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# Longlasting adduction-related groin injuries in athletes; regular care or a novel treatment approach

| Submission date | Recruitment status | [ ] Prospectively registered |
|---|---|---|
| 19/07/2006 | No longer recruiting | [ ] Protocol |
| **Registration date** | **Overall study status** | [ ] Statistical analysis plan |
| 19/07/2006 | Completed | [ ] Results |
| **Last Edited** | **Condition category** | [ ] Individual participant data |
| 19/07/2006 | Signs and Symptoms | [ ] Record updated in last year |

**Plain English summary of protocol**
Not provided at time of registration

## Contact information

**Type(s)**
Scientific

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## Additional identifiers

**Protocol serial number**
7502.0005

## Study information

**Scientific Title**

## Acronym
LIES

## Study objectives
Athletes with longstanding groin pain recover faster and more completely if they are treated with specific pelvic stabilizing muscle training compared with regular care.

## Ethics approval required
Old ethics approval format

## Ethics approval(s)
Not provided at time of registration

## Study design
Randomised controlled, parallel group trial

## Primary study design
Interventional

## Study type(s)
Treatment

## Health condition(s) or problem(s) studied
Groin pain

## Interventions
Two different kinds of physiotherapeutic treatments are given for the population. Both treatment strategies are already in use in daily practice.
Patients are randomised to receive either pelvic-stabilizing muscle training or usual care

## Intervention Type
Other

## Phase
Not Specified

## Primary outcome(s)
1. Severity of the pain over the last three days (11-point visual analogue scale [VAS])
2. Participation in sports (11-point VAS-scale)
3. General disability (adapted Quebec low back pain disability scale)
4. Global change (six-point Likert scale)
5. How long before return to full athletic activity
6. Recurrences of the same complaints
Parameters 1, 2, 3 are measured before and directly after the period of treatment and 26 and 52 weeks after the start of treatment.
Parameters 4, 5 and 6 are only measured at 26 and 52 weeks after treatment.

## Key secondary outcome(s))

1. Hip adduction strength (hand-held dynamometer);
2. Contraction pattern of the abdominal musculature (ultrasound echografie);
3. Active straight leg raise test (ASLR).

### Completion date
15/08/2009

## Eligibility

### Key inclusion criteria
Male athletes, 18-45 years old, hip adduction-related complaints, for a period of at least six weeks, strong desire to compete in sports.

### Participant type(s)
Patient

### Healthy volunteers allowed
No

### Age group
Adult

### Lower age limit
18 years

### Upper age limit
45 years

### Sex
Male

### Key exclusion criteria
1. Pain as a result of high-impact trauma, suspicion of fracture, rupture of labrum of the hip, hip arthrosis or arthritis, femoral or inguinal hernia, radicular symptoms, infection of the urinary tract, bursitis, vessel disease, abnormal anatomy
2. Treated for the same (episode of) complaints previously, treated for low back pain with an exercise program in the previous six months, systemic diseases
3. Psychopathology
4. Physical handicaps that make it impossible for the subject to take part of the study

### Date of first enrolment
01/03/2005

### Date of final enrolment
15/08/2009

## Locations

### Countries of recruitment

Netherlands

**Study participating centre**
**Heidelberglaan 100**
Utrecht
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3584 CX

# Sponsor information

**Organisation**
University Medical Center Utrecht (UMCU) (The Netherlands)

**ROR**
https://ror.org/0575yy874

# Funder(s)

**Funder type**
Research organisation

**Funder Name**
Netherlands Organisation for Health Research and Development (ZonMw)

**Alternative Name(s)**
Netherlands Organisation for Health Research and Development

**Funding Body Type**
Private sector organisation

**Funding Body Subtype**
Other non-profit organizations

**Location**
Netherlands

# Results and Publications

**Individual participant data (IPD) sharing plan**

## IPD sharing plan summary

Not provided at time of registration