



Massage Techniques 9C

Muscles of medial thigh

Muscles of the medial thigh (hip adductors)

Overview

Although we associate the hip adductors chiefly with adduction of the hip, they contribute to flexion, extension, rotation, and stability of the hip in complex ways in standing, walking, climbing stairs, and other activities involving the legs. In your assessment of the client's gait, observe the medial thigh closely for any anomalies such as twitches or catches in the motion of the thigh.

Palpation

The superior attachments of these muscles follow the pubis from the symphysis all the way to the ischial tuberosity. Adductor longus attaches at and to the side of the pubic symphysis. Adductor brevis attaches lateral to it, and pectineus to the lateral end of the pubic ramus. Behind these are gracilis and then adductor magnus, which attach to the ischiopubic ramus and the ischial tuberosity. Although it is difficult for the most part to distinguish the attachments, they can be easily palpated and followed from the pubic symphysis to the ischial tuberosity.

The most distinctive attachment to the pubis is that of adductor magnus with gracilis; it is a distinctively large tendon. The inferior attachments are difficult to palpate except for adductor magnus, which attaches to the adductor tubercle of the femur, and gracilis, which attaches just below the tibial tuberosity. Their architectures are all convergent.

Adductor Magnus ad-DUCK-ter MAG-nus

Etymology Latin ad, toward + ducere, pull + magnus, large

Overview

The superior part of adductor magnus (Fig. 9-24) is called adductor minimus.

Attachments

Superiorly, to the ischial tuberosity and ischiopubic ramus

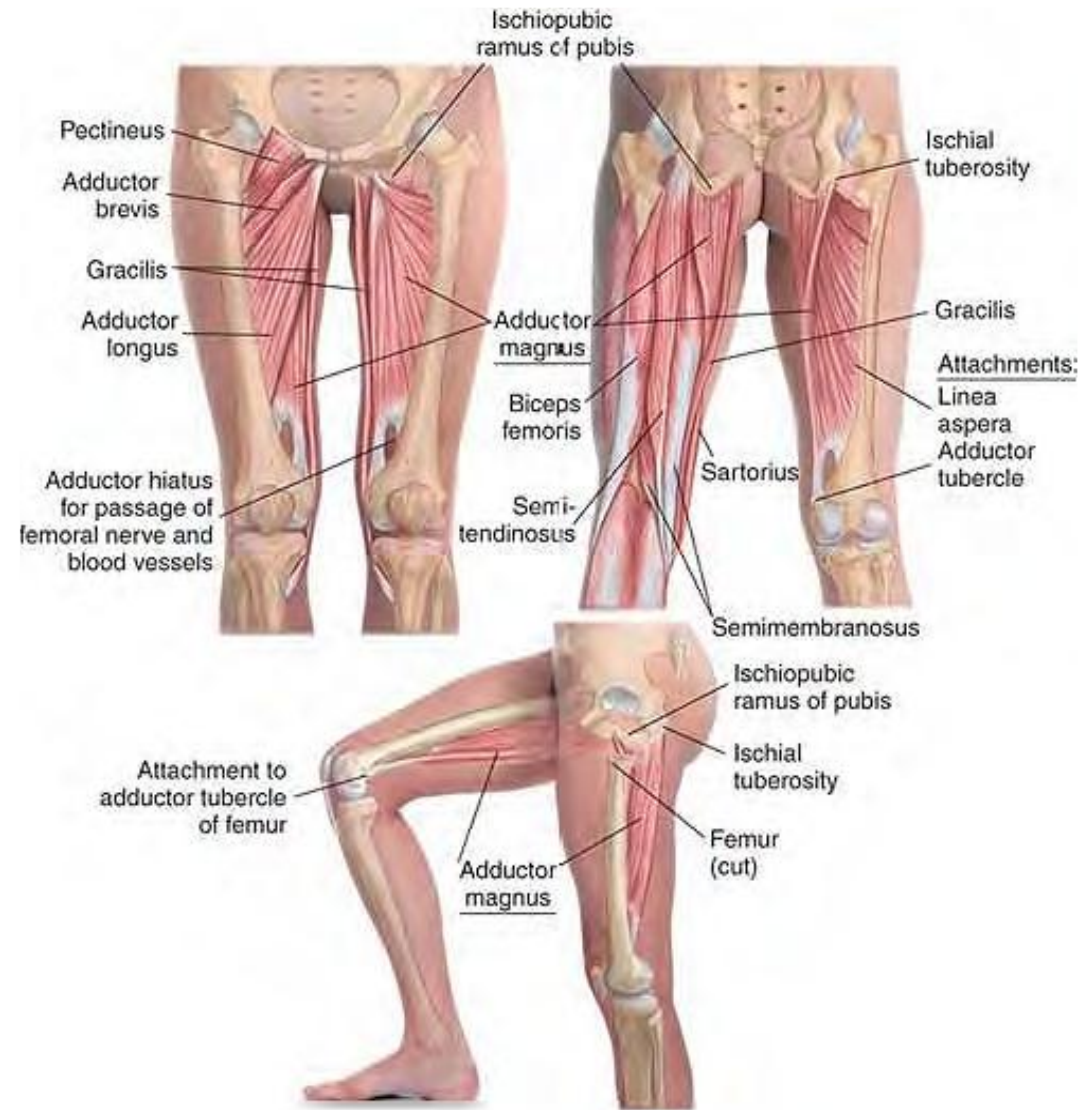
Inferiorly, to the linea aspera and adductor tubercle of the femur

