

# Flexibility, Core Activation and Stability Building for Osteitis Pubis

## 1. Flexibility and stretching: *hold each stretch for 20-30 seconds*

- Hamstrings – seated on floor, straight leg “v”, bend at waist, reach for ankles one side at a time
- Adductors – seated on floor, feet together, press knees to floor, bend forward at waist  
-AND- seated, straight leg “v”, bend forward at waist
- Glutes/Piriformis – seated, ankle on opposite knee, pull up (piriformis), push down (glutes)
- Hip flexors – Kneel on one knee with the other foot in front, forming a 90-degree angle. Shift your weight forward slightly to stretch the hip flexors.  
-OR- supine on foam roller, pull one knee to chest, other leg straight
- Thoracic extensions - Place the foam roller under your upper back. Keep your knees bent and feet flat on the ground. Place your hands behind your head, extended out to your sides or extended above your head. Let your head fall to the floor and try to wrap yourself around the foam roller, extending the upper back over the roller. Hold for 10-20 sec. Reposition roller by slowly rolling up or down the spine. Aim for 4-5 positions. Avoid rolling the neck or lower back.
- Trunk rotations - Lie on your side with your bottom leg straight and your top leg bent and on the floor. Both hands are placed together in front of your chest. Keeping the bottom arm on the floor, roll back and have your top arm reach back to touch the floor, opening up your chest. Hold the position for 10 sec. Return to start. Repeat 5 times each side.

## 2. Core & Pelvic Floor Activation Exercises:

- Transverse abdominis activation - Lie on your back with your knees bent and feet flat on the floor. Gently draw your belly button toward your spine, engaging your deep abdominal muscles without lifting your ribcage. Hold the contraction for 5–10 seconds while breathing normally. Relax and repeat for 10–15 repetitions, 2–3 times daily.
- Pelvic tilts - Lie on your back with knees bent and feet on the floor. Draw your bellybutton in towards your spine. Think about tipping your pelvis back so your low back flattens into the floor. Then think about tipping your pelvis forwards so your low back arches away from the floor. Do 10–15 repetitions, 2-3 times daily.
- Alternate leg extensions - Lie on your back with knees bent and feet on the floor. Draw your bellybutton in towards your spine. Think about tipping your pelvis back so your low back flattens into the floor. Maintain this position throughout. Slowly slide one heel out until your knee is fully extended. Then slide it back to starting position. Repeat with your other heel. Do 10–15 repetitions, 2-3 times daily. To challenge yourself even further, lift both heels off the ground at the start. Perform alternating leg extensions without either heel touching the ground between reps. Do not progress to the more challenging options if you are unable to maintain your initial core activation and pelvic tilt positions. Always perform in a slow and controlled manner!
- Pelvic floor contractions - Contract your pelvic floor muscles by imagining you are stopping the flow of urine or preventing gas from escaping. Squeeze and lift these muscles, hold for a few seconds, then release. Repeat this several times, gradually increasing the hold time and the number of repetitions. Be sure to relax fully between contractions and avoid tightening other muscles like your stomach, thighs, or buttocks.

## 3. Low-Impact Cardiovascular Exercise

- Introduce a stationary bike for low-impact cardiovascular exercise. Begin with 10-15 minutes and gradually increase duration, promoting blood flow without exacerbating symptoms.

## Grades of Osteitis Pubis:

Before diving into the rehabilitation program, it's important to understand the grading of osteitis pubis, which indicates the severity of the condition (<https://equilibriumsas.com.au/osteitis-pubis/>)

Grade	Side of Pain	Site of Pain	Characteristics of Pain
1	Unilateral, dominant	Inguinal, with radiation to adductors	Pain alleviation after warm-up, pain exacerbation after training
2	Bilateral	Inguinal and adductors	Pain exacerbation after training
3	Bilateral	Groin, adductor region, suprapubic, abdominal	During training, kicking, sprinting, turning. Cannot achieve training goals, forced to withdraw
4	Generalized	Generalized, radiation to lumbar region	Walking, getting up, straining at stool, simple activities of daily living

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6307487/>