



# Gluteal Tendinopathy

What are your treatment options?

Gluteal tendinopathy is a common condition that causes lateral hip pain, with one in four women over fifty years likely to be affected. Corticosteroid injections are commonly used for short term pain relief, but the long term outcomes (beyond eight weeks) are poor.

The long term impacts of untreated gluteal tendinopathy are the same reduced quality of life and disability associated with severe hip osteoarthritis.

Below, we outline how to recognise the symptoms of gluteal tendinopathy and explore some alternative treatment options, and their long term outcomes for patients.

## Gluteal Tendinopathy Symptoms

- Moderate to severe hip pain that can extend down the outside of the leg to the knee.
- Pain and tenderness that starts in the greater trochanter and can radiate into the lower back and groin.
- Pain can feel worse with single load actions such as climbing stairs and walking.
- Increased pain at night, particularly if patients sleep on their side, resulting in disrupted sleep patterns and tiredness
- Pain with actions that require an active hip extension, like sitting to stand (such as getting out of bed in the morning)

## What are the Treatment Options?

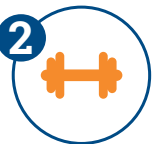
A recent randomised clinical trial investigated three options to determine which treatment offered patients the best long-term outcome. The trial ran for six months with 204 participants aged between 35 and 70 who had been diagnosed with gluteal tendinopathy and had lateral hip pain for more than three months.

## Study Treatments



### Corticosteroid Injections

The corticosteroid injections were administered under ultrasound guidance in the form of 1mL Celestone (betamethasone 5.7mg/mL) or 1mL Kenacort A40 (triamcinolone acetonide 40mg/mL) and local anaesthetic (2mL bupivacaine or 1mL Marcaine).



### Education and Exercise

The education and exercise treatment involved 14 individual sessions over 8 weeks with a physiotherapist, where participants were educated on tendon care and received a home exercise program to strengthen hip abductor muscles.



### Wait and See Approach

The wait and see approach involves attending one session with a physiotherapist and receiving general information about gluteal tendinopathy and advice that the condition resolves over time.

## Outcomes

After 52 weeks, the education and exercise approach resulted in higher rates of patient-reported global improvement and lower pain intensity than no treatment at eight weeks.

At the 52-week follow-up, education and exercise led to better improvements than corticosteroid injection use. The trial results indicate that an education plus exercise intervention is a cost-effective alternative to both wait and see and corticosteroid injection for persistent gluteal tendinopathy.

This suggests that an education and exercise approach is the best treatment approach to ensure long-term outcomes and quality of life for gluteal tendinopathy patients.



## Summary

Gluteal tendinopathy is a serious injury that can have severe long term consequences for patients if not treated properly. The most effective treatment is an education and exercise approach, which is why it is advisable to refer patients to physiotherapy as the first port of call.

As with most injuries, the earlier these patients present to physiotherapy, the less likelihood of long-term irreversible damage done. Our team has the knowledge and skills to help your patients find a pain-free life.

Contact us to find out more about how we can help your patients reach their potential.

(02) 9774 2530



## References

- Williams BS, Cohen SP. Greater trochanteric pain syndrome: a review of anatomy, diagnosis and treatment. *Anesth Analg* 2009; 108:1662-70. doi: 10.1213/ane.0b013e31819d6562
- Fearon AM, Cook JL, Scarvell JM, Neeman T, Cormick W, Smith PN. Greater trochanteric pain syndrome negatively affects work, physical activity and quality of life: a case control study. *J Arthroplasty* 2014; 29:383-6. doi:10.1016/j.arth.2012.10.016
- Mellor R, Grimaldi A, Wajswelner H, et al. Exercise and load modification versus corticosteroid injection versus 'wait and see' for persistent gluteus medius/minimus tendinopathy ( the LEAP trial): a protocol for randomised clinical trial. *BMC Musculoskelet Disord* 2016; 17 : 196. doi:10.1186/s12891-016-1043-6
- Rio E, Kidgell D, Mossley GL, et al. Tendon neuroplastic training: changing the way we think about tendon rehabilitation: a narrative review. *Br J Sports Med* 2016; 50:209- 15. doi:10.1136/bjsports- 2015-095215