Action. Adducts and extends hip

Referral Areas. To the medial aspect of the thigh

Other Muscles to Examine. Other hip adductors

Anatomy of adductor magnus



Adductor Longus ad-DUCK-ter LONG-gus

Etymology Latin ad, toward + ducere, pull + longus, long

Attachments

Superiorly, symphysis and crest of pubis (Fig. 9-25)

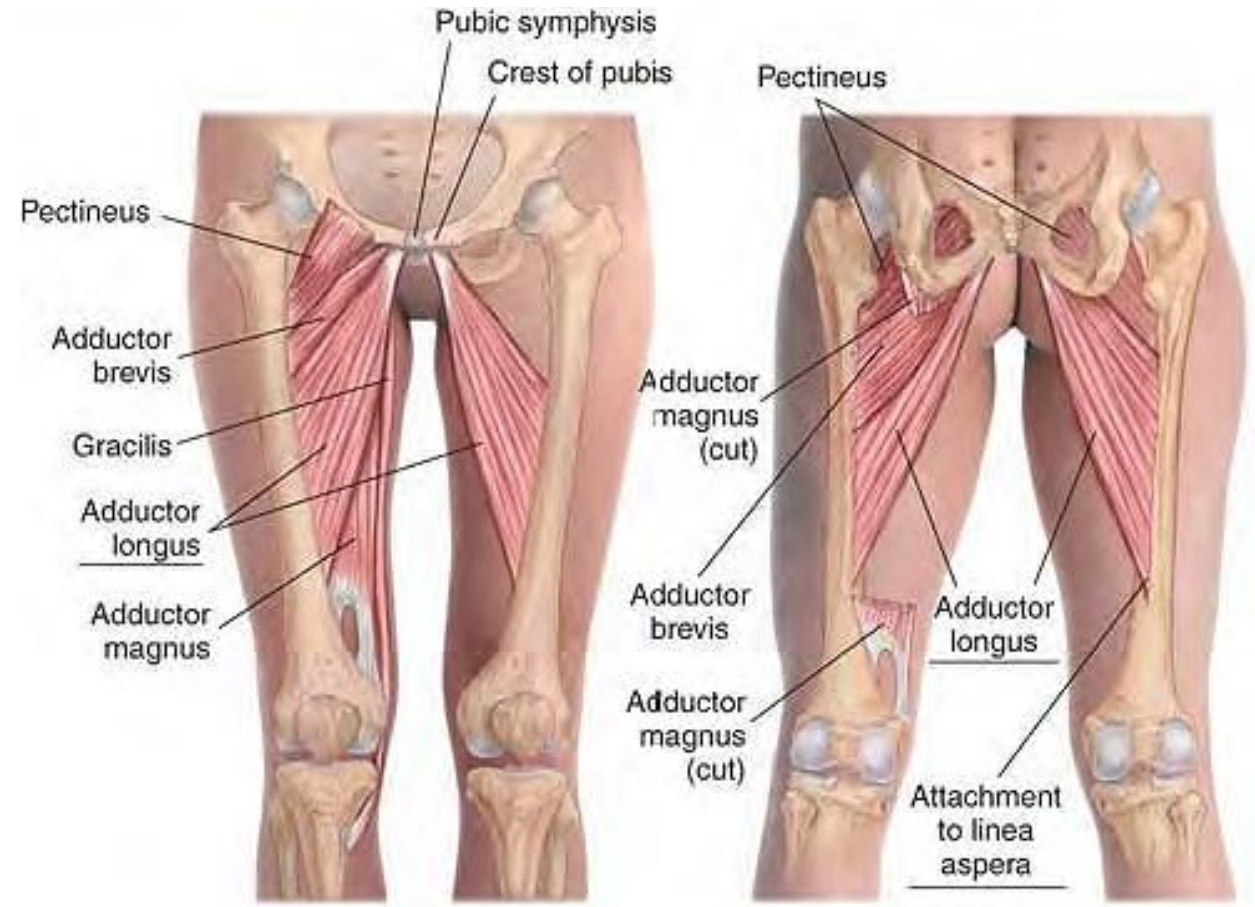
Inferiorly, to the middle third of medial lip of linea aspera

