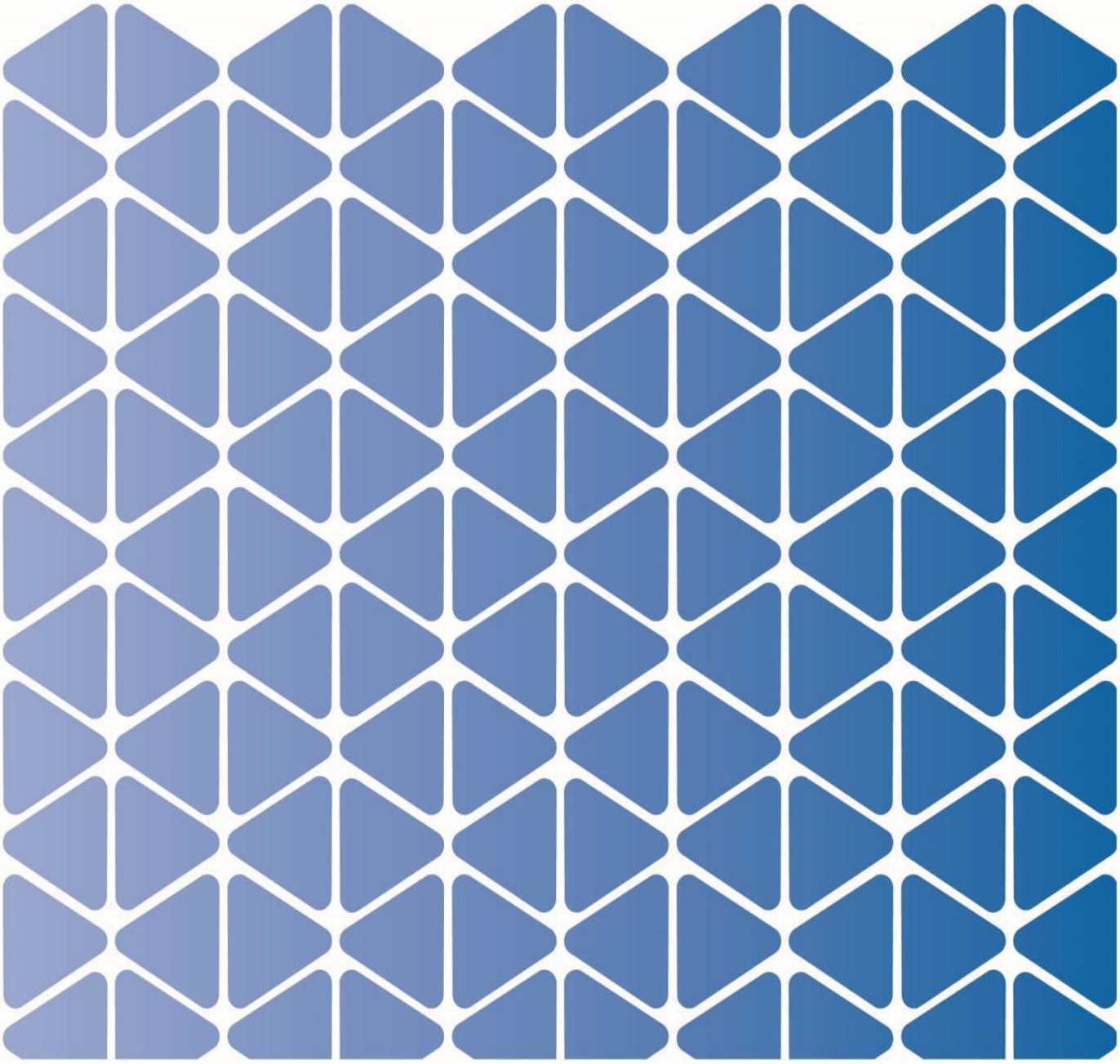
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

Understanding and Managing Lateral Hip Pain



This leaflet will provide you with information and advice about lateral hip pain and how to manage and rehabilitate alongside the guidance of your Physiotherapist. This is the first of two leaflets about Lateral Hip Pain. This leaflet focuses on understanding lateral hip pain and includes advice on how to manage the condition. The second leaflet includes an exercise programme to help treat Lateral Hip Pain.

