

GLUTEUS MEDIUS SYNDROME

DESCRIPTION

Inflammation and pain at the outer hip caused by strain of the gluteus medius muscle and its tendon attachment to the femur. The gluteus medius muscle attaches the pelvis to the outer hip. This muscle stabilizes the hip with walking, running and jumping, and moving the leg and thigh away from the other leg and thigh. This is usually a grade 1 or 2 strain of the tendon. A *Grade 1 strain* is a mild strain. There is a “slight pull” without obvious tearing of tissue (it is microscopic muscle-tendon tearing). There is no loss of strength and the muscle-tendon unit is the correct length. A *Grade 2 strain* is a moderate strain. There is tearing of fibers within the substance of the muscle-tendon unit in the tendon, muscle or where the tendon meets the muscle or bone. The length of the whole muscle-tendon-bone unit is increased and there is usually decreased strength. A *grade 3 strain* is a complete rupture of the muscle-tendon unit and occurs uncommonly.

FREQUENT SIGNS AND SYMPTOMS

- Pain, and often a limp, with walking or running
- Tenderness over the outer hip
- Pain, tenderness, swelling, warmth and/or redness over the outer thigh, often worsened by moving the hip
- Often weakness of the hip (especially spreading the legs/hips against resistance).

CAUSES

May occur without any injury. Strain from sudden increase in amount or intensity of activity or overuse of the lower extremity. Usually associated with tilting of the pelvis with running.

RISK INCREASES WITH

- Endurance sports (distance runners, triathletes, race walkers), especially running along street curbs and banked surfaces, or when running the foot crosses midline toward the other leg.
- Poor physical conditioning (strength/flexibility)
- Inadequate warm-up prior to practice or play
- Legs of unequal length (affects longer leg)
- Alignment problems of the lower extremity including wide pelvis and excessively knocked-knees.

EXPECTED OUTCOME

Usually curable with time and appropriate treatment. Healing time varies, but usually averages 2 - 6 weeks.

POSSIBLE COMPLICATIONS

- Healing time will be prolonged if not appropriately treated or if not given adequate time to heal
- Chronically inflamed tendon causing persist pain with activity that may progress to constant pain
- Recurrence of symptoms if return to activity is too soon, with overuse, direct blow, or poor technique.

GENERAL TREATMENT CONSIDERATIONS

Initial treatment consists of medication and ice to relieve the pain, stretching and strengthening exercises and modifying the activity which initially cause the problem to occur. These all can be carried out at home, though referral to a physical therapist or athletic trainer for further evaluation and treatment may be helpful. An orthotic (shoe lift) for those with legs of unequal length may be prescribed to reduce stress to the tendon. An injection of cortisone to the area of inflammation may be recommended. Surgery to remove the inflamed tendon lining or degenerated tendon tissue is rarely required and often only considered after at least 6 months of conservative treatment.

MEDICATION

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take if surgery planned in 7 days or less), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact him/her immediately if any bleeding, stomach upset or an allergic reaction occurs.
- Pain relievers are usually not prescribed for this condition. If prescribed by your physician use only as directed and only as much as you need.
- Cortisone injections reduce inflammation, and anesthetics temporarily relieve pain. However, this is done only in extreme cases as there is a limit to the number of times cortisone may be given due to the fact it weakens muscle and tendon tissue.

HEAT AND COLD:

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 - 15 minutes every 2-3 hours for inflammation and pain, and immediately after any activity which aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used prior to performing stretching and strengthening activities prescribed by your physician, physical therapist or athletic trainer. Use heat pack or a warm soak.

NOTIFY OUR OFFICE IF

- Symptoms get worse or do not improve in 2 weeks despite treatment
- New, unexplained symptoms develop. Drugs used in treatment may produce side-effects.