Action. Adducts hip

Referral Areas. To the medial aspect of the thigh

Other Muscles to Examine. Other hip adductors

Anatomy of adductor longus



Adductor Brevis ad-DUCK-ter BREV-is

Etymology Latin ad, toward + ducere, pull + brevis, short

Attachments

Superiorly, to the inferior ramus of the pubis (Fig. 9-26)

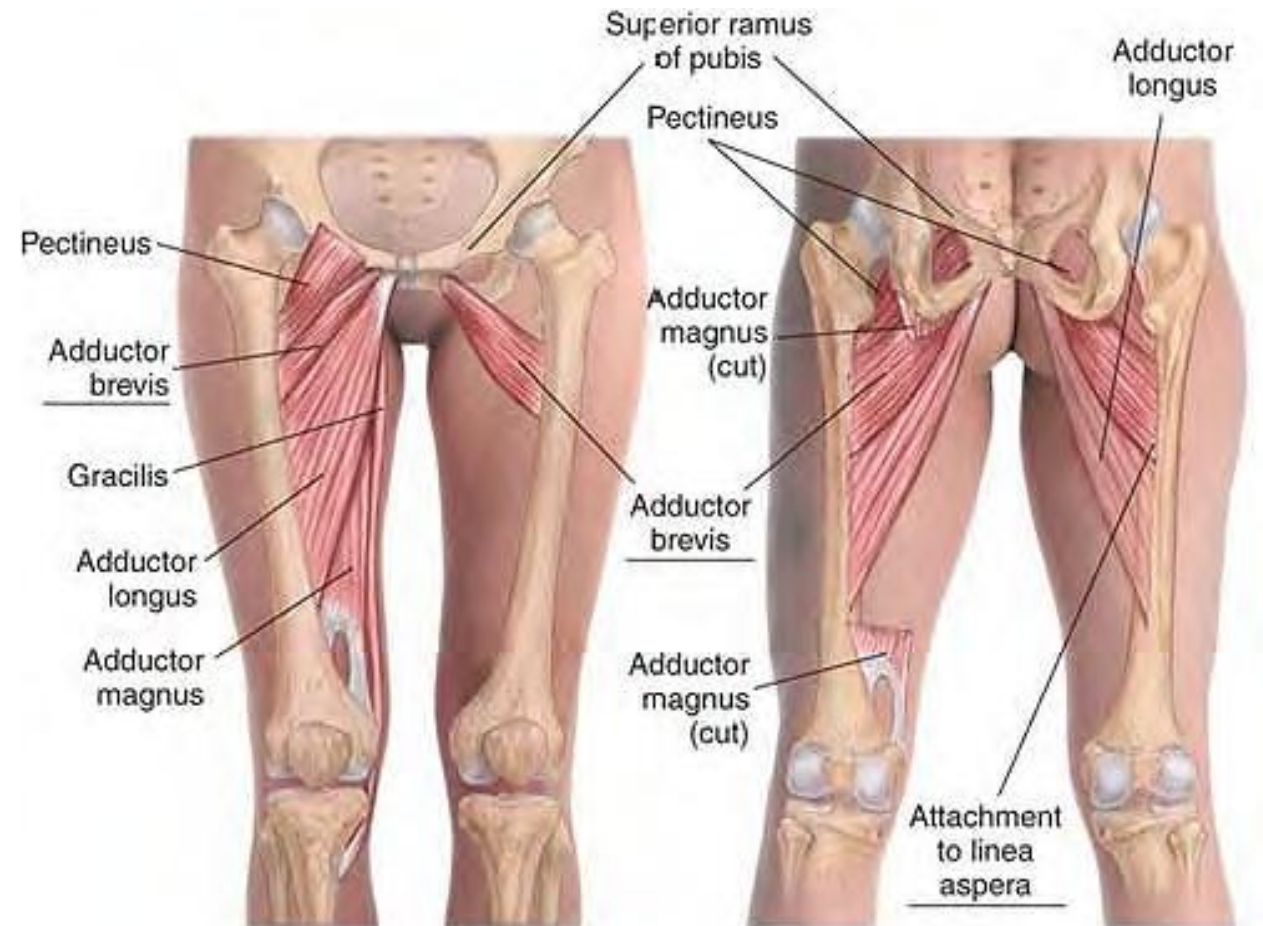
Inferiorly, to the upper third of medial lip of linea aspera

