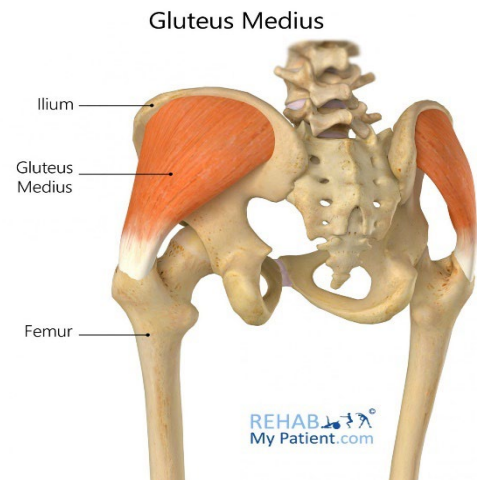


Gluteal Tendinopathy

What is Gluteal Tendinopathy (GT)?

Gluteal Tendinopathy is pain that comes 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 Tendinopathy is likely to be the primary cause of the pain which has contributed to more targeted and optimal management.



What causes Gluteal Tendinopathy?

The health of tendons depends on the load that is 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.

Compression of tendons can also cause irritation. Overlying tissues compress the tendons at any time where the leg comes across the body.

The cause is not always clear, and it may be small things adding together e.g. gradual weight gain or reduction in overall fitness.

Other risk factors include:

- ❖ Diabetes
- ❖ Hormonal status in peri and post- menopausal women
- ❖ Obesity and / or high cholesterol
- ❖ Systemic corticosteroids use
- ❖ Lifestyle factors like stress and sleep

What are the symptoms of Gluteal Tendinopathy?

- Aching around the outside of your upper leg, mainly just above the hip bone which you can locate on the side of your hip.
- 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 the first few steps
- Stiffness in the morning for the first few steps



What are the management options for Gluteal Tendinopathy?

Rest will not cure tendinopathy.

- Keep walking– make your walks slower, shorter and flatter as necessary.
- Limit use of stairs
- Avoid crossing your legs
- Avoid sitting in low chairs
- Applying heat to the area of pain can provide relief
- Gradual loading exercises for the buttock muscles – Page 4
- 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-

[One You East Sussex | Free Health & Wellbeing Service](https://oneyoueastsussex.org.uk)

(<https://oneyoueastsussex.org.uk>)

- Sleeping with a pillow between knees (image 2) – 2 pillows in 1 pillowcase works well to keep your legs apart.
- Avoid standing with legs crossed when standing (image 3)



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.

Can I try exercises on my own?

We have included some guidance and exercises to try below. These are based on the most recent evidence.

Exercises are the best management option for gluteal tendinopathy (with lasting benefits).

Do I need to see a physiotherapist?

Whilst it is safe to try exercises independently if you are struggling 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).

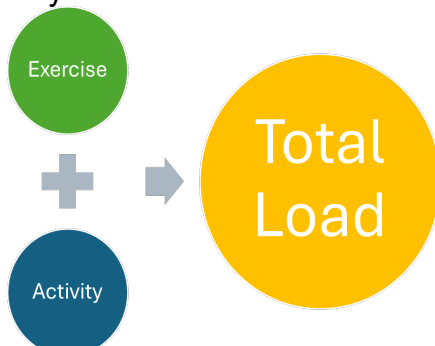
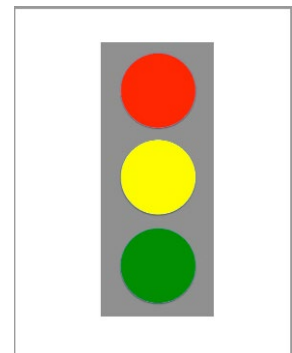
Based on a thorough assessment the physiotherapist will tailor a specific graded exercise programme to help get you back to your usual activity levels.

Why should I exercise?

Exercises will strengthen your gluteal muscles and promote tendon loading, creating tendon adaptation. The timeframe for improvement is individual. Some need as little as a few weeks for symptoms to settle by avoiding irritating factors and gentle basic exercises. However, it is common to need to persevere with exercises for several months to feel a significant change. This depends on the daily demands on the tendon and muscle; hence a more active population may need more time and a more intense exercise programme. Exercises need to be progressed to a level that is appropriate to your activity goals.

How do I balance my exercise and day to day activities?

It is helpful to follow a so-called “**traffic light system**” to monitor symptoms and adjust both activity and exercise intensity accordingly. A **green light** means safe zone, free of or very mild symptoms. An **amber light** means that the symptoms are present but acceptable during exercise if they ease afterwards and do not result in increased pain levels that night or the next morning. A **red light** means symptoms are intense and not settling after exercise or activity and increase from day to day and week to week.



