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- NHS hospitals and clinics
- GPs
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If you would like to view or request a copy of your patient record, please contact us at medch.dataprotection@nhs.net or on 01634 334640. In most instances this service is free and we aim to provide the requested information within 1 calendar month. More information can be found by visiting: medwaycommunityhealthcare.nhs.uk/contact-us/information-about-me/

Who to contact

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MCH House, Bailey Drive, Gillingham, Kent, ME8 0PZ
medway.physiotherapy@nhs.net

Medway Community Healthcare provides a wide range of high quality community health services for Medway residents; from community nurses and health visitors to speech and language therapists and out of hours urgent care.

Customer care

Please send any comments about Medway Community Healthcare services to: -
Customer Care Coordinator
Medway Community Healthcare
MCH House, Bailey Drive, Gillingham, Kent, ME8 0PZ
t: 01634 334650
medwaycustomer@nhs.net

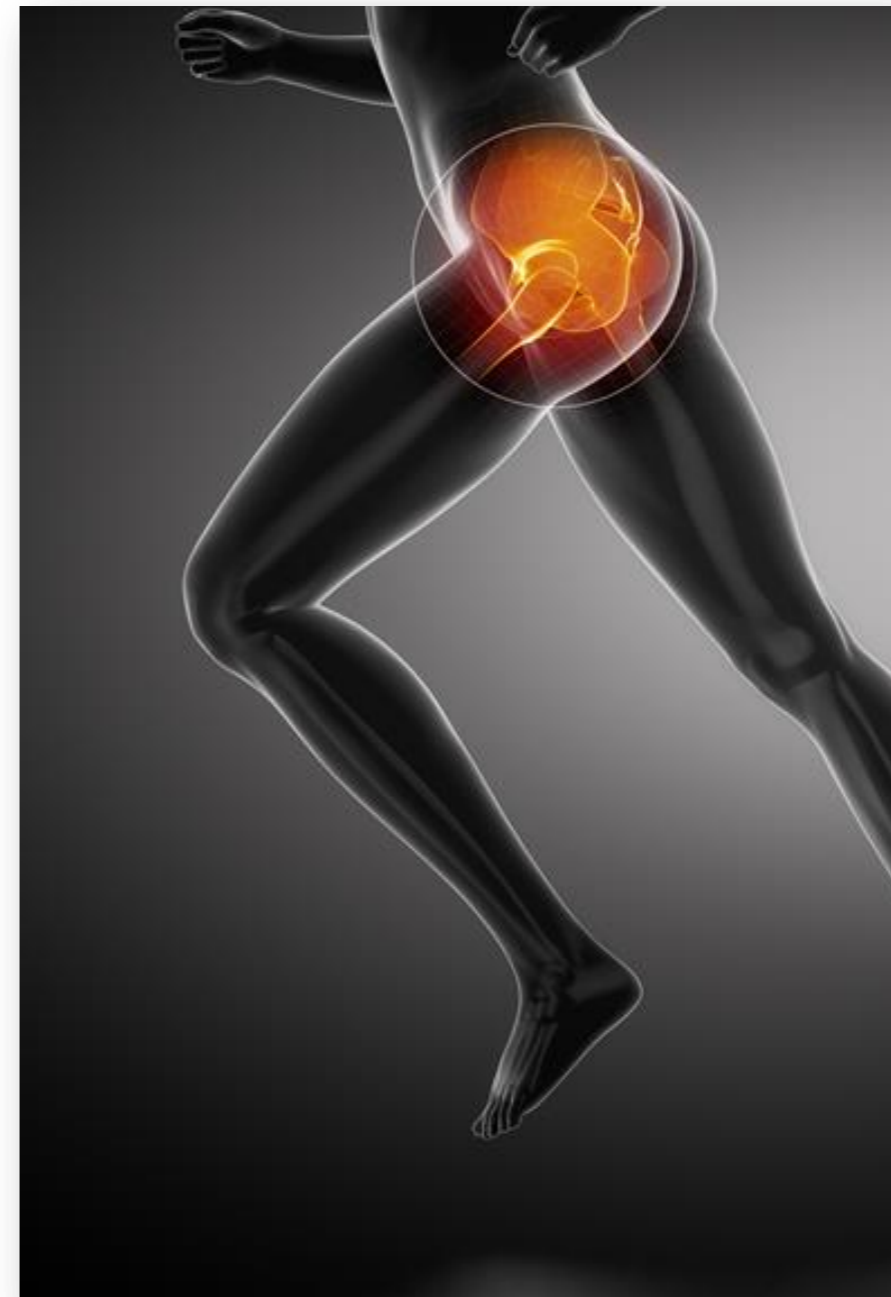
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Leaflet reference : MCH 609



Lateral Hip Pain

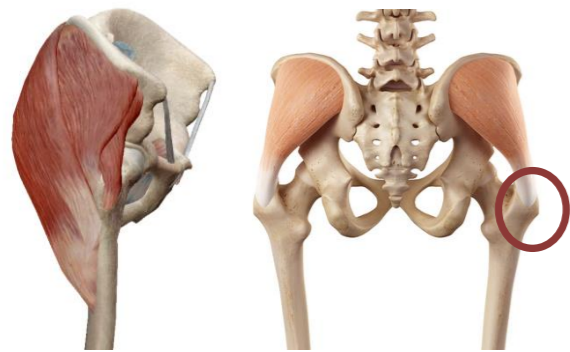


Medway Community Healthcare CIC providing services on behalf of the NHS
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Tel: 01634 337593
Registered in England and Wales, Company number: 07275637



What is Lateral Hip Pain?

Lateral hip pain is known as 'greater trochanteric pain syndrome' or 'gluteal tendinopathy'.



It is so called because of the location of the pain, and the structures that are responsible for its occurrence. The pain is commonly on the lateral (outside) aspect of the hip, usually around the bony prominence of the Greater Trochanter (the bony part on the outside of the upper thigh). The symptoms can also radiate down the lateral aspect of the thigh to the knee.

It has historically been thought to be due to the bursae (fluid filled sacs) around the tendons of the gluteal (buttock) muscles. However, research now suggests that it is the tendons themselves that cause the pain.

What causes Lateral Hip Pain?

Whilst there is no single cause, there are a number of factors linked to lateral hip pain.

Among these are:

- Gender – it is more common in females than men
- Age – most common between 40-60 years of age
- Hormones - it is more common in females around and after the menopause
- Activities – it is common when increasing physical activity levels too quickly
- Hip and pelvic posture
- Movement habits
- Leg length discrepancies

Positions that take the leg across the midline of the body (adduction) will compress the tendons against the bone and aggravate pain.



How is it treated?

The initial stage of treatment may focus on reducing these compressive forces being applied to the tendon. Avoiding positions of hip adduction may help to start settling the pain from the tendon.

Therefore:

- Avoid sitting with crossed legs
- Avoid sitting with feet wider than knees
- Avoid standing with one hip pushed out to the side
- Avoid lying on the unaffected hip with the opposite knee resting on the mattress

Sitting with the knees higher than the hips can also increase compression, and prolonged low sitting should be avoided.

Try to avoid stretching the gluteal muscles, as this also increases compression of the tendon and possibly leads to increased symptoms.



Exercise

It will be important to exercise the muscles and tendons around the hip to encourage them to strengthen.

Exercises that engage the gluteal muscles will help to reduce pain and return muscles and tendons to their normal functional state, though recovery often takes 3-6 months of progressive rehabilitation.



These exercises may be painful to begin with, but this is to be expected and will not damage the tendons or muscles. Your physiotherapist will be able to guide you on these exercises following your assessment.