

Patient information

Gluteal Tendinopathy

Therapies

What is Gluteal Tendinopathy?

Gluteal Tendinopathy is thought to be the cause of lateral hip pain (pain on the side of the hip). The pain may also travel down the outside of the thigh.

Traditionally the condition has been known as Trochanteric Bursitis. However, recent evidence suggests the main cause is due to painful tendons. Tendons attach muscles to bones and their role is to deal with load. The tendons which are painful attach the gluteal muscles to the bone on the outside of the hip.

Gluteal Tendinopathy is the most common lower limb tendinopathy, with women outnumbering men by a ratio of four to one. The condition primarily affects people between the ages of 40 – 60 years. However, young athletes, particularly runners can also be affected.

What causes Gluteal Tendinopathy?

Research shows pain occurs due to altered tendon health, as a result of too much or too little loading. For example, an athlete may increase their training too rapidly and overload, whereas those with reduced physical activity may suffer gradual tendon deterioration.

In either scenario, pain is experienced when the weak tendons are exposed to loads which exceed their capacity.

Another key contributing factor is thought to be irritation of the gluteal tendons against the hip bone, linked to postural habits and movement patterns.

Reduced gluteal muscle strength and control is also thought to be associated with pain.

Other additional factors for gluteal tendinopathy include:

- Increased weight around the stomach area.
- Lower back pain.
- Age.
- Hormones.
- Diabetes.

- High cholesterol.
- Genetic factors.
- Vascular issues.
- Hip or spinal pathology.
- Fluorquinolone antibiotics.

What are the symptoms of Gluteal Tendinopathy?

Symptoms usually include:

- Pain lying on your side.
- Pain on rising from a chair.
- Pain on walking, particularly up hills or stairs.
- Tenderness on touching your hip bone.
- Usually there is no stiffness in the hip. If there is, there may be associated arthritis in your hip.

How is it diagnosed?

In most cases your doctor or physiotherapist will confirm the diagnosis from your symptoms, clinical tests and a physical examination of your hip. Sometimes specific diagnostic tests, such as an X-ray, ultrasound or MRI scans maybe used.

How is it treated?

Physiotherapy has been shown to be the best treatment for tendinopathy. Your therapist will perform an assessment of your seating position and movement patterns, as well as your hip.

Treatment may consist of several parts:

1. Activity modifications, alteration of postural habits and movement patterns which compress the gluteal tendons.
2. Pain relief – simple painkillers like anti-inflammatories.
3. An exercise regime, which is patient specific and aims to improve muscle capacity, recruitment and control around the hips and pelvis.
4. Occasionally, a cortisone injection can be helpful. However, evidence shows benefits are short lived and are similar to Physiotherapy at 12 months.
5. Surgery is rarely required, unless a major tear is present.

As gluteal tendinopathy is associated with many factors, your therapist may discuss weight management and lifestyle changes.

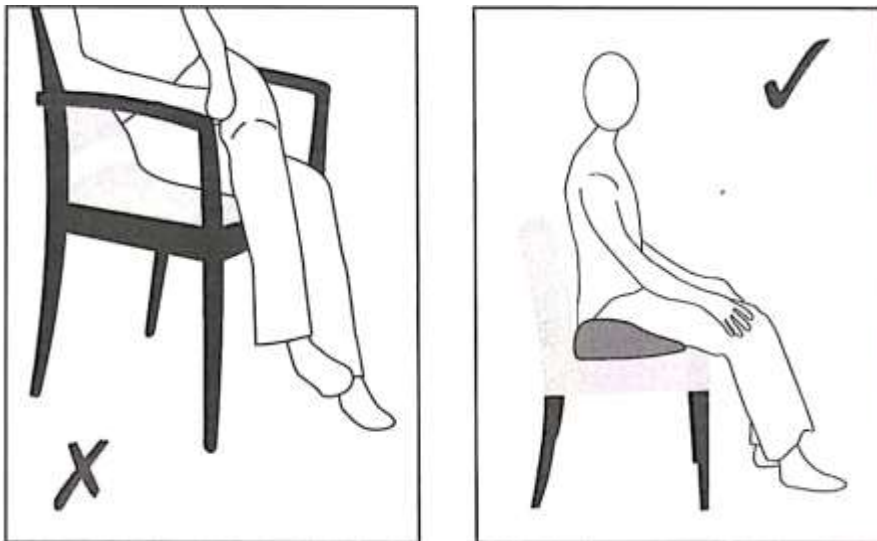
What can I do to help myself?