Action. Adducts hip

Referral Areas. To the medial aspect of the thigh

Other Muscles to Examine. Other hip adductors

Anatomy of adductor brevis



Pectineus peck-TIN-ee-us

Etymology Latin pecten, comb

Overview

Pectineus is named for its attachment to the pecten, a sharp ridge on the superior pubic ramus.

Attachments

Superiorly, to the crest of the pubis

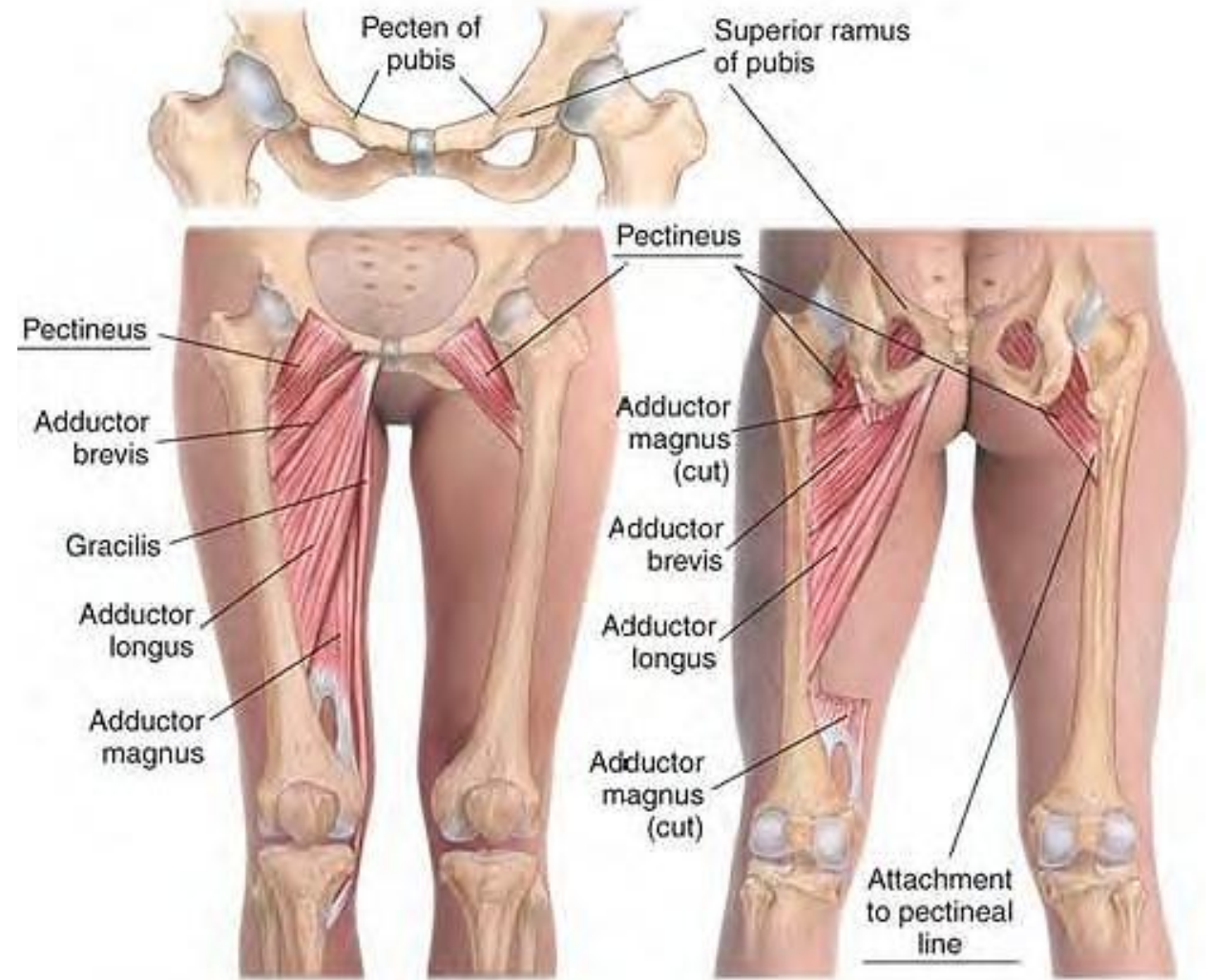
Inferiorly, to the pectineal line of femur between the lesser trochanter and the linea aspera

