Managing Gluteal Tendinopathy- Exercises to aid recovery

Isometric Hip Abduction with Band



- Lying flat on back, with TheraBand placed around knees, push legs out against the resistance.
- When you feel tension in the resistance band, hold for 10 seconds.
- Repeat 6 times.
- Perform 2-3 times a day.

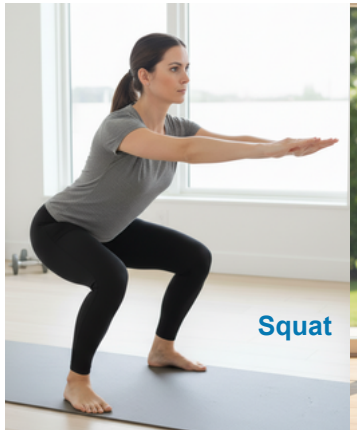
Double leg Bridge

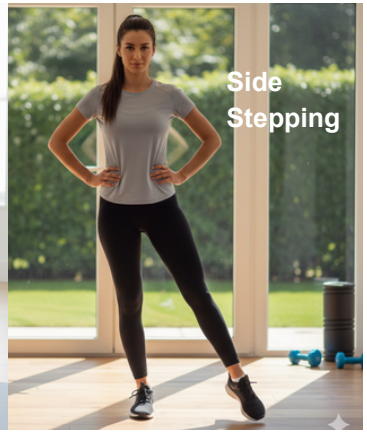


Sitting position. Lying flat on back, bend both legs so that feet are flat on the surface you are lying on.
Gently, and in a controlled fashion, lift the buttocks in the air. Slowly lower back to starting position.
Repeat 10 times.
Perform 2-3 times per day.

Squat

- Feet parallel and shoulder width apart, putting load on both legs.
- Bend at hips and knees as if going to sit in a chair placed behind you.
- Then stand up straight ensuring proper control of hip, knee and ankle joints.
- Repeat 10 times.
- Perform 2-3 times per day.





Side Stepping

- Step leg out to the side away from the body.
- Then step back, bring your foot back to the starting position.
- Ensure proper control of the hip, knee, and ankle joints throughout movement.
- Repeat 10 times
- Perform 2-3 times per day.

For further information, contact the Physiotherapy Department

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Information for patients about Gluteal Tendinopathy (GT)

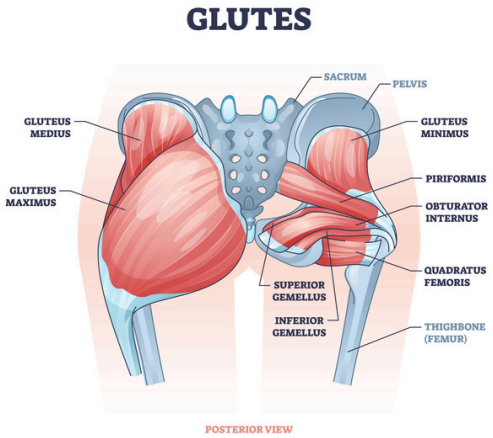


Helpful Information, Advice and Exercises

nohc.ie

What is Gluteal Tendinopathy (GT)?

Gluteal tendinopathy is a term used to describe pain around the outside of your hip. You may also hear it referred to as 'Trochanteric Bursitis' or 'Greater Trochanteric Pain Syndrome' as the condition often involves these tissues. It can cause pain on the outside of your hip that may travel down the outer side of your thigh. Although the word 'bursitis' suggests there is inflammation, most research shows that there is usually little to no inflammation. It is a relatively common condition among people aged 40 to 60, particularly in females.



Useful Resources:

jointpain.ie

hippainhelp.com

What causes Gluteal Tendinopathy?

The cause of GT is not always clear, but it may be due to a combination of factors.

- Tendons connect our muscles to bone. GT occurs when the tendons (specifically gluteus medius and gluteus minimus) on the outside of the hip are irritated and deteriorate over time. This can be due to over-use or excessive load on the tendons e.g. you do a lot more walking than usual. The tendons may also deteriorate if there is not enough load e.g. we become more in-active.
- A fall where we land on the side of the hip could lead to symptoms.
- The tendons can be compressed or irritated in various positions e.g. the leg moving across the midline of the body.

Am I at Risk of developing Gluteal Tendinopathy?

You are more at risk of developing Gluteal Tendinopathy if you are:

- A female aged between 40-60 years
- Peri or post-menopausal
- A smoker
- A diabetic
- Obese or overweight



What are the common symptoms?

- An ache around the outside of your hip
- Pain down the outside of your thigh as far as the knee
- Pain lying on your affected side
- Pain walking uphill or on stairs
- Pain standing on one leg
- Pain after getting up from sitting

Managing Gluteal Tendinopathy- Helpful tips to aid recovery

- Rest will not cure tendinopathy so keep walking. You may need to make your walks shorter, flatter and slower.
- Avoid crossing your legs
- Sleeping with a pillow between your knees can reduce compression on the gluteal tendons
- Heat or ice to the affected area can give relief- remember to always protect your skin and apply for 15-20 minutes at a time
- Being a healthy weight can reduce load and improve tissue health
- Stand with feet apart and equal weight in both feet. Avoid standing with legs crossed or 'hanging' on one hip
- Perform gradual loading exercises for your gluteal muscles
- It is OK to feel some pain during exercise.Talk to your doctor if you are struggling/require oral pain medication

Managing Gluteal Tendinopathy- Helpful tips to aid recovery

How long will it take to get better?

- This condition can take several months or longer to improve
- The good news is that 5 out of 10 cases will improve in a year with no intervention
- The following exercises may be beneficial, please seek guidance from a physiotherapist if not improving