral and/or support as well, but we have a lot to offer when it comes to even FAI. Some certainly. So what are they doing in surgery? ... Basically doing the Roto-Rooter, going in and shaving things down so you have more space in there. Again, I worked a lot in gymnastics. A lot of young girls are getting FAI surgeries so they can continue their career. And of course they need a lot of work. A lot of work after, because that's not the true problem. If it was bony changes, that's part of it. But they have all the other compensation factors involved, so that's where we come in.

When they co-exist-- and Larson, a sports medicine ortho here in the city, his study from 2011 showing if there's an additional 40% improvement long-term, every ... play is more significantly done when you do both surgeries at the same time.

So a lot of the standard ... in the [? cervical ?] world now is if you have FAI and a sports hernia that require surgery, if you do-- I think the stats are if you do FAI along and nothing else, and you have a sports hernia, the success rate's like 25%. If you do just a sports hernia surgery, it's like 45%. When you do them combined, your success rate is 80% or 90%.

So that's why, again, you see most of the time nowadays is releasing the adductor, they're strengthening up the posterior wall in the ... area canal, and they're fixing anything else that they see or suturing up something. But there is normally, again, at Hamline, I would say this past year in Hamline, I don't know what the number of sports hernias were, but they got to me for treatment. I probably had 15 cases at least that I worked with directly just this year in Hamline.

All of them that had surgery, all of them had adductor release, all of them had posterior wall strengthening .... The St. Paul Saints last year probably had half the team that had some type of groin pain and/or previous surgery on a hip or a so-called sports hernia. And some of them have



not had surgery and certainly are not going to get surgery ... in that level of baseball in a given year.

OK. So then we have 10 minutes and then we'll answer some questions we may both agree with. If there's more questions.

Treatment versus surgery. So again, I said the standard of care, roughly, is treat away, with different things between core strengthening, soft tissue, or I personally do a lot more of the active-release type stuff. [? Instruments ?] is the soft tissue mobilizations to certain areas, chiropractic. I'm running through all the functional screens so I know what possible I need to be working on.

Taping-- Kinesio Tape, ... tape. You can use something like that to get in there and firm up the structures that way, get some support. [? SPRT ?] tape, temporalis proprioceptive taping technique. Get in there, put a tab in there, and pull. Pull the structures where you need them to pull. And after that, you're doing-- after your [? natural ?] therapy, see if they respond to that. Most of the time, they do. I've never had a case that the athlete did not say, I feel much better. I've never had case.

Now, do some of them still go on to surgery? Yeah. Is it sometimes I'm the one that's sending them to surgery or recommending it? Go see the team doc. I think we should do surgery. Happens all the time.


These surgeries are pretty successful, relatively low invasive on the scale of [? going in. ?] I mean, they're going and putting mesh with some [? glue. ?] Outside of infection and things like that, and make sure that they don't nick an artery or nerve. It's a pretty safe so for the most part.

Yeah, who's-- [? do ?] schools still do the old ... watching surgeries and all that kind of stuff? You still do that? Has everybody seen that yet? You go into some of those surgeries, and your jaw drops on how invasive those things can be. You know, they're going in with basically a Roto-Rooter and a hand-sand-- or a sander-type thing and shaving off femoral heads, and resurfacing, and doing all that kind of stuff.

But again, it's pretty effective in terms of that. They're not taking too much anatomy out, right? They're just kind of freeing some different areas up.

So surgery is going to happen a lot. And then if you look at the research again, 60%, maybe 70% of people are getting surgery, depending on their career. But asymptomatic-- research also show asymptomatic sports hernias, or even asymptomatic inguinal hernias-- you can just leave alone.

You know, when you're doing sports physicals, the standard of care on that is if it's asymptomatic, return them to play. I mean, look online at some of the inguinal hernias. I mean,



they look scary. I mean, there is a big bulge in that area. And if it's asymptomatic, are they doing surgery on an asymptomatic ...? Never.

Do they just leave it? Is there a risk? Maybe a little bit more, but most ... are pretty stable. If it's not painful, it's not putting obviously pressure to the arteries or spermatic cord, or round ligaments, or the nervous system, or your circulatory system, it's not-- for some reason-- it's like a disc herniation, right?

Not all disc herniations are symptomatic, right? You can just leave them alone, right? Same type of thought.

So let's use a scenario you go and get surgery. Surgery gets done, probably fairly successful surgery. You're going to-- I had a Hamline hockey player have surgery last Thursday for four lesions and extensive long pain, entered for hockey season.

We did therapy on her, we did all this stuff I'm talking about. It helped, but as soon she got back on the ice, it came right back. So sent her to surgery. She had surgery last Thursday. She got on schedule in about an hour and a half.

They start getting in there, and we're going to be doing fascial [? work ?] to start with. As things are healing up, we're going to institute all the rehab. She's working with a physical therapist at Hamline, as well, coming in ... and instruments type of stuff-- the taping-- those other things. So ... an interesting case [? today ?] and see how well she is functionally after surgery. Obviously, the goal is that she's going to probably be skating by August hopefully, getting ready for the next year.

So you do surgery, and you're going to go in. What are you going to do? You're going re-exam. You're going to do everything that you did before from my examination standpoint, figure out what's the same, what's better. And then you're going to go into the same ....

So educate your fellow medical counterparts in that you'd have lots to offer in terms of pre-surgery and post-surgery. Obviously, this is not well studied from rehab, and therapy, and tissue work before, or after, in the literature. But what makes sense is when your athlete is getting better, and you reduce the time that they are away from their sport, that's a win-win.

At least they know that [? it'd ?] work, and you have to be nice to .... It would be nice to track these things somehow. And that's not how my brain works. I'm not a researcher. I like treating them. But something that we definitely have a lot to offer [? pre and post. ?] So certainly advertise for it. I don't see a lot of chiro's advertising they're treating sports or anything else. I do.