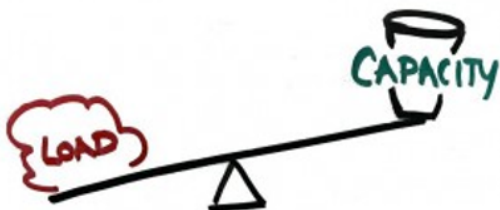


Gluteal Tendinopathy – “Pain in the butt”

Jenny is a 65-year-old lady who has just retired recently. Her GP suggested she lose some weight to reduce aches and pains in her knees and back. Jenny decided to take on daily 5km walks and also joined a power walk group. Prior to this, Jenny was not very physically active and used to work in an office. Shortly after, she started noticing pain on the side of her right hip that is painful first thing in the morning, painful when getting up after sitting or driving for a while.

Her symptom seems to get better or “warm-up” with movement but gets aggravated when doing too much. Jenny also experiences disturbed sleeps due to difficulty getting comfortable lying on either side. Jenny tried to “massage it out” and leg stretches with no noticeable effect... She is frustrated that the pain is preventing her from walking and achieving her goal of losing weight.

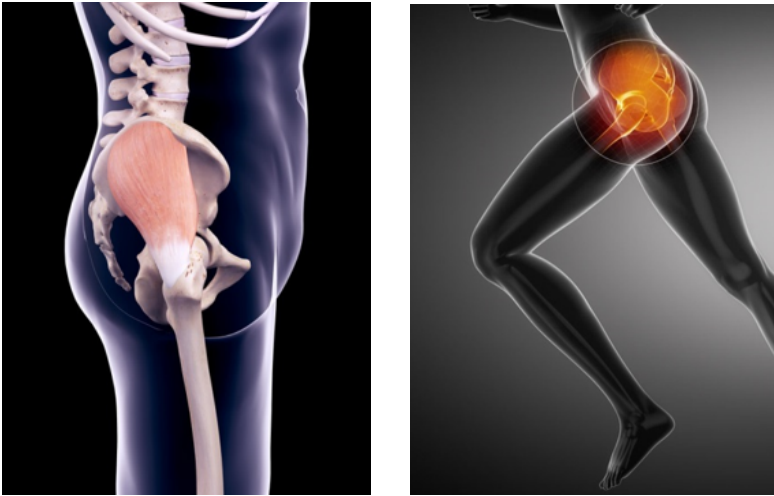
If this sounds familiar, you may be experiencing a condition called Gluteal Tendinopathy. **It occurs because the muscle group has been overloaded compared to its current capacity.**



In this case, the load is a sudden increase in walking activities, and capacity refers to Jenny’s CURRENT ability to cope with a certain walking distance or intensity.

So what is Gluteal tendinopathy anyway?

It is an overuse injury to the gluteal tendon which attaches your gluteal (backside) muscles to the side of the hip.



What do I need to do to get better?

Avoid positions that may irritate the already irritated tendon. This includes hanging off one hip when standing, sitting with leg crossed, sleeping on the painful side, walking with a large stride or uphill, stretching your ITB or gluteal muscles.

1. **Pain management.** Manual therapy may help provide short term relief. Anti-inflammatory medications have showed to delay the healing process of the tendon, therefore may not be the first choice for pain relief. Isometric exercise has been shown to have a pain-relieving effect on tendon pain, see a physiotherapist to find out more.
2. **Improve tendon's loading capacity.** See a physiotherapist to get an accurate diagnosis and a loading program accordingly.
3. **A gradual return to the aggravating activities.** A physiotherapist will be able to guide you through returning to the activity that you enjoy.

Written by [Jess Zhu](#)

Book a time in with Jess, at either

www.psmgroup.com.au

Langwarrin Sports Medicine Centre – 03 9789 1233

Eramosa Physiotherapy – 03 5977 6590

Spinal Stenosis

What is spinal stenosis?

The spinal cord, nerves, and arteries are housed by the spine, which acts as a hard electrical casing to support and protect these vulnerable structures. The spine has a hollow column that allows the spinal cord to run from the brain to the rest of the body. At each spinal segment, nerves exit the spine and supply the tissues of the body. There is also an intricate network of small veins and arteries that provide blood to the spinal cord and vertebrae, providing them with the nutrients needed to operate.

Spinal stenosis is characterized by a narrowing of the spaces that house the spinal cord, nerves and blood supply. A variety of factors can cause spinal stenosis, however overwhelmingly it is caused by degenerative changes to the spine as we age. Many people over the age of 60 will have spinal stenosis; however, not all will have pain. Clinically, spinal stenosis is used to describe the painful symptoms of this condition rather than just the narrowing itself.

What are the symptoms?

Pain with walking or standing that radiates into the hips, thighs and even feet is the hallmark of spinal stenosis. Usually, this pain will be reduced with rest and forward movements of the spine. Spinal stenosis is a progressive condