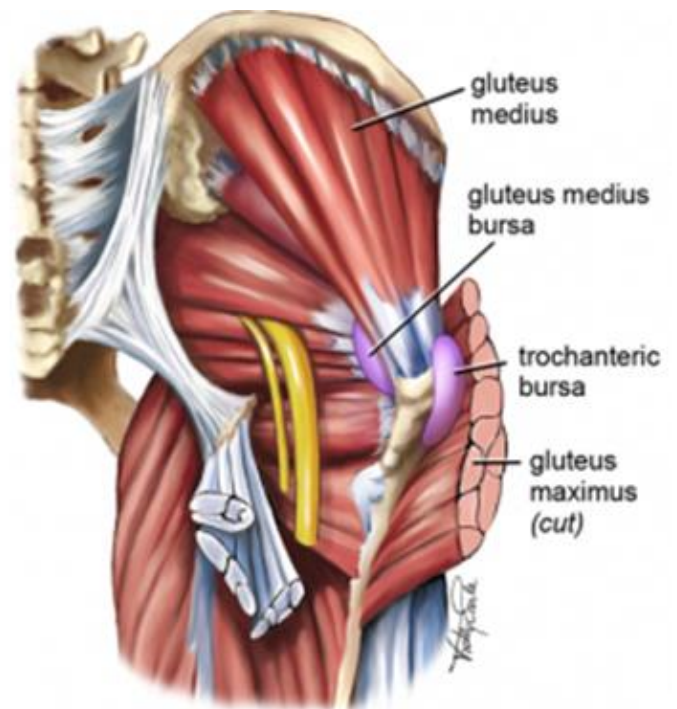


Lateral Hip Pain

Patient Information

What is Lateral Hip pain?

Lateral hip pain is a condition often referred to as trochanteric bursitis, which causes pain on the outer side of the hip/thigh, and can radiate down the upper thigh. The bursa is not usually the sole cause of pain, as it is usually caused by an irritation to any of the tissues that lay over the bony prominence of the hip (see pictures below). It is a common condition that more often affects people over the age of 50 and is more common in women than men. It can also occur in younger people.



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What causes it?

Around the outside of the hip and thigh there are many soft tissue structures such as muscles, tendons, fascia and bursas, which all help to support and control the hip. Weakness in the surrounding muscles, commonly the gluteus medius/minimus, can often cause an overloading of these soft tissue structures, which can then lead to pain. Often these symptoms come on gradually but can come on after a trauma.

Common symptoms

- Pain around the outside of your hip that may radiate down the side of the thigh.
- Many people describe a deep ache or burning sensation.
- The pain can be aggravated by physical activity such as walking uphill, running, climbing stairs, lying on the affected side or getting out of low chairs or car seats.
- Other areas of the body e.g. spine or pelvis can give similar symptoms. If you feel that this may be the case, it would be advisable to see your GP or a Physiotherapist. This is especially advisable if you are experiencing any pins and needles or numbness in addition to your pain.

Why do I have it?

- Tendon health depends on the loads they bear on a regular basis, and either too much or too little loading can be problematic. For example, an athlete may overload the tendon and end up with tendon problems, whereas those who are not physically active may well suffer gradual changes to the tendon, which can cause pain or discomfort.
- Either way the tendon health suffers and eventually pain is experienced when the weakened tendon is exposed to a range of possible factors, such as a rapid increase in loading that might occur with suddenly increasing training loads, or even taking up walking, particularly up hills/stairs, or with a slip or fall directly landing on the side of the hip.
- Often you may not be able to put your finger on a single factor as it may have occurred as a result of an accumulation of a number of small things, for example a gradual increase in body weight over time and a reduction in general fitness, could cause these symptoms to occur.

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What can you do to help yourself?

Be positive and keep moving! There are many things you can do yourself to help manage your symptoms.

General advice

- **Rest does not cure tendon issues** but exercising into pain is also not helpful. Keeping up a walking programme that does not aggravate your symptoms may be worthwhile. Walk on **the** flat, avoid hills and keep stairs to a minimum until your pain settles. Start with 10 minutes of walking and as your pain improves gradually increase your activity levels.
- **Losing weight** if you are overweight or obese can help to improve your symptoms.
- **Avoid crossing your legs or lying on the affected side** for prolonged periods.
- When standing ensure your weight is equally distributed on both legs.
- Either **heat or cold** can be used to help pain. Use frozen peas wrapped in a damp tea towel for up to 15 minutes, or alternatively try a hot water bottle in a cover. Use whatever gets best results for you. Make sure to regularly check your skin to avoid skin damage.
- **Medication** – You may be prescribed simple pain relief or anti-inflammatory medication, take this as prescribed until the pain settles. An alternative is to use a topical anti-inflammatory gel, on which your GP or Pharmacist can advise you.