Understanding Lateral Hip Pain

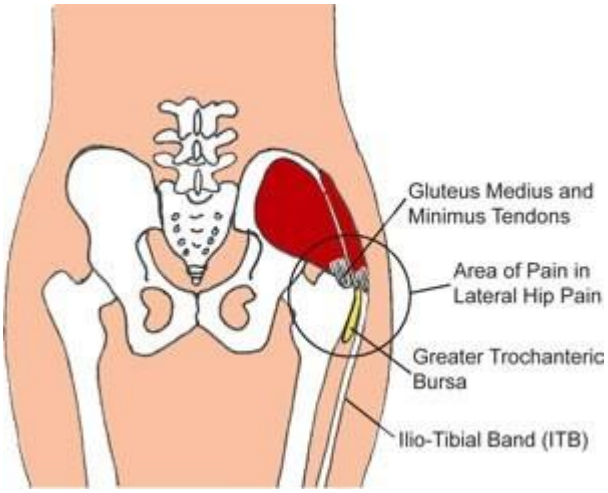
What is Lateral Hip Pain?

Lateral hip pain as the name implies is pain on the outside of your hip, which may radiate down the upper thigh. It has traditionally been diagnosed as 'trochanteric bursitis' but it is now understood to be most commonly associated with gluteal tendinopathy (also known as greater trochanteric pain syndrome or GTPS). Recent research suggests that the primary changes are most likely from the tendons of the small gluteal muscle which is called a tendinopathy. Inflammation of the bursa has been shown in almost all cases to be a secondary finding.

It is a common condition that tends to affects people over the age of 50 and affects women more than men. It can also occur in young people, most commonly running athletes.

What causes it?

There are lots of soft tissue structures including tendons, ligaments, bursae and muscles that support the hip and pelvis, which can contribute to the development of lateral hip pain. The tendons of the muscles gluteus medius and gluteus minimus attach to the thigh bone (Greater Trochanter) at the lateral hip. They sit underneath the iliotibial band (ITB) which is a long band of tissue along the outside of your thigh.



If there is an increase in activity e.g. walking significantly more, this can overload the tendon which can cause pain.

If there is weakness around the muscles that control the hip and pelvis e.g. the gluteals, hamstrings and core muscles, this can affect the way your pelvis moves. This can cause compression of the tendon at the attachment to the hip. Compression is completely normal in that region and the tendons and bursae are good at absorbing normal levels of compression. However, if these structures are exposed to 'higher than normal' levels over long periods of time the structure of the tendon changes and makes it more sensitive to compression. Therefore we need to minimise sustained repetitive or loaded hip adduction (where the leg crosses over towards the other leg) while we progressively load the tendons. This will allow the tendon to adapt to higher loads and the tendon can manage normal forces through the hip, as they could before.

Activities that can aggravate Lateral Hip Pain

- Standing in a ‘hip hang’ position,
- Carrying a baby on your hip
- Sleeping on your side with your top knee lower than your hip
- Sitting with your legs crossed
- Sitting with your feet wide and knees together, and getting up from this position
- Sitting on very low chairs regularly

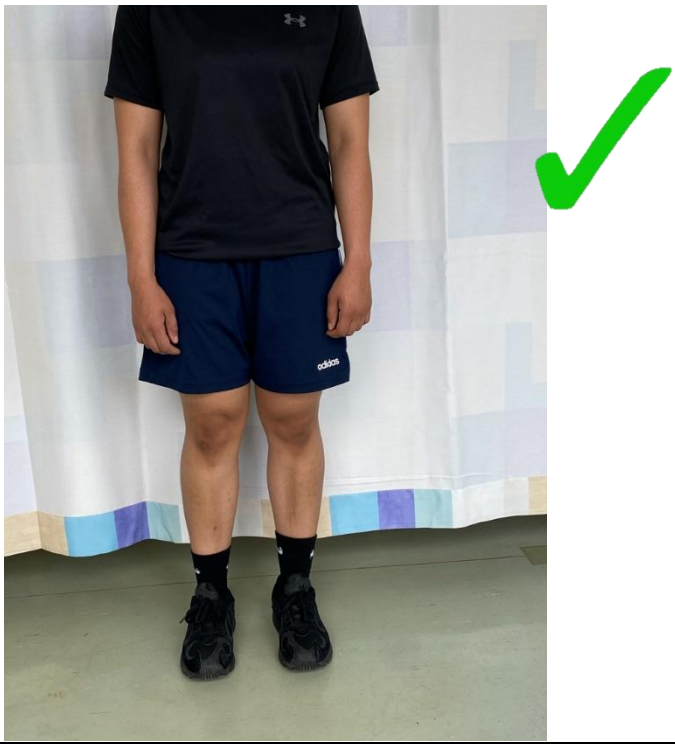
How to Manage Lateral Hip Pain - Load Management