Action. Adducts and assists in flexion of hip

Referral Areas. To the medial aspect of the thigh

Other Muscles to Examine. Other hip adductors

Anatomy of pectineus



Gracilis GRASS-ill-iss, gra-SILL-iss

Etymology Latin gracilis, slender

Attachments

Superiorly, to the body and inferior ramus of the pubis near the symphysis

Inferiorly, to the medial shaft of the tibia below the tibial tuberosity

Action. Adducts the hip, flexes the knee, rotates the flexed knee medially

Referral Areas. To the medial aspect of the thigh

Other Muscles to Examine. Other hip adductors

Anatomy of gracilis



Manual Therapy for the Hip Adductors

Note: Some clients may be more comfortable keeping underwear on for work on the hip adductors.

Compression of the Adductor Attachments

The client lies supine. The therapist stands beside the client at the knee. Place your thumb on the lateral edge of the pubic crest on the attachment of pectineus. Press firmly into the tissue, looking for tender spots. Hold for release. Shift the thumb inferiorly and posteriorly along the pubic crest, compressing each adductor attachment.

Compression of attachment of
pectineus



Compression of attachment of
adductor brevis



Repeat this procedure until you reach the attachment of adductor magnus.

This technique may also be performed with the hip abducted and externally rotated and the knee partially flexed, and may also be performed with the fingertips.

Compression of attachment of
adductor magnus with thumb



Compression of attachment of
adductor magnus with fingertips,
hip abducted and rotated



Stripping and compression of the Hip Adductors

The client lies supine, either with the leg straight and the hip slightly abducted, or with the hip abducted and externally rotated and the knee partially flexed. The therapist stands beside the client at the knees. Place the fingertips or thumb(s) just above the medial epicondyle of the femur.

Pressing firmly into the tissue, glide the fingertips along the adductors to the anterior aspect of the pubic arch.

