GLUTEAL TENDINOPATHY

Based on Physio Edge podcast 63 with Benoy Mathew @function2fitnes

Bursitis or Tendinopathy?

Trochanteric bursitis is present in only minority of patients (around 20%) with chronic lateral hip pain on ultrasound imaging. The main cause of pain is a combination of pathology involving the gluteus medius and minimus tendons (Long et al. 2013).

Pain is mainly localised around the greater trochanter region but can radiate into the posterolateral hip region, into the groin or down the lateral thigh but rarely below the knee.

Risk factors include female gender, high BMI, excessive hip adduction, weakness of hip abductors and rapid increase in plyometric load.

4:1 female to male ratio

Assessment

Grimaldi et al. (2017) concluded that patients with lateral hip pain who don’t have palpable tenderness over the greater trochanter are unlikely to have gluteal tendinopathy.

Treatment

Education and load management

Holding a dumbbell on the contralateral side, when performing a forward lunge highly activated the gluteus medius (90% MVIC), and is an effective exercise to increase GMed strength (Stastny et al. 2015).

References


Long et al. (2013). Sonography of greater trochanteric pain syndrome and the rarity of primary bursitis.

Stastny et al. (2015). Does the dumbbell carrying position change the muscle activity in split squats and walking lunges?