ABSTRACT

Background: Tears of the abdominal obliques have previously been reported in the vicinity of the lower ribs but they have not been reported in the vicinity of the iliac crest. The purpose of this case report is to describe the mechanism of injury and diagnosis of a distal abdominal oblique tear and subsequent rehabilitation programming.

Case Description: A 21-year-old male Australian football player experienced acute right-sided abdominal pain during a game while performing a commonly executed rotation skill. He was assessed clinically before being further examined with ultrasound and magnetic resonance imaging which revealed a rupture of the abdominal oblique wall at its insertion onto the iliac crest. The player then underwent a structured and graduated rehabilitation program with clear key performance indicators to optimize return to play and prevent recurrence.

Outcomes: The player was able to return to play at 35 days post injury and had no recurrence or complications at 12 month follow up post injury.

Discussion: This is the first time an abdominal oblique wall rupture at its insertion onto the iliac crest has been reported. In players with acute abdominal pain following twisting an insertional oblique tear should be considered as a differential diagnosis. A structured rehabilitation program may also help optimize an athlete's return to play after distal abdominal oblique rupture.

Key Words: Abdominal Oblique, diagnostic ultrasound, Magnetic Resonance Imaging, side strain

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The study protocol has not been approved by any institutional review boards as it is a retrospective case study. The authors certify that they have no affiliations with or financial involvement in any organization or entity with a direct financial interest in the subject matter or materials discussed in this article.

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