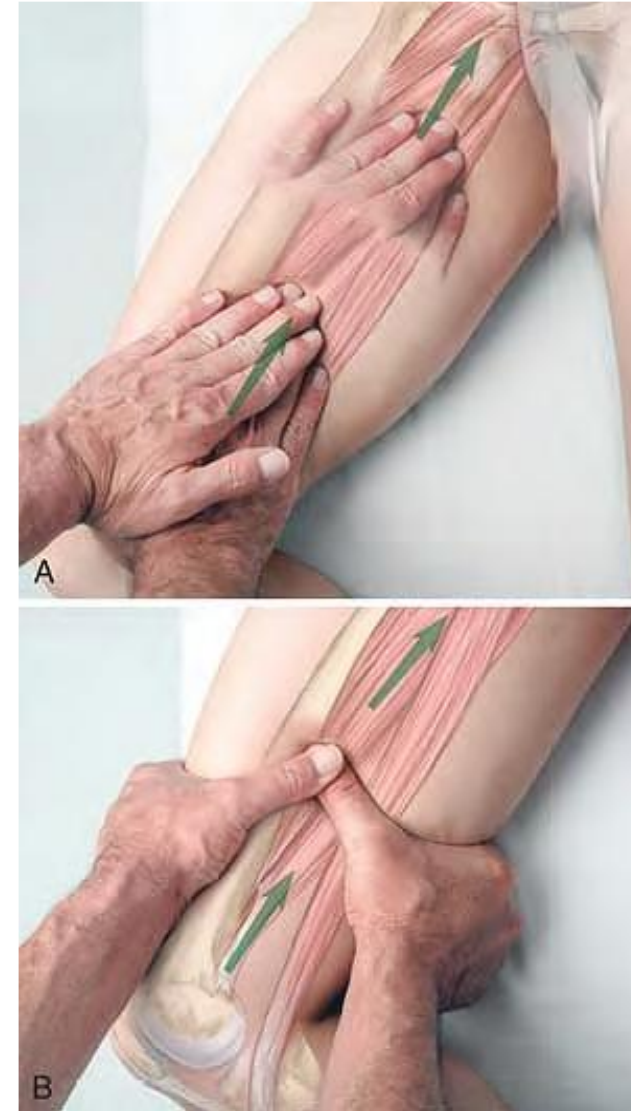
Beginning at the same spot, repeat this procedure, ending each time more posteriorly along the pubis.

You may also perform compression against the femur along each hip adductor in the same position, using the thumbs.

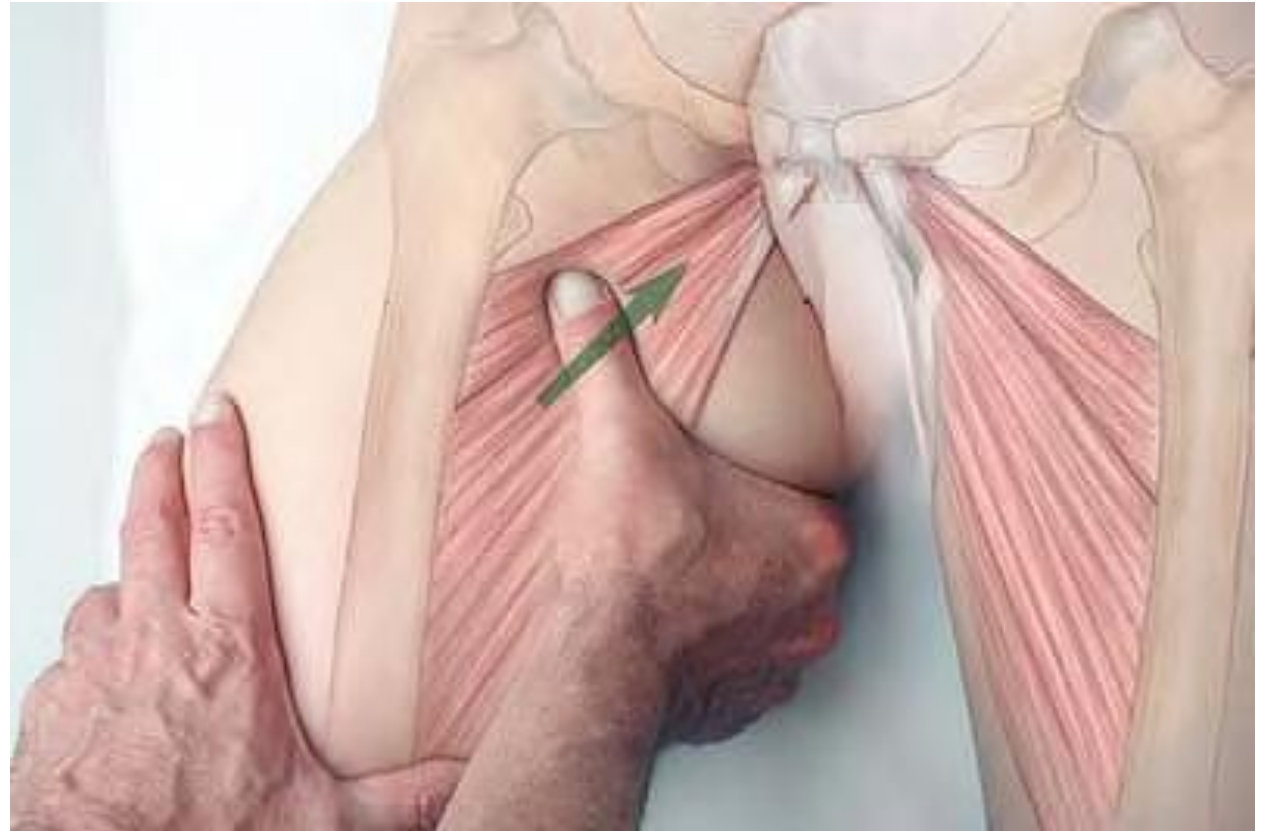
Stripping of adductor magnus and longus with thumb, client supine, leg straight, hip slightly abducted



