

Patient Information Sheet

LATERAL HIP PAIN (also called gluteus medius tendinopathy, previously called trochanteric bursitis)

1. What is it?

It is an injury of the tendon of gluteus medius, a major hip stabiliser. It can be thought of as like a tennis elbow problem affecting the gluteus medius tendon. Tendinopathy is a failed healing response in the tendon.

2. What causes it?

It is caused by dropout of some of the tendon fibres, and irritation of the remaining fibres. The pain comes from chemical messengers in damaged tendon.

3. Symptoms – what you notice

- a. Pain – over the outside of the hip, especially with walking but also lying in bed on the affected side.
- b. Decreased ability to walk for long periods, or climb stairs or hills.

4. Signs – what the doctor finds

- a. Tenderness – over the greater trochanter (a prominence at the top of the femur or thigh bone).
- b. Pain – on trying to move the thigh out to the side, or stand on one leg on the affected side.
- c. Usually there is a full range of hip movement. If there is stiffness of the hip, there may be associated arthritis of the hip.

5. Investigations

Usually none are required to make the diagnosis. However, x-rays and scans may be required to rule out other problems. X-ray may show some calcium deposits in the tendon near its insertion. In rare cases, they may show a fragment of bone that has been torn off (avulsed) by strong muscle action. X-rays can also show joint space narrowing if arthritis of the hip is present. Ultrasound scan can show associated tendon damage (tendinopathy) or a partial tear. In rare cases, they may show a fluid sac (trochanteric bursitis). MRI scan is only required if surgery is being considered. Surgery is rarely needed for this problem.

6. Treatment

- a. Pain relief – simply painkillers like paracetamol or anti-inflammatory tablets (e.g. Nurofen or Voltaren) are often helpful.
- b. Ice massage or Voltaren emulgel applied over the affected area can sometimes help.
- c. Avoidance of prolonged walking or lots of stairs is usually useful.
- d. The mainstay of treatment is a series of progressive strengthening exercises to build up the gluteus medius and other pelvic stabiliser muscles. These are started under the supervision of an experienced physiotherapist, and then you continue them at home.
- e. Occasionally a cortisone injection can be helpful. To get the full benefit from the injection, you need to do the physiotherapy exercises to build up the stabiliser muscles.
- f. Surgery is rarely required, unless a major tear is present.

7. Recovery time

Average recovery time is 2-3 months, but it can take longer.

8. Recovery sequence

Step 1 Tablets to settle the pain, minimise provocative activity.

Step 2 Physiotherapy exercises to improve pelvic stability.

Step 3 If you still have no improvement after two months, it may be worth having an x-ray and ultrasound scan to rule out an associated partial tear of the tendon.

Step 4 Consider a local cortisone injection.

Step 5 As your symptoms settle, build up the power and endurance of your hip stabiliser muscles.

Step 6 Keep doing a maintenance programme to keep the muscles strong.