Recommendations for DEEP GLUTEAL SYNDROME

Based on Physio Edge podcast 63 with Benoy Mathew @function2fitnes

Deep gluteal syndrome describes buttock pain and sciatic symptoms, which are caused by entrapment or irritation of the sciatic nerve within the sub-gluteal space.

Pain presents around the greater sciatic notch and may be accompanied with burning or cramping in the posterior thigh. Patients may also report tingling sensation and motor weakness due to the entrapment of the sciatic nerve.

Suspicion of deep gluteal syndrome should be high in patients who have difficulty sitting for long periods and have not improved with previous treatment of the lumbar spine.

Most common in females over 40 years of age.

Assessment

If lumbar spine assessment does not reproduce the patient’s pain, then it suggests an entrapment at the pelvic level.

When combined, the active piriformis test and seated piriformis test have a sensitivity of 91% for sciatic nerve entrapment in the sub-gluteal space.

Treatment

Educate the patient to reduce sitting time and advise on the use of cushion when sitting on hard surfaces. Male patients should avoid putting their wallet in their back pocket when sitting.

Sciatic flossing and neurodynamic mobilisations should be combined with hands on treatment to relieve local hypertonicity.

Once the irritability has reduced, a graded strengthening programme focusing on hip abductors and external rotators can be started.