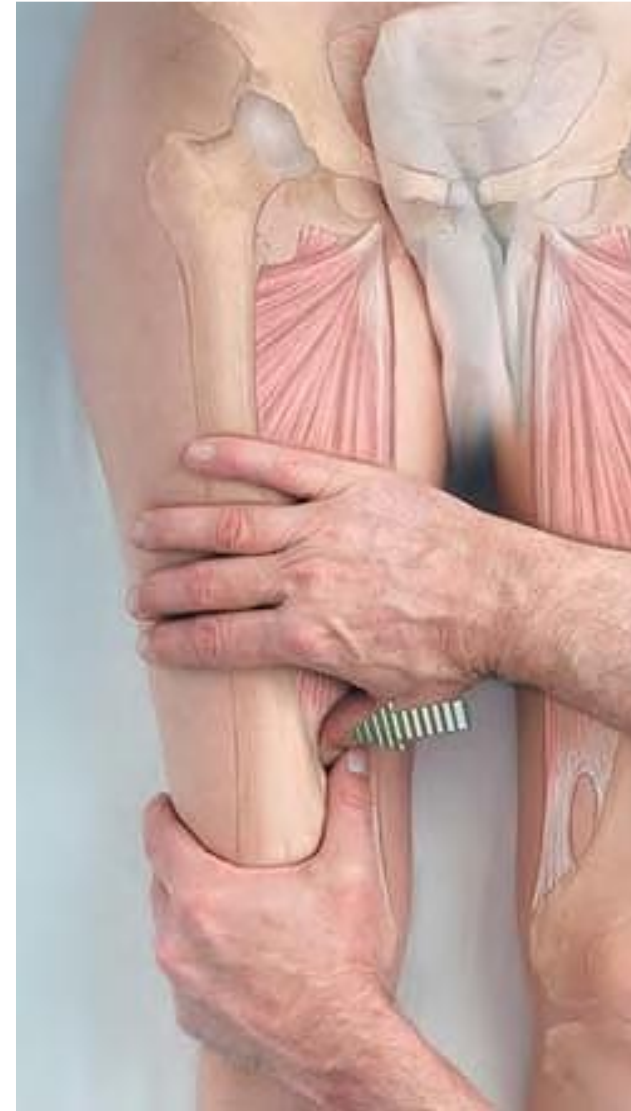
Stripping of adductor magnus and gracilis, client supine, hip abducted and externally rotated, hip and knee flexed: (A) with fingertips, (B) with thumb



Stripping of adductor brevis and longus with thumb, client supine, hip abducted and externally rotated, hip and knee flexed



Compression of adductor magnus
with thumb, leg straight



Both of these procedures may also be performed with the client lying on her side, with either the lower leg straight and the upper leg flexed at the hip and the knee, or with the upper leg straight and the lower leg flexed at the hip and the knee. However, in these positions it is not possible to work close to the attachments without contacting the genitals.

Stripping of adductors with client
side-lying, lower leg straight



Stripping of adductors with client
side-lying, upper leg straight

