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# Gluteal Tendinopathy (GTPS)

2024

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# Gluteal tendinopathy

Issued by the Orthopaedic Department

**This leaflet tells you about gluteal tendinopathy and greater trochanteric pain syndrome, please read it thoroughly.**

## What is the issue?

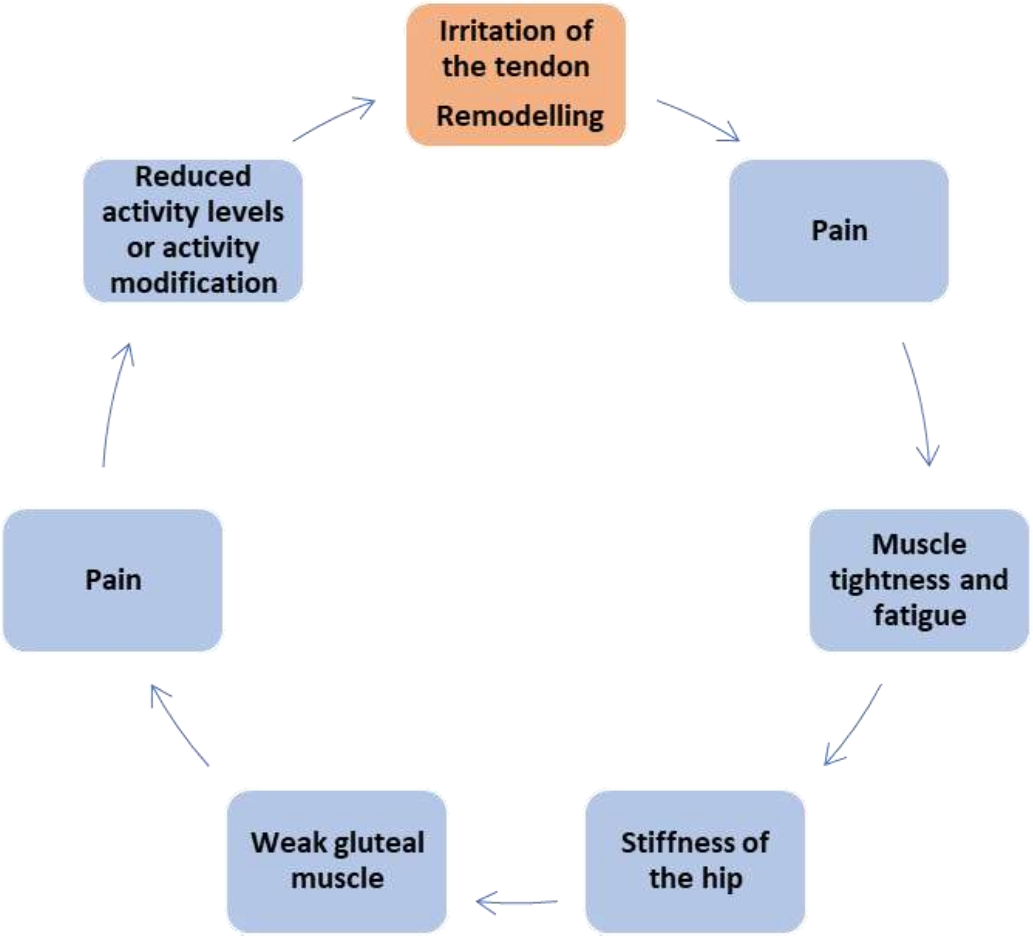
In the past it was thought that pain over the side of the hip was related to bursitis (inflammation of a fluid sack). Extensive research has shown this pain is more related to gluteal tendinopathy (an irritation and overload of the buttock muscle tendons which join the muscles to bone).

The gluteal muscles (buttock muscles) serve a key part in our daily function, helping us to perform tasks like standing, running or jumping. These muscles run from the pelvis into the large bone you can feel on the outer hip (greater trochanter).

During our normal daily activities, we stress and load the tendons around the body. Normally with gradual and steady load, our tendons can stay healthy or get stronger.

However, when we overload or compress our tendons the tendon can become weaker and painful.

