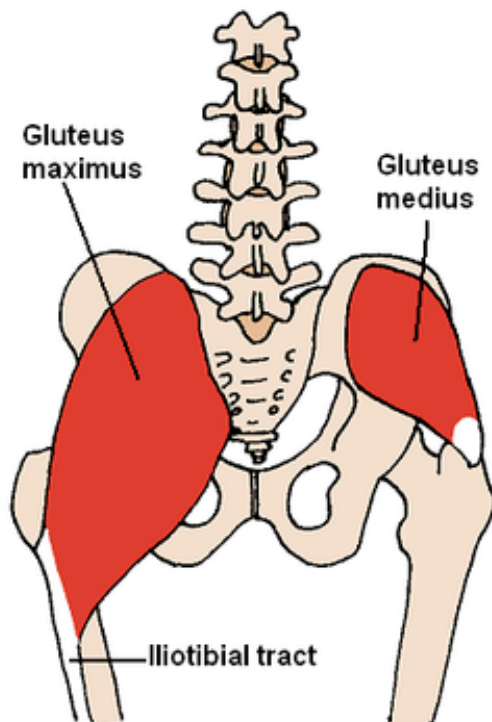


## GLUTEUS MEDIUS TENDINOPATHY

One of the most common causes of hip pain is inflammation and degeneration of the glute med tendon and associated bursae. The Glute med (gluteus medius) is a deep hip muscle on the lateral aspect of the hip, that functions to stabilize the hip and control hip motion, particularly in weight bearing.



The muscle has a bursa, (a bursa is a small sack of fluid which is usually positioned in between a bone and a muscle or tendon) which acts to prevent friction between the bone and overlying soft tissue. There are 2 main bursae around this area of the hip, underlying the glute and associated hip muscles at their attachment into the greater trochanter, a bony bump on the side aspect of the hip. High running volumes can lead to repetitive friction from the overlying muscles and tendons, causing both the tendon and the bursa to become inflamed, swollen and painful.

### SYMPTOMS:

- Pain on the outside of the hip which is worse during activities such as running, climbing stairs or getting in and out of a car
- Pain which gradually gets worse, and often causes pain at night time.
- Pain when laying on that side of the hip
- Pain which radiates down the outside of the thigh.

#### CAUSES:

- Most cases of bursitis are due to biomechanical abnormalities. These include:
- If you over pronate then you are more susceptible to this injury as the knee falls inwards, increasing the angle at the hip, putting more load on the lateral hip muscles.
- Weakness in the hip abductors, especially gluteus medius has the same effect.
- Tight structures surrounding the hip such as the ITB, hip flexors and hamstrings as this causes biomechanical inefficiency and increased strain on the hip stabilizers.
- Women are more susceptible due to a naturally increased angle between the hip and the knee, therefore increased load on the glute med and other hip stabilizers.
- A bony spur - a small excess growth of bone which can aggravate the bursa/ tendon

#### TREATMENT:

- Rest from aggravating activities
- Apply ice to the area.
- anti-inflammatory medication such as e ibuprofen or voltaren
- sometimes ultrasound +/- XRAY and MRI can be necessary to rule out a bony spur and identify the problem bursae, often there is associated tendon degeneration (tendonitis)
- Physiotherapy/ soft tissue therapy to help correct muscle imbalances
- Orthotics may help to correct foot biomechanics.
- A steroid injection followed by rest may help to settle the acute symptoms
- Surgery can be required if the injury is allowed to progress too far beyond conservative/ rehabilitation.