Intensity of exercise programmes combined with day-to-day activity should be symptom guided to enable staying in green or amber light. Start from light effort and progress towards hard. When the training becomes more intense you should give your tendon and muscles more time to adapt by switching training to alternate days.

A combination of day-to-day activity level and exercises can influence pain. For example, if you plan to have a busy

day, choosing to exercise less intensely could prevent increasing your symptoms. Don't worry if you do aggravate your symptoms: reduce your activity and exercises to allow your pain to settle. Remember to build up again gently. Please contact your physiotherapist if of any doubt or pain is not improving.

Exercises for gluteal tendinopathy?

The table below is a guide for how you would start exercising and progress from week to week. Some people may need to progress more slowly, and others find they can tolerate more.

Week 1	Exercise 1	2-3 times / day
Week 2-3	Exercise 1 and 2	2 times / day
Week 4-6	Exercise 3-5	Every other day
Week 7-8	Exercise 5-7	Every other day

1. Static abduction (week 1-3), 2-3 times per day:



Place a pillow under your knees and a belt just above your knees. Gently press your legs apart into the resistance of the belt. Make sure that your toes are pointing forward. You should feel gentle, deep tension on the sides of your hips.

Video:

[Static Abduction in Lying - YouTube](https://www.youtube.com/watch?v=hhK3D3Ji5lY) - <https://www.youtube.com/watch?v=hhK3D3Ji5lY>

Hold x 5 seconds and repeat 5-10 times.

2. Double Leg Bridge (week 2-3), 2 times per day.:



Lie flat on your back, with your knees bent, squeeze your bottom muscles and lift your body upwards. Keep your arms by your side and use them to help you balance. Make sure you maintain good posture (do not over-arch your lower back). This exercise helps to strengthen the abdominal, lower back, gluteal and hamstring muscles.

Video: http://youtu.be/fK_xUE3OKIE

Hold x 3-5 seconds and repeat 5-10 times

3. Single Leg Bridge (week 4-6), every other day:



Lie flat on your back with your arms by your side, and with your knees bent. Squeeze your bottom muscles and lift your back upwards and straighten one leg. Make sure you maintain good posture (do not over-arch your lower back) and contract the deep abdominal muscles by squeezing your tummy towards your spine. This exercise helps to strengthen the abdominal, lower back, gluteal and hamstring muscles.

Video: <http://youtu.be/x-b9yvFzLqk>

Hold x 5 second and repeat 2 x 10 times

4. Squat with Band (week 4-6), every other day:



Place your feet shoulder width apart, or just outside shoulder width. Tie an exercise band around your ankles keeping it quite tight. Slowly bend your knees to go into a squat position. Maintain a good curve in your lower back and control the squat making sure your knees do not drop inwards. When you have gone as low as feels comfortable, push upwards through your legs to straighten your knees into a standing position. Repeat as required.

Video: <https://youtu.be/He8ZbhLIW68>

Hold x 5 second and repeat 10 times

5. 1/2 Squat Single Leg (week 4-8), every other day:



Make sure you have something stable to hold on if you need. Stand on one leg and bend your knee to the 1/2 squat position. Make sure when you squat you keep the middle of your kneecap in line with the middle toes of your foot. Do not let your knee drift off to one side. Also keep your hips and pelvis level as you squat, so you go down in a straight line. Be careful not to slump forwards as you squat, maintain good posture.

Video: <http://youtu.be/IZzdJo-rDXI>

Hold x 5 second and repeat 10 times

6. Sidewalk with Band (week 7-8), every other day:



Wrap a band around the lower part of your legs, above your ankles. Step to one side and repeat as required. Make sure that your toes are pointing forward. You can repeat both sides if required.

Video: <https://youtu.be/owcmPqkhAO4>

2 sets of 10 times

7. Lunge (week 7-8), every other day:



Take a step forward and bend the front knee past the vertical. The back knee drops towards the floor. Always keep good alignment: your knee should stay over the 2nd toe of your foot, and never let your knee drop inwards. Only go as far as feels comfortable. This is a lower limb strengthening exercise.

Video: <https://www.youtube.com/watch?v=rwUx-zyMiZo>

2 sets of 10 times

Consent

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

Sources of information

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<https://www.rehabmypatient.com/>

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Hand hygiene

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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:

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Caroline Hollands- Lower Limb Advanced Practitioner Physiotherapist

Leonie Prowles - Lower Limb Advanced Practitioner Physiotherapist

The directorate group that has agreed this patient information leaflet:

Community Health and Integrated Care

Next review date: May 2027

Responsible clinician/author: Caroline Hollands- Advanced Practitioner Physiotherapist

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