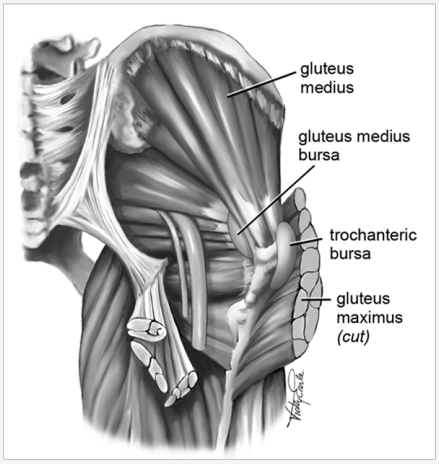
Anatomy



- Glut med originates on the iliac crest
- Minimus originates on the centre of the iliac surface
- Both attach to the greater trochanter
- Both act as hip abductors and internal rotators, posterior fibres act as external rotators
- When torn, ischemia, failed healing, matric degradation, diminished load-bearing capacitiy

Risk Factors

- Excessive tension and compression
- Repetitive, ballistic, high-force , eccentric gluteal contractions
- Inequal leg length
- Alteration in femoral neck
- Obesity
- Usually presents in 2nd half of life
- Females
- Lower extremity/lx dysfunction

Presentation

- >40 year old
- Insidious, persistent lateral hip pain
- Radiates into buttock and lateral thigh
- Walking, climbing stairs, hills, standing on one leg and prolonged sitting
- Night time pain common
- Usually no leg numbess/pain beyond knee
- TTP over greater trochanter (posterior aspect = glut med involvement, anterior = glut minimus)
- Hypertonicitiy of hip adductors, psoas, TFL, gluteal and lumbar muscles
- Glut max and ITB should be palpated (compresses gluteal tendons)
- Limited hip ROM - pain upon passive adduction or external rotation
- RROM painful in abduction

Presentation (cont)

- +ve Obers
- +ve Treledenberg, single leg squat
- Lateral trunk flexion over stance leg
- Knee adduction, hyperpronation, contralateral arm abduction

DDx

- OA
- RA
- FAI
- Lx radiculopathy
- Mechanical LBP
- SI Dysfunction
- Meralgia paresthetica
- Piriformis syndrome
- iliopsoas tendinitis/tendinopathy
- Labral tear/injury
- Fibromyalgia
- AVN
- Stress f#
- Primary/secondary bone tumour
- Soft tissue neoplasm
- Visceral somatic referral - GI/GU
- **Children:** SCFE, LCP, infection, primary neoplasms

Imaging

- Usually not indicated, unless:
- Unreponsive to treatment
- Severe pain
- Inability to bear weight
- Limited passive mobility
- MRI for labral tears, soft tissue abnormalities
- US gold standard

Management

- Avoid "hanging on one hip" and sitting/standing with legs crossed
- Avoid prolonged sitting, spread knees out when getting up of a chair
- Avoid side lying postures
- Place pillow between knees
- Athletes should temporarily avoid long distance/fast paced running, hill climbing and plyometrics, consider cycling and water based exercise
- Avoid running on banked, wet, icy surfaces
- Pts with Narrow based gait should widen their legs
- Weight reduction if overweight
- TFL/ITB in hip adduction
- Clam exercises
- Change in nighttime pain as a guide for advancing/retreating exercise intensitiy
- High tensile load exercises should not be performed >3 x a week
- Single leg stance, single leg squats, glut squeezes, bridging, side planks, lunges, band walk, side steps, clam exercises
- Start with frontal plane exercises - sitting to standing
- Hip hinging, squatting to limit hip internal rotation
- Orthotics
- SMT/Mobilisation of LS + lower mechanical chain
- Myofascial release of Glut med/min
- Consider surgery if no improvement

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