Exercise




- Strengthening muscles around the hip and back may help. Your physiotherapist will assess this and guide you with a personally tailored exercise programme. To get started now, you may find the following exercises beneficial.

Exercises

Below are some exercises numbered one to seven. As you will see they become more difficult as you progress through from exercise one up to seven. These are the type of exercises that may be prescribed by a Physiotherapist. Try starting on exercise one and as you are comfortable progress through the exercises up to exercise seven. Complete the exercise you are on once a day for 4 sets of 8 repetitions, with a 2 minute rest between each set. If the exercise you are on makes your pain worse, try regressing to an easier exercise. Exercising into mild pain that recovers quickly is okay but not high level or persistent pain.

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Exercises	Description
<p data-bbox="92 331 646 405">1 - STATIC ABDUCTION (Beginner exercise)</p>  <p data-bbox="92 869 539 936">CLICK ON LINK TO VIEW VIDEO: https://youtu.be/p3Hrg1nNSE0</p>	<p data-bbox="735 409 1458 521">1. Lying on your back, knees just slightly wider than hip width, place a belt/scarf around lower leg.</p> <p data-bbox="735 528 1458 801">Very gently move your knees apart, but only enough to just take up the slack in the belt. All the big superficial muscles you can feel around your hips and thighs should remain relaxed. You should just be aware of a deep gentle tension at the side of your hips/buttocks. Hold this for 5-10 seconds and relax.</p>
<p data-bbox="92 967 630 1003">2 - BRIDGING (Beginner exercise)</p>  <p data-bbox="92 1391 534 1458">CLICK ON LINK TO VIEW VIDEO: https://youtu.be/mjaXYOxRJAg</p>	<p data-bbox="735 1010 1485 1279">Contract your lower buttocks without tucking or tilting your pelvis. Press your heels into the bed and lift your bottom from the bed. Only lift in a comfortable range – this may be only just taking the pressure off your buttocks initially. There must be no discomfort in the lower back. Use no or one flat pillow to avoid strain of the neck.</p> <p data-bbox="735 1285 1485 1473">2. Ensure you focus on your gluteals and don't let your hamstrings take over. If you are getting cramps in your hamstrings, your buttocks are not doing enough work. Try positioning your feet closer to your buttocks.</p> <p data-bbox="735 1480 1433 1559">Lift slowly – 3-4 seconds up and 3-4 seconds down, gluteals working all the way.</p>
<p data-bbox="92 1603 683 1682">3 - OFFSET BRIDGING (Intermediate exercise)</p>  <p data-bbox="92 1935 531 2002">CLICK ON LINK TO VIEW VIDEO: https://youtu.be/q3bYyGnAajk</p>	<p data-bbox="735 1644 1485 1957">Bring one foot in closer to the buttock, and place the other foot further away. The bridge should now be performed primarily with the leg that is closest to you, with the weight of the other leg just resting, supported by the ground. Pre-set your muscles as above and complete the lift slowly – 3-4 seconds up and 3-4 seconds down. Your pelvis should remain level.</p>

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4 - SINGLE LEG DIP BRIDGING (Intermediate exercise)



CLICK ON LINK TO VIEW VIDEO:
<https://youtu.be/EUKQkencqYE>

Tighten your buttocks and push through both feet as for double leg bridging. Now slowly peel one foot from the floor and extend your knee. Keeping your pelvis level, slowly lower the pelvis to just touch the ground/bed (but do not relax), and then slowly lift back up to the start position. Lift slowly 3-4 seconds up and 3-4 seconds down DO NOT over-extend, by lifting up your pelvis too high. Initially you may need to return your foot to the ground in between repetitions but as your strength improves, you may be able to do a number of dips in a row before returning to the ground.

