

Lateral Hip Pain



A L C H E M Y
I N M O T I O N

Risk Factors

Females 2x more likely than males

Menopause - reduction in estrogen increases deterioration in muscles and tendons which compromises how much load the hip can tolerate

Ageing - age related atrophy in gluteus medius / minimus

Rapid increase in walking / stair climbing

Prolonged side lying (i.e after an operation)

High BMI

Management Options

Conservative Physiotherapy

Physio involves progressive gluteal strengthening exercises and education including:

- Reduce climbing stairs / hills / hip adduction across midline
- Avoid sitting with legs / ankles crossed
- Equal weight bearing when standing
- Avoid side lying on affected side and have a pillow between knees

Corticosteroid Injections

Short term pain reduction at one month

At 15 month follow up - exercise more beneficial to pain and function than injection alone

Imaging

Xray - hip joint integrity. No indication of gluteal tendons or bursa integrity

MRI - gold standard for diagnosis

Ultrasound - first line investigation due to availability, low cost, dynamic nature and ability to guide treatments such as steroid injections

References: See Website

Who to see

KATE KENNEDY - Physiotherapist

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