If this continues the tendon becomes less able to manage the pressure placed upon it. This results in Gluteal tendinopathy and the pain symptoms you are experiencing.



**The information held in this booklet will hopefully give you an insight into the condition and its management, as well as helping to highlight how our physiotherapists can help you recover.**

## How common is gluteal tendinopathy?

Gluteal tendinopathy is three to four times more common in women than men aged over 40. can affect a wide range of people of varied ages. Research shows that 23.5% of women and 8.5% of men between 50 and 79 suffer from this condition.

Gluteal tendinopathy tends to affect people who are less active. However, it can also be found in runners and middle / older age social exercisers. This is especially a case in those who become involved in more vigorous exercise than they are used to over a short time period. Younger people who have weak hip muscles or underlying hip joint issues can also develop gluteal tendinopathy.

## What are the symptoms?

Gluteal tendinopathy usually appears as pain over the bone on the side of the hip (greater trochanter) and can spread down the outer part of your thigh towards the knee or into the buttock itself.

The pain can be debilitating and tends to get worse over time as the tendon becomes less adaptable to load.

The hip can become stiffer making it difficult to extend the hip when rising from a chair or single leg stance activities.

During the day pain is activity related with most people noticing increased pain when active doing the stairs, walking and standing. The pain can also become worse at night leading to disturbed sleep, especially when lying on the hip.

## What causes gluteal tendinopathy?

Despite overload of the tendon being the main cause of gluteal tendinopathy. There are other factors which lead to the problem.

There are three categories:

**Joint position**

As in this picture a ‘hip hanging’ or ‘model’ stance.

Sitting in a low chair or sitting with your legs crossed or knees together.

Carrying a child on your hip.

An increased leg length difference.

Being overweight.

Excessive loading or varied and rapid increases to your physical activity levels, large changes in distance, speed and / or the intensity of training sessions can cause the onset of pain.

## Muscle force

In standing, the hip uses two muscle partnerships to help it to stabilize.

Trochanteric abductors (provides 70% stability) and Iliotibial band (ITB) tensioners (provides 30% stability).

Weakness in the abductors means a reliance upon the tensioners. This leads to compression over the gluteal muscle tendons which generates pain.

## Bony factors

Hip joints with a low neck angle (pointing level or slightly upwards into the joint) known as Coxa vara can increase the risk of developing gluteal tendinopathy.

This causes the Iliotibial band to have further to travel around the bone on the side of your hip. When this happens, it causes more compression over the muscle tendons. This cause is more common in women because their hips are wider.

## How do you manage this problem?

A physiotherapist is very well placed to assess you and provide tailored exercises and other helpful treatments. They can answer your questions, and explain your issues in greater detail. This will help you to understand why you have hip pain, what factors caused your pain and how to change your activity to improve your pain and aid recovery.

A study called the 'Leap Study' published in the British Medical Journal found:

- A targeted exercise and education program resulted in 77% improvement after 8 weeks.
- A single cortico-steroid injection resulted in 58% improvement after 8 weeks.
- A wait and see approach resulted in 29% improvement after 8 weeks.

This shows that a good education and physiotherapy exercise program is key to improve this issue. A gradual build-up of exercise and correct management of load can reduce pain, improve tendon strength and function, giving you the tools to start living a normal life. This is also true for those with in toeing (bringing your feet across to your midline toes pointing slightly inward).

## What you can do to help?

Activity changes – cut down on the daily activities which increase your hip pain into smaller chunks.

Being a healthy weight is very important to reducing further flare ups. High cholesterol levels can cause reduced tendon health, so keeping a healthy low cholesterol and saturated fat diet is very important. Keep up a level of exercise that you are able to manage with manageable levels of pain (below 4/10) e.g. low impact cardiovascular fitness like swimming pool walking or upper body exercises.

Smoking has been shown to negatively affect the health of tendons and their ability to heal, stopping smoking will definitely help.

Try sleeping on your back or on your sides with a pillow or two between your knees to keep your thighs level and legs equally apart.