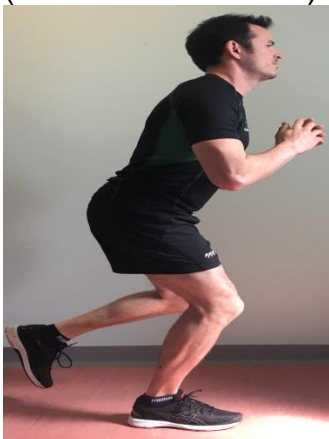
5 - DOUBLE LEG SQUAT (Intermediate exercise)



CLICK ON LINK TO VIEW VIDEO:
<https://youtu.be/FdhOKmtbX3g>

Start with your weight equally on both feet. Now bend at the hips and knees, translating the hips backwards, and the body forward, like when you sit down. Keep your knees facing straight ahead – like 'headlights'. Do not arch your back. Depth wise, start squatting to a third or half of the distance to sitting in a chair. Increase this distance as you are comfortable. Move slowly down over around 3 seconds and then return slowly to standing over 3 seconds. Focus on pushing through your heels and feeling the tension in your buttocks.

6 – SINGLE LEG STANDING (Advanced exercise)



CLICK ON LINK TO VIEW VIDEO:
<https://youtu.be/6-AlyQ5wUPU>

Transfer your weight onto one leg side, while keeping pelvis level and trunk upright. Lift the foot off the ground. Hold for as many seconds as comfortable, starting at 5 seconds and building up to 15. You must only hold as long as you can keep your pelvis level and a straight line down the side of your body. Keep tall and your weight 2/3rds on your heel. There should be NO pain over the bone at the side of your hip. Some fatigue ache in the buttock is normal.

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7 – SINGLE LEG SQUATS (Advanced exercise)



CLICK ON LINK TO VIEW VIDEO:
<https://youtu.be/Z3bu5juES5E>

Transfer your weight onto one leg as above. Keeping your pelvis level, perform a slow, small range squat as you did on 2 legs. Bend at the hips and knees, moving your pelvis backwards, and bringing your body a little forward. Your pelvis must stay level and your knee facing straight ahead. To come back up, think of using your buttock muscle, and push through your heel bringing yourself back to your 'tall' starting position. There must be no pain over the bone at the side of the hip. The speed of the squat should be performed as per the double leg squat – 3-4 seconds down and 3-4 seconds up.

Recovery times for this condition are quite variable, depending on the severity and duration of your symptoms. Try to stay positive and, as you are able, progress through these exercises over a three month period. If after three months your symptoms are failing to improve, please see the options available to you below.

Other treatments that may be offered

- In some cases a steroid injection can be given to help ease the pain. This is usually a short term benefit and there are risks associated with it. Your GP or Physiotherapist can advise you on this.
- You may be referred by your GP to a Physiotherapist for a bespoke exercise programme
- In cases of severe pain which does not improve you may be referred to an Orthopaedic Surgeon for a surgical opinion. However this is rarely necessary.

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Further Information

If you would like to seek the advice of a Physiotherapist, there are a number of options within Wiltshire. Please speak to your GP practice about the ways you can be referred.

Useful websites:

<https://www.activewiltshire.org.uk/>

Here you will find information on improving your activity level and details of what is available in your local area.

<http://www.wiltshire.gov.uk/public-health-weight>

Here you will find information about weight management options in your local area.

<http://www.wiltshire.gov.uk/public-health-trainers>

Health Trainers work on a one to one basis to support behaviour change and improve health. They concentrate on behaviours associated with ill health including unhealthy eating often linked to obesity, **stopping or reducing** smoking, sensible drinking, increasing physical activity, building confidence and motivation to change, and boosting self-esteem. **They** also signpost and support clients to access other services and activities where appropriate.

Safeguarding

Wiltshire Health and Care has a strong commitment to care that is safe, of a high quality and that upholds our patients' rights. All our patients have the right to live lives free from abuse or neglect and, where they are able, to make or be supported to make informed decisions and choices about their treatment, care and support. Where patients are not able to make their own decisions, Wiltshire Health and Care staff are committed to ensuring that treatment, care and support is undertaken in accordance with the person's best interests. In order to fulfil these commitments, Wiltshire Health and Care follow the Safeguarding principles and responsibilities laid out in Sections 42-46 of the Care Act (2014) and are informed by, and apply, the guiding principles and provisions of the Mental Capacity Act (2005).

If you or your carer have any concerns about abuse, neglect or your rights in relation to care provided by Wiltshire Health and Care or any other agency or individual, please raise this directly with any Wiltshire Health and Care staff or contact the Safeguarding Adults Team by telephone on: 0300 4560111.

Wiltshire Health and Care Patient Advice and Liaison Service (PALS)

If you have any questions, or concerns, suggestions or compliments about our service, please speak to a member of staff.

This information sheet is available in other languages and formats. If you would like a copy, please contact us on 0300 1237797 and PALS.wiltshirehealthandcare@nhs.net