

Conservative management of lateral hip pain: the future holds promise

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It goes by many names but lateral hip pain, essentially gluteal tendinopathy has a profound impact on quality of life and activity level. Currently, there is little high-level evidence as to how to manage it.

EVIDENCE TO DATE

In the systematic review regarding greater trochanteric pain syndrome (GTPS) Barratt *et al*¹ found only eight non-surgical treatment studies eligible for review. Of these, all but one had a moderate-to-high risk of bias. The strongest evidence, both in terms of study design and outcomes, is for corticosteroid injection (CSI). With pain reduction occurring in the majority of patients within 4 weeks, it is not surprising that CSI is often the first line of treatment in general medical practice. Similar to responses to CSI seen in other tendinopathies however, recurrence is common and success rates fall over time, making this approach no more effective in the longer term than adopting a wait-and-see approach. While acute complications following CSI are rare, concerns remain regarding potential negative effects on the tendon associated with down regulation of fibroblastic production of collagen and tissue necrosis following repeated injections. Barratt *et al*¹ also raise the legitimate concern regarding the paucity of documentation of medical advice accompanying CSI. Considering CSI does not address the aetiological mechanisms underlying painful tendinopathy, the concomitant advice may well have a substantial impact on the outcome of the intervention.

Given that CSI is not the panacea for tendinopathy, what can the clinician do to provide a long-term solution? Barratt *et al*¹ discuss the only two other trials currently available for GTPS investigating—(a) extracorporeal shockwave therapy (ESWT) and (b) home exercise. While ESWT provides promising medium-term outcomes, long-term results show no advantage. This is not surprising, as an isolated passive intervention cannot hope to address the often complex mix of pre-existing and subsequent

impairments that impact on a painful tendon's load tolerance and the individual's functional capacity. Patients with gluteal tendinopathy have abductor muscle weakness,² kinematic variations and high external hip adductor moments during walking that potentially result in relative overload of the abductor mechanism.³ Reducing pain in the short-to-medium term with CSI or ESWT is unlikely to address these issues, and may explain the long-term failure of isolated ESWT.

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Active intervention is recommended in the management of tendinopathy;⁴ however, the only published clinical trial investigating the effects of home exercise on GTPS reported disheartening results. Early outcomes were poor and patients only gained promising success rates at 15 months.⁵ But wait! Do not discard active intervention just yet. The authors did not have the benefit of recent improvements in the understanding of mechanisms underlying gluteal tendinopathy⁶ and the increasing evidence base regarding impairments.^{2,3} The intervention⁵ included stretches that induce potentially provocative compressive loads on the gluteal tendons⁶ and omitted targeted abductor loading. Large, high quality randomised clinical trials are currently underway, exploring more contemporary approaches to active management of GTPS.

A PROMISING FUTURE

Mellor *et al*⁷ have published their protocol for a randomised, controlled trial (LEAP trial) that aims to assess the relative benefit of CSI, physiotherapy and wait-and-see approaches in the management of gluteal tendinopathy in 201 participants. This physiotherapy intervention embraces the principles of load management and exercise,⁴ providing comprehensive education and advice including DVD lectures and a progressive exercise programme aimed at pain relief (isometrics), abductor muscle strengthening, conditioning of the lower kinetic chain and enhancement of femoro-pelvic motor control.

Patients perform the exercise programme at home, with an additional 6 weeks of heavy slow loading of the abductor musculotendinous complex performed twice weekly under supervision. LEAP trial participants have undergone clinical screening of adjacent joints, a comprehensive battery of diagnostic tests for gluteal tendinopathy and MRI. Examination of the usefulness of these tests in the diagnosis of symptomatic gluteal tendinopathy may assist in the future standardisation of diagnostic criteria for lateral hip pain studies. Use of condition-specific outcome measures, such as the VISA-G (web appendix) was also recommended by Barratt *et al*.¹ The LEAP trial has employed the VISA-G score as well as a number of other patient reported outcome measures. Further exploration of outcome measures for lateral hip pain will be beneficial in determining which are most useful in defining various impairments and most sensitive to change over time and in response to an intervention.

The GLoBe trial protocol⁸ outlines an intervention that randomised 116 postmenopausal women into groups receiving hormone therapy, exercise or a combination of both, to compare improvement in pain and function. The trial makes use of sham hormone and exercise interventions and included the VISA-G among the outcome measures. As the prevalence of GTPS is much greater among women, particularly after menopause, information regarding the potential benefits of a hormonal intervention may provide further insights into this condition and its management.

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REFERENCES

- 1 Barratt P, Brookes N, Newson A. Non-surgical treatments for greater trochanteric pain syndrome: a systematic review. *Br J Sports Med* 2016;50:97–104.
- 2 Allison K, Vicenzino B, Wrigley TV, *et al.* Hip abductor muscle weakness in individuals with gluteal tendinopathy. *Med Sci Sports Exerc* 2016;48:346–52.
- 3 Allison K, Wrigley T, Vicenzino B, *et al.* Kinematics and kinetics during walking in individuals with gluteal tendinopathy. *Clin Biomech* 2016;32: 56–63.
- 4 Cook JL, Purdam CR. The challenge of managing tendinopathy in competing athletes. *Br J Sports Med* 2014;48:506–9.
- 5 Rompe JD, Segal NA, Cacchio A, *et al.* Home training, local corticosteroid injection, or radial shock wave therapy for greater trochanter pain syndrome. *Am J Sports Med* 2009;37:1981–90.
- 6 Grimaldi A, Mellor R, Hodges P, *et al.* Gluteal tendinopathy: a review of mechanisms, assessment and management. *Sports Med* 2015;45:1107–19.
- 7 Mellor R, Grimaldi A, Wajswelner H, *et al.* Exercise and load modification versus corticosteroid injection versus ‘wait and see’ for persistent gluteus medius/minimus tendinopathy (the LEAP trial): a protocol for a randomised clinical trial. *BMC Musculoskelet Disord* 2016;17:196.
- 8 Ganderton C, Semciw A, Cook J, *et al.* Does menopausal hormone therapy (MHT), exercise or a combination of both, improve pain and function in post-menopausal women with greater trochanteric pain syndrome (GTPS)? A randomised controlled trial. *BMC Womens Health* 2016;16:32.



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