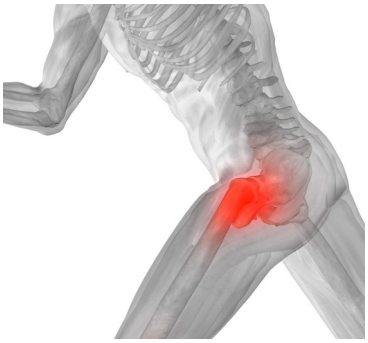
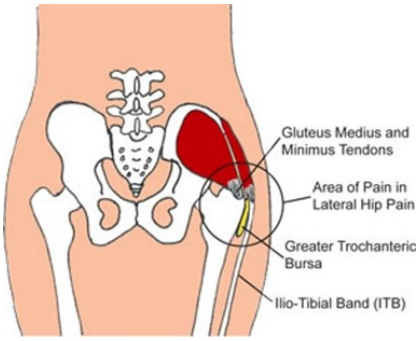


OW, MY ACHING HIP!



Amira Ranney, PT Pivot Physical Therapy

While there can be several causes of lateral (side) hip pain, gluteal tendinopathy is thought to be one of the primary causes. It is often referred to as Greater Trochanter Pain Syndrome (GTPS) and has historically been diagnosed as hip bursitis. However, recent research has shown that non-inflammatory tendinopathy of the gluteus medius and/or gluteus minimus muscles to actually be the main source of lateral hip pain, not bursitis. GTPS is the most common tendinopathy in the leg and tends to occur more in women than men by 4:1, especially over age 40.

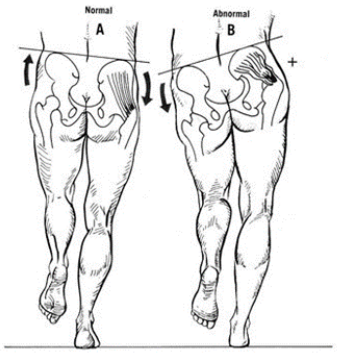
GTPS often affects inactive people but can also be a problem in exercisers and athletes when load, distance and/or repetitions have been increased by too much, too quickly.

Gluteal Tendinopathy presents as moderate to severe pain over outside of the hip, with marked tenderness to touch over this area as well. Pain can travel down the outside of the thigh and to the groin. Pain is typically felt with:

- lying on either side- but worse with the painful side down
- walking – especially uphill (or running)
- standing on one leg
- climbing stairs
- prolonged sitting and the first few steps upon rising from sitting
- first few steps in the morning

Tendons are the tough fibers that connect muscle to bone. Most tendon injuries occur near joints, such as the hip, shoulder, elbow, knee, and ankle. A tendon injury may seem to occur suddenly, but usually, it is the result of repetitive tendon overloading. Tendon health depends on the load the tendon bears on a regular basis. Too much or too little loading can cause problems. Tendons are designed to withstand high, repetitive loading; however, on occasions, when the load being applied to the tendon is too great for the tendon to withstand, the tendon begins to become stressed and can lead to gradual degeneration. Interestingly a tendon that is unloaded can also cause degenerative changes and impair the integrity of the tendon. Therefore, both athletes and those who are not active can suffer from gradual tendon degeneration. Anyone can have a tendon injury, but people who make the same motions over and over in their jobs, sports, or daily activities are more likely to damage a tendon. It is thought that a combination of high tensile and compressive forces to the tendon tend to lead to tendinopathy. Pain is experienced when the weakened tendon is exposed to factors such as a increase in training, taking up walking – especially up hills or starts, or falling and landing on the hip. Sometimes symptoms come on gradually and it may be difficult to identify an exact cause. For instance a gradual increase in body weight with a concurrent decrease in physical fitness over time could lead to onset of tendinopathy. The evidence is growing that tendon degeneration is caused by more that just tendon over or underload. Diabetics, post-menopausal women and men with high body fat percentage seem to be predisposed to tendinopathies and will need to progress their training loads carefully.

Hip gluteal tendinopathy treatment is focused on decreasing compression to the lateral hip tendons. Weakness of the hip muscles, postural habits, and bony structure are factors that can alter proper hip/pelvis/thigh alignment and increase compressive tension on the lateral hip tendons—including the IT Band. When standing on one leg , including walking, it is the primary responsibility of the gluteus minimus and medius, and well as ITB band tendon to hold the pelvis level and stable; preventing the hip from shifting laterally and placing more compression to the outside of the hip. If hip muscles are weak , the hip will often drop to the side in standing, walking and running.



It is important to avoid aggravating activities and return to exercise with a slow gradual increase in load. Rest does not cure tendinopathy, but exercising to the point of pain does not help. Walk on flat ground, but avoid hills and stairs, be aware of your form and alignment in walking, use hiking poles or a cane in walking (in opposite hand from painful side) to unload the hip. Avoid any quick increases in walking distance, or amount of weight or reps of exercises in the gym. If you start using the injured tendon too soon, it can lead to more damage and ultimately take longer to recover.

While most acute tendinopathies can resolve quickly, persisting tendon injuries may take many months to resolve . Long-term or repeat tendinopathies usually have multifactorial causes that will require a thorough assessment and individualized rehabilitation plan. If your hip pain doesn't quickly resolve it is important to rule out other issues that can cause hip pain and it is best to get a thorough exam by your physical therapist or MD.

TIPS TO LESSEN THE LOAD TO YOUR HIP AND DECREASE PAIN

Avoid:

Hanging into one hip

Crossed legs in standing

Crossed legs in sitting

Sitting with knees together

Lying on your side with knee dropped forward

Sitting with knees higher than hips

Stretches that increase compression to the lateral hip tendons—the gluteus medius and minimus- should not be done. This includes stretching the IT Band . Foam rolling to these structures should also not be performed as it causes more compression. Some examples of stretches **NOT TO DO** are shown below.

Be careful of your form in exercise and going up steps or hills. Your hip, knee, and ankle should all be in a straight line.

Incorrect Form:

Correct Form:

Some ways to decrease and prevent pain in sleeping and sitting:

Place a pillow between your knees so that the top leg is in a straight line with your body, not dropped down.

You can also try placing a pillow under your side as well to unload the bottom hip. The pillow is not under your hip. You are making a hole for the hip to drop into.

Sleep on your back with legs apart and some support under your knees.

Lean against a high stool or sit with less of a bent angle in your hip

When sitting hips should be slightly higher than knees and legs apart.