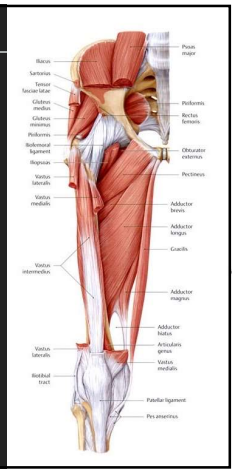
OBJECTIVES

- Identify the Source
- Common Conditions by Region
- Conservative Management
  - Gluteal Tendinopathy
  - Hamstring Tendinopathy
  - Load Management Strategies

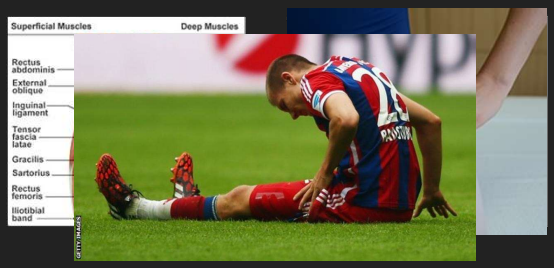


COMMON CONDITIONS

WHAT IS THE PAIN SOURCE?

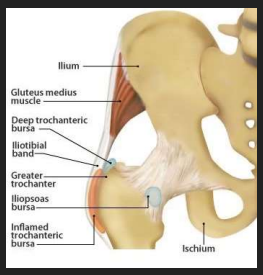
PAIN BY REGION

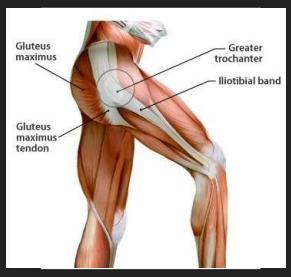
ANTERIOR



PAIN BY REGION

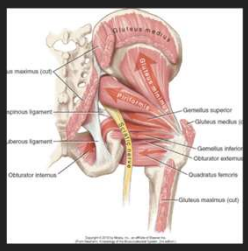
LATERAL





PAIN BY REGION

POSTERIOR



TREATMENT STRATEGIES

CONSERVATIVE

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RESEARCH

Education plus exercise versus corticosteroid injection use versus a wait and see approach on global outcome and pain from gluteal tendinopathy: prospective, single blinded, randomised clinical trial

Rebecca Mellor,[1] Kim Bennell,[2] Alison Grimaldi,[3] Philippa Nicolson,[2] Jessica Kasza,[4] Paul Hodges,[5] Henry Wajswelner,[6] Bill Vicenzino[1]

BMJ Journals

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EDUCATION AND EXERCISE: 14 SESSIONS OVER 8 WEEKS

- Load Management Education
  - Gradual progression of loading
- HEP: 4-6 daily exercises
  - Hip abductor strength
  - Dynamic control of adduction during function
- Global Rating of Change + Pain Intensity
  - 0, 4, 8*,12, 26, 52* weeks

GLOBAL RATING OF CHANGE

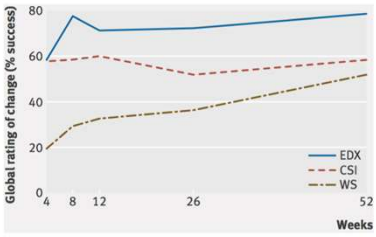

Fig 2 | Primary outcome measure—global rating of change in hip condition (GROC). Proportion (%) of participants in each group reporting "moderately better," "much better," or "very much better" on GROC (that is, defined as success) over time. Trial groups were education plus exercise (EDX), corticosteroid injection use (CSI), or wait and see approach (WS). Supplementary figure S6 shows data plot of all GROC categories

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PAIN RATING

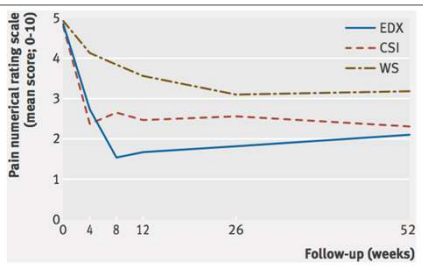

Fig 3 | Primary outcome measure—pain intensity in hip. Pain in the past week for each group over time was reported on a pain numerical rating scale from 0 to 10 (where 0=no pain and 10=worst pain). Trial groups were education plus exercise (EDX), corticosteroid injection use (CSI), or wait and see approach (WS)

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SECONDARY OUTCOMES

- 8 Weeks:
  - EDX and CSI = better than wait and see
  - EDX better than CSI: functional outcomes, QoL, self efficacy measures and less frequent pain, greater clinically important pain reduction
- 52 Weeks:
  - EDX had less frequent pain than CSI

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LOAD MANAGEMENT

- Eliminate movement/positions that compress gluteus medium and minimus tendon over the greater trochanter
- Progressively condition and strengthen gluteal muscles in a specific manner to improve load bearing capacity of the musculotendinous unit

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FIGURE 1. Exercises completed during the study: (A) hip hitch, (B) hip hitch with toe tap, (C) hip hitch with hip swing, (D) isometric hip abduction, (E) sit-to-stand, (F) dip test, (G) clam.

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JOSPT Journal of Orthopaedic & Sports Physical Therapy

[CLINICAL COMMENTARY]

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Proximal Hamstring Tendinopathy: Clinical Aspects of Assessment and Management

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LOAD MANAGEMENT REVISITED

- Limit compressive (hip flexion) and energy storage loads until pain stabilizes
- Incorporate cross-training
- Reduce compression during daily activity
  - Decrease anterior pelvic tilt
  - Reduce hip flexion in standing, sleeping
  - Modify sitting posture/surface
- Minimize repetitive trunk flexion, HS stretching acutely

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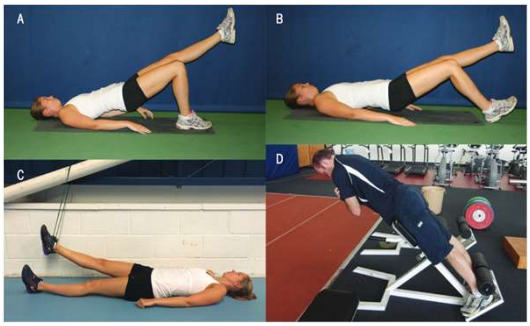
STAGE 1



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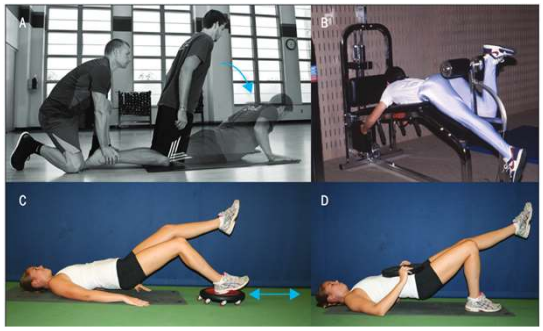
STAGE 2



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STAGE 3

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STAGE 4

PROGRESSIVE LOADING WITHIN A PAIN-MONITORING FRAMEWORK

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