

Patient information

Gluteal Tendinopathy

What is Gluteal Tendinopathy (GT)

Gluteal Tendonopathy is pain that emanates from the outside of your upper leg over your greater trochanter (see image 1), in the past this has also been termed 'trochanteric bursitis', lateral hip pain' or 'greater trochanteric pain syndrome'.

We now understand that irritation of the tendons known as Tendonopathy is likely to be the primary cause of the pain.



Image1

What causes Gluteal Tendinopathy

The health of tendons depends on the load that is regularly applied to them. They react when a change of load has occurred such as too much or too little loading e.g. going for a long walk. Equally, inactivity can lead to gradual tendon deterioration and pain.

A slip or fall directly landing on the side of the hip can also lead to symptoms in this area. Symptoms are also often attributed to compressive forces over the tendons. The tendons are compressed by overlying tissues at any time where the leg comes across the body. Sometimes the cause is not always clear and it may be due to an accumulation of small things e.g. gradual weight gain or reduction in overall general fitness.

What are the symptoms of Gluteal Tendinopathy?

- Aching around the outside of your upper leg
- Pain can also extend down the side of your thigh and go as low as the knee and top of lower leg. You may also experience pain in the groin, lower back or into the buttock.
- Pain when lying on your side
- Pain going uphill or up stairs
- Pain when standing on one leg to dress
- Stiffness after sitting for first few steps

Management of Gluteal Tendinopathy

- Rest will not cure tendinopathy,
 - Try small gentle flat walks that minimally aggravate pain
 - Minimise use of stairs
 - Avoid crossing legs
 - Avoid sitting in low chairs

- Applying heat to the area of pain can provide relief
- Sleeping with a pillow between knees (image 2)



(Image 2)

- Sit down to dress your lower half
- Being a healthy weight can reduce load and improve tissue health.
- For more support with weight loss visit

<https://oneyoueastsussex.org.uk/services/manage-your-weight/>

- Gradual loading exercises for the buttock muscles
- Avoid standing with legs crossed when standing (image 3)



(Image 3)

Physiotherapy for GTPS

A physiotherapist will provide further advice and education on how to best manage this condition.

They will assess the range of movement of the hip and knee as well as the strength of the muscles around your lower limbs especially your buttock muscles (gluteals).

Based on a thorough assessment the physiotherapist will design a specific graded exercise programme to help get you back to your usual activity levels.

Some exercises to try to help this condition based on most recent evidence

1. Static abduction

Place a pillow under your knees and a belt just above your knees (image 4). Gently press your legs apart into the resistance of the belt.

Hold x 5 seconds and repeat 5-10 times. 2-3 times per day.



(Image 4)

2. Side lying abduction

Place pillow to support the leg in neutral position (image 5)

Lying on your side with pillow under the leg, ensuring hip is pointing directly up towards the ceiling. Lift the leg 1-2 cm from pillow. Hold 5-10 secs repeat 2-3 times per day.



(Image 5)

How long will it take to get better?

This condition can take several months or longer to improve.

5 out of 10 of cases will improve in a year with no intervention



7 out of 10 cases will improve within 8 weeks of doing exercises and following best advice



Sources of information

Mellor et al (2018) Education plus exercise versus corticosteroid injection use versus a wait and see approach on global outcome and pain from gluteal tendinopathy: prospective, single blinded, randomised. BMJ 361:k1662 - <http://dx.doi.org/10.1136/bmj.k1662> Mellor et al (2016) Exercise and load modification versus corticosteroid injection versus 'wait and see' for persistent gluteus medius/ minimus tendonopathy (the LEAP trail): a protocol for a randomised clinical trial. BMC 17:196 - <https://doi.org/10.1186/s12891-016-1043-6>

Consent

Although you consent for this treatment you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

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Tel: (01424) 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Written by Penny Nicholls Highly Specialised Musculoskeletal Physiotherapist

The following clinicians have been consulted and agreed to this patient information

Leonie Prowles Lower Limb Advanced Practitioner

Caroline Hollands Lower Limb Advanced Practitioner

Brian Gibbs Advanced Practitioner

Carl Milton Advanced Practitioner

Mr Keast-Butler Consultant Orthopaedic Surgeon

Mr Pearce Consultant Orthopaedic Surgeon

The directorate group that have been agreed this patient information leaflet:

Department of Trauma and Orthopaedics

Physiotherapy Department

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Responsible clinician/author: Penny Nicholls, Highly Specialised
Musculoskeletal Physiotherapist

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