

Successful treatment using radial shock wave therapy

Groin pain of unknown cause following myofascial pain syndrome

Patients often present with pain in the groin or genital region despite the absence of a relevant gynaecological, urological or surgical finding. Examination of the musculoskeletal system also usually reveals no abnormality.

This is illustrated below with reference to two case studies, in both of which the patient was successfully treated with radial shock wave therapy (R-SW).

Case study 1

A 68-year-old female patient complained of increasing pain in the right groin, the hypogastric region and the genital region. Physical examination revealed slight malposture in the right pelvic/leg region near the anterior ilium, with tarsal block. The right hip joint was fully mobile, although internal rotation and adduction of the extended leg triggered the familiar pain. Myofascial trigger points (MTPs) were found in the piriformis, obturator externus and obturator internus muscles.

The R-SW was used for therapy of the MTPs. Physiotherapy was chosen as a supplementary procedure to rectify the malposture of the leg.



Fig. 1: Palpation of the obturator muscles (source: Gray's Anatomy)



Fig. 2: Positioning of the R-SW handpiece

The use of shock wave therapy in cases of piriformis syndrome is now widespread; it is, however, highly

advisable to clinically examine the other outer hip rotators for MTPs as well.

The obturator muscles can be easily examined, and successfully treated, externally.



Fig. 3: MASTERPULS »ultra« – radial shock wave therapy (R-SW)

The patient is supine. The leg is relaxed, at an angle and leaning against the therapist. The palpating finger is moved downwards from the base of the adductors in a medial, cranial direction (Fig. 1). In the same position, the R-SW handpiece is placed in the groin region, past the base of the adductors, with the head of the device pointing in a medial, cranial direction (Fig. 2).

Four treatments were carried out at an energy level of 1.8 bar. The shock transmitters used were the R15 and D-20S.

The patient was free of pain after five sessions and remains so to this day, twelve months on.

Case study 2

An athletic 52-year-old female footballer had a right-side inguinal hernia, which was surgically remedied by means of mesh implantation. The pain on the right side subsequently disappeared, although that on the left intensified. Gilmore's groin was diagnosed on the left side and the region underwent surgical tightening, although this did not change the symptoms. A rectocele was also present. Clinical examination revealed MTPs in the piriformis muscle, the gluteus medius muscle and the obturator externus and internus muscles. The relevant MTPs were therapeutically treated with R-SW. As a concomitant procedure, an osteopathic treatment was performed to reduce tension in the pelvis minor.

The condition improved significantly, and the patient is able to participate in sports again. The remaining symptoms, which are probably attributable to the rectocele, are still being treated osteopathically.



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Conclusion: In cases of groin pain of unknown origin, the deep hip rotators should always be examined for MTPs. Where such MTPs exist, R-SW is an effective method. The effect of shock wave therapy can be enhanced by kinesio taping. In the vicinity of the groin, the use of K-Active Gentle Tapes – specially developed for sensitive skin – has proved successful.

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