The most important factor in treating Gluteal Tendinopathy is reducing the amount of compression of the tendons over the 24 hour period.

Activity Modifications

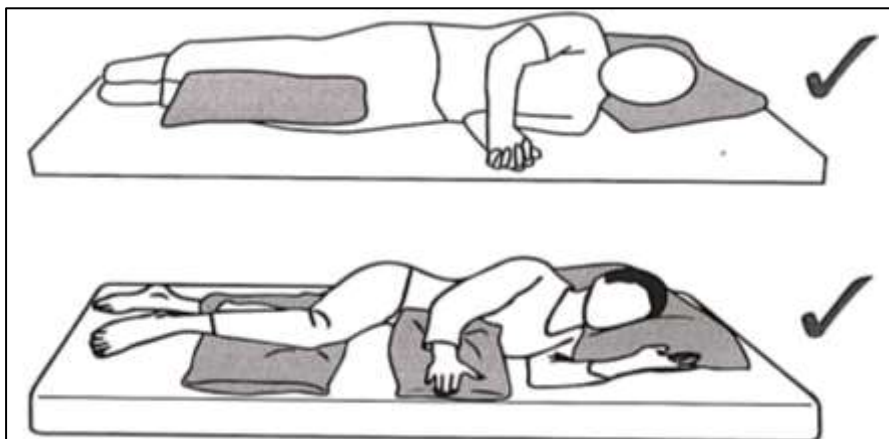
Sitting

- Avoid or minimise time spent crossing your ankles or legs.
- Avoid sitting with your knees touching.
- Avoid sitting in low chairs. Try and always sit with your hips higher than your knees, using a wedge cushion may help this.



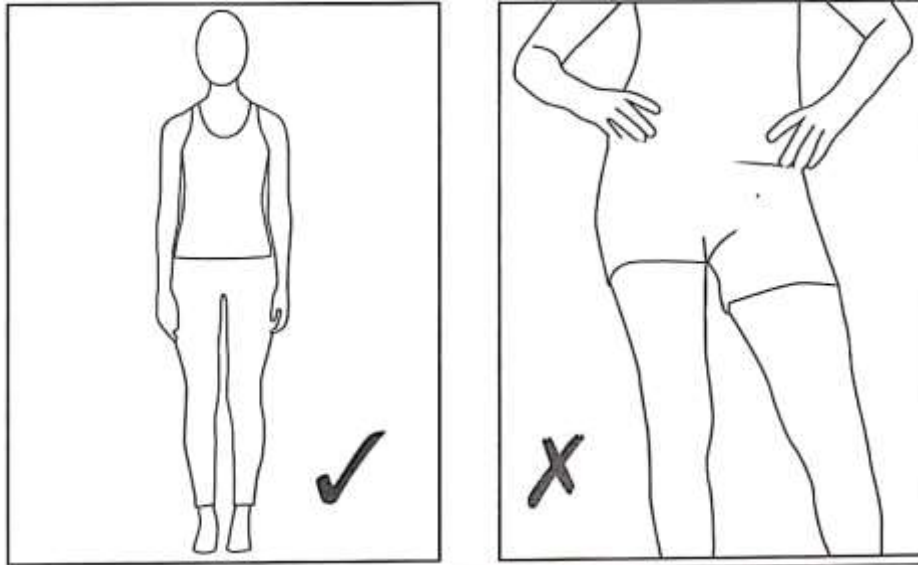
Sleeping

- Lying on your side increases the compression of the gluteal tendons.
- To avoid this try and sleep on your back with a pillow under your knees.
- If you struggle sleeping on your back, try a modified side lying position (halfway between lying on your tummy and your side). (See diagram)
- You may find using an eggshell mattress topper helpful to reduce compression. If using this place a pillow between your knees.



Functional movements

- In standing ensure weight is distributed and equal between both feet.
- Avoid hanging on one hip.
- Minimise walking upstairs and hills where ever possible.
- Try walking up and down stairs with your feet a little wider apart, and using a stair rail if needed.



Exercise

Patients will have an exercise programme which is specific to their goals and functional capabilities. It will involve gradually working on the strength and stability of your hip and pelvis. Advice and changes in postural and movement patterns will also be provided.

What is the prognosis?

Average recovery time can take up to three months and potentially longer.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Therapies Department

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