

Hip soft tissue injury (gluteal tendinopathy or bursitis)

Information for patients

This leaflet will provide you with some simple information and advice on how to manage a soft tissue injury to your hip. If you have any queries or concerns please contact your GP.

What is a gluteal tendinopathy?

A gluteal tendinopathy is a common injury that occurs on the outside of the hip or buttock. This discomfort can be down the outside of the thigh to the knee. Tendons act as a bridge between muscle and bone; they assist in helping the muscle move the bone in a specific direction. These tendons can become painful when they are irritated by an abnormal load.

Mechanism of injury

A tendinopathy can happen when there is a sudden change in activity or if there is an underlying weakness in the local musculature. If the load on a tendon suddenly changes (either too much or too little), the tendon can react causing pain. A gluteal tendinopathy affects 10% to 25% of the population and is three times more common in women than men. This is due to women's hips generally being wider, increasing the force on the gluteal tendon.

Symptoms

Pain can be ongoing for 3 to 6 months, and be down the outside of your thigh to the knee, your groin, lower back or buttocks. Pain can often be worse going up and down stairs, lying on your side or crossing your legs. You may also have some stiffness within the hip for the first few steps after being sat down.

Management

- **Ice:** a cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short-term pain relief. Apply this to the sore area for up to 15 minutes, every three hours and up to four times a day, ensuring the ice is never in direct contact with the skin.
- **Relative rest:** reduce activities that are making your symptoms worse, for example, the amount of time you spend on your feet.
- **Painkillers:** pain relief can help manage the discomfort in the short term. Normally painkillers bought from a pharmacist will work. If you have any questions please speak to a pharmacist.
- **Exercise:** you should complete specific exercises that aim to increase the strength of your hip; this will help you return to activities. Please see below for suggestions of a graded exercise programme.







Follow-up

You do not routinely require physiotherapy for this type of injury, most find they improve with time and simple exercises. If your hip pain does not improve after 6 to 12 weeks then you may benefit from physiotherapy, we recommend you contact your GP to refer you to your local physiotherapy department.

Healing

This type of injury can take approximately 3 to 6 months to resolve.

Please follow the Management/rehabilitation plan shown below:

Things not to do	Things to do
<p>X Crossing your legs</p> 	<p>✓ Stand or sit with wide stance</p> 
<p>X Hanging on your hip</p> 	<p>✓ Sleep with pillow between your knees</p> 
<p>X Lying on the affected side</p> 	<p>✓ Sit down to dress your lower half ✓ Being a healthy weight can improve tissue health and reduce load ✓ Apply heat to area to provide pain relief ✓ Gradual loading for the gluteal muscles (see exercises below)</p>
<p>X Stretch the gluteal muscles</p>  <p>X Sitting on low chairs X Excessive stairs use</p>	

Stage one (3 to 4 times a day):

Isometric static abduction in supine:



Lie with a pillow under your knees and a belt fastened just above your knees, ensuring your knees are slightly wider than your hips. Slowly push your legs out against the resistance of the belt.

Hold for 5 to 10 seconds, 5 to 10 repetitions, 1 to 2 sets, twice daily.

Standing hip abduction:



Stand with feet slightly wider than your hips.

Keeping feet stationary, imagine pushing your feet out to the side or doing 'side splits', putting pressure into the outer part of your shoe.

You should feel the muscles deep in your buttocks contract, placing your hands on the buttocks may help you feel the contraction better.

Hold for 5 to 10 seconds, 5 to 10 repetitions, 1 to 2 sets, twice daily.



Double leg bridge:



Lay on your back with knees bent, feet flat and lower back flat against the bed.

Contract your buttock muscles, slowly, with control raise your hips up off the bed as far as is comfortable, and then slowly lower.



You should aim to count 3 seconds on the way up and 3 seconds on the way down.

Aim to complete 8 repetitions, 3 sets daily, or until you feel fatigued.

Stage two:

Once you can easily complete the above exercises, below are some examples of what you can move onto next.

Offset bridge:



Lay on your back with knees bent, feet flat and lower back flat against the bed; have your affected leg slightly closer to your buttocks.

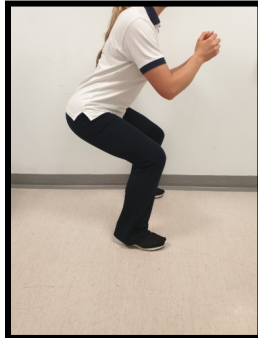
Slowly contract your bottom muscles, pushing down more through the heel of your affected leg to raise your hips off the bed, ensure you are keeping your hips level throughout.



You should aim to count 3 seconds on the way up and 3 seconds on the way down.

Aim to complete 8 repetitions, 3 sets daily, or until you feel fatigued.

Squat:



Standing with feet hip width apart, slowly stick your bottom out behind you and lower down into squat position.

Lower yourself down as far as feels comfortable and then slowly stand back up.

When squatting try not to have your knees too far over your toes or drifting inwards together.

Aim to complete 8 repetitions, 3 sets daily, or until you feel fatigued.

Stage three:

Single leg bridge:



Place the heel of your affected leg on the bed with the knee bent, keep the opposite knee straight and have it pointing away from you.

Slowly pushing up through the heel of the affected leg, raise your hips up off the bed as high as comfortable, then slowly lower.

Aim to complete 8 repetitions, 3 sets daily, or until you feel fatigued.



Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 3601

Email: kch-tr.palsdh@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.