## Try NOT to:

- Stretch across your body
- Stand with crossed legs
- Stand with weight shifted to one leg / do not carry a child on your hip.
- Stretch your ITB (bottom left)
- Sit crossed legged
- Sit with knees together, feet apart.
- Sleep on your side - painful leg pulled in front

## What are the treatment options?

**Pain management –** The first step is to get the pain under control, through a reduction of load / strain across the tendons to a level that sparks recovery. Physiotherapists don't often get people to stop / avoid activities altogether, instead activities are modified or reduced to levels the body can manage at that time. However, stopping activities like those you have just read about will help at this stage.

**Strength –** Starting with basic exercises to improve the strength of the gluteal tendons and pelvic / core control is important at the beginning of the recovery process.

**1 Set / 5 Reps / 15 s hold**

**Tie a theraband around your thighs.**

**Lie on your back with both knees bent over a pillow hip width apart.**

**Tighten your bottom and press out into the band.**

**Move your feet 2 inches wider than your hips.**

**If you have no band perform the next exercise instead.**

**Hold up for 15 seconds, lower, rest 30 seconds and repeat x 3-5**

**Lie on your side pillows between knees.**

**Keep your body in line and pelvis pointing forward.**

**Raise pressure away from the pillow 3-4 inches.**

**Slowly lower to the starting position.**

**Can be done with a bent top knee if easier.**

**3 Sets / 10 Reps**

**Lie on your back with your knees bent, feet flat and legs hip distance apart.**

**Keep your tummy tight and raise your bottom up until you have a straight line between your shoulders, hips and knees.**

**Hold for a few seconds before slowly returning to the starting position.**

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|---|---|
|  <br>**2 Sets / 10 Reps** | **Sit on a heightened surface, such as a stool/dining room table. With feet hip distance apart and pointing forward.**<br><br>**Stand pushing the floor away with your heels.**<br><br>**Slowly sit back down.** |

## Load management, functional strength and return to activity

Progress can be made once pain is under control and load tolerance improved in the gluteal muscles. A move towards weight bearing exercise and functional strength-based exercise can be made at this point before progression to normal activity.

Gluteal tendinopathy is a complicated condition that needs management based on exercises specific to you. Using the advice set out in this booklet our physiotherapists can help you to improve this issue.

People that complete the appropriate rehabilitation programme will be slowly return to a more normal level of activity with reduced pain. However, those people hoping to return to running or sport, may require more phases of rehabilitation including movement retraining, higher level strength and conditioning, power and plyometric training.

## What if this doesn't work?

Steroid injections are sometimes used to help you carry out daily activities and rehabilitation more comfortably. Injections are only offered alongside physiotherapy. However, they are not suitable for every patient. They may also only provide short-term pain relief with little long-term effect.

There are also risks involved with soft tissue injections and they should be discussed with the treating physiotherapist.

## Useful telephone numbers

If you need to discuss your appointment please contact your consultant, their details will be on your appointment letter.

If you need to speak to someone on the day of your appointment please contact the day unit where you are due to attend:

| | |
|---|---|
| Alnwick Hospital | (01665) 626791 |
| Hexham Hospital | (01434) 655316 |
| North Tyneside General Hospital | (0191) 293 2548 |
| Wansbeck General Hospital | (01670) 564169 or (01670) 564170 |

# Notes

## Healthcare Travel Costs Scheme (HTCS)

You may be able to claim a refund of some travel costs under this scheme. For more information visit the NHS website:
www.nhs.uk/nhsengland/healthcosts/pages/travelcosts.aspx

## Alternative Formats

If you would like a copy of this information in large print, easy read, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

British Sign Language users can use InterpretersLive! a service provided by Sign Solutions. This helps Deaf people to access BSL interpreters, and other communication professionals at any time. More information can be found on our website or by scanning the QR code to the left.

## Other sources of information

### NHS 111

### NHS Choices
www.nhs.uk/pages/homepage.aspx

### NICE (National Institute for Health and Clinical Excellence)
www.nice.org.uk

### Patient Advice and Liaison Service (PALS)
Freephone: 0800 032 0202
Text: 07815 500015
Email: northoftynepals@nhct.nhs.uk

### Northumbria Healthcare NHS Foundation Trust
General Enquiries 03 44 811 8111
www.northumbria.nhs.uk

PIN 1007/V1

Review date: January 2026

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