Infographics

The Adductor Strengthening Programme prevents groin problems among male football players

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Groin injuries represent a considerable problem in male football, accounting for 4% to 19% of all time-loss injuries.1 At the elite level, 14% to 17% of all players incur a groin injury causing time-loss each season.2 During a period with match congestion, 59% of men reported at least one episode with 37 groin problems.3 Low hip adduction strength has been identified as an important and modifiable risk factor associated with an increased risk of groin injury.4 Furthermore, >20% deficit in eccentric strength of the hip adductor muscles has been observed among players with groin pain.3 Thus, strengthening the hip adductors may play an important role in reducing the risk of groin injuries.

Several preventive measures have been suggested to reduce the high groin injury rates. Until now, exercise programmes aiming to prevent groin injuries have shown little effect on injury rates.6 However, since the programmes were designed, there have been new data published on hip adduction exercises in the context of both muscle activation and strength effects. The Copenhagen Adduction exercise has demonstrated high activation of the adductor longus muscle,7 as well as considerable eccentric adduction strength gains following standardised protocols.8–9

Thus, the aim of this trial was to test the effect of a single-exercise approach, based on the Copenhagen Adduction exercise, to reduce the prevalence of groin problems in male players.

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REFERENCES