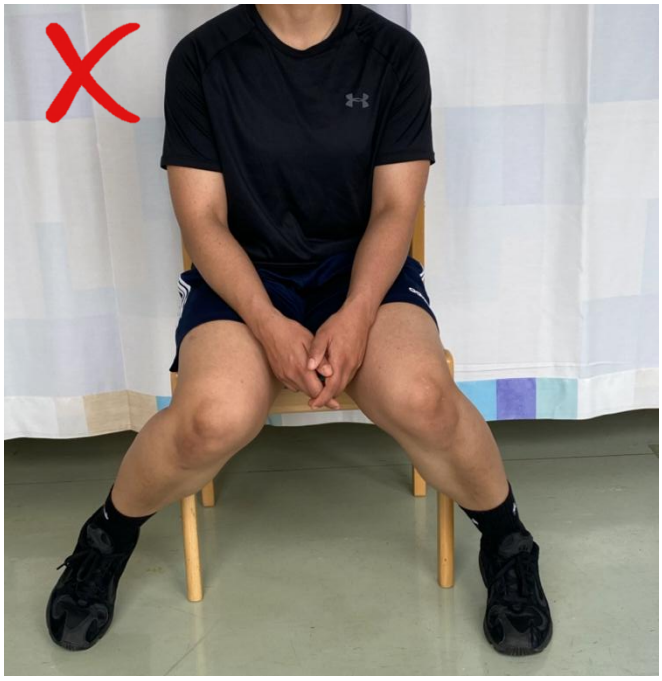
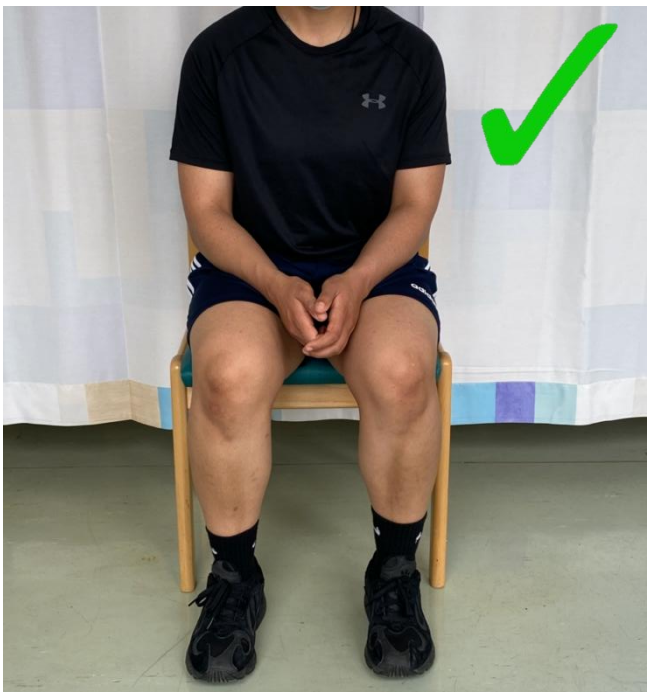
The two key components of managing this condition is **Load Management** and **Exercise Therapy.**

For Exercise Therapy advice, see the leaflet ‘Exercises to Manage Lateral Hip Pain’

Below explains how to minimise movements where you are bringing your hip in to adduction. This is where your foot or knee crosses over the point of your hip towards your other hip. This will reduce the compression on the tendons in the lateral hip while they are sensitive. Once the tendons have been gradually exposed to progressively more load through exercise you will be able to return to these activities but it will take time for the tendons to re-adapt.

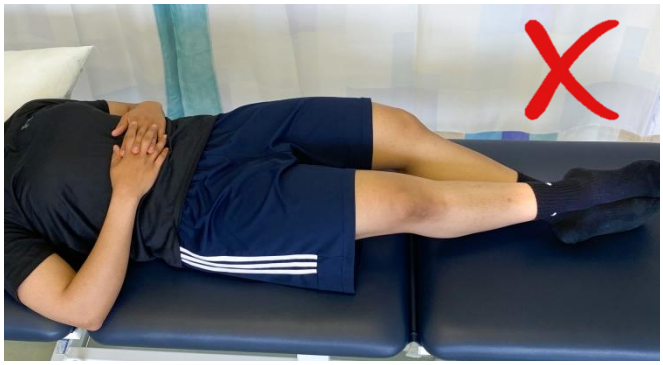
Postural Advice

When standing, avoid ‘hanging’ off one hip.	Stand with feet hip width apart.
	

When sitting, avoid sitting with your legs crossed, your knees together or with your feet up and off to one side.	Sit with hips, knees and feet aligned. Sit on a chair that is a suitable height, so your hips are higher than your knees
	

Sleep Advice

Try to reduce the time spent sleeping on the affected side. If your affected leg is on top, avoid it hanging across your body.	If you lie on your affected side, try rolling slightly further round on to your tummy, support the top leg with a pillow and allow bottom leg to straighten so the weight is further to the front of your thigh.
	

Try to avoid crossing your ankles over whilst lying down.	A pillow underneath your knees may be a more comfortable positon.
	

Stretching Advice

Avoid stretching that brings your knee across your body away from your hip or that push the hip out to the side.	Avoid 4-point glute stretch or ITB stretching.
	

Activity Advice

It is important that you are aware of the positions and activities that can sensitise your pain. These positions and activities aren't damaging however it is the build-up of these sustained and repeated movements that can sensitise the tendon and bring on your pain.

During and after activities and exercise it is important to be aware of your pain levels. Commonly, your physiotherapist will ask you to rate your pain on a scale of 1 to 10. Below is a diagram showing what is an acceptable level of pain to experience either at night or the next day. If your pain level is towards the red end of the scale, you should aim to modify your activity. These aggravating activities won't cause you harm but won't help you recover any quicker.

Night time pain is a good way to measure how your hip is tolerating day time loads. If night time pain increases, the activity of that day or the last few days may have been too high for your tendon at this point in its rehabilitation. This does not mean you need to stop your activities, just modify.

Activity Modification

Ways to modify your walking to desensitise the tendon while you start the tendon adapting exercises:

- Walk more slowly
- Talk shorter steps
- Walk more softly
- Reduce the volume of walking you are doing in a given week
- Avoid hills or stairs if this is and aggravating movement
- Avoid activities with rapid stretch-shortening cycles like burpees, hopping, bounding

How to adapt your activity while the tendon is sensitised:

- Adapt the way you do the stairs – use a rail, make your step slightly wider, lead with your other leg
- Try to avoid sudden increases in the amount of activity you are doing
- Monitor how your body responds to activity using the above scale.
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If you have any questions about the information provided in this leaflet, please speak to your treating Physiotherapist.

For further advice on how to manage Lateral Hip Pain with Exercise, please see our leaflet 'Exercises to Manage Lateral Hip Pain'. The Physiotherapist treating you will help guide you through the most appropriate exercises for you.

Feedback for Inpatient Therapies

Please scan the QR code or follow the link below:

If you have been seen by a Physiotherapist or Occupational Therapist during your admission, please leave us some feedback by scanning the QR code or following the link and filling in the short survey.

https://apps.worcsacute.nhs.uk/PublicSurvey/AHPFeedback

Ward admitted to:_____

Therapy team who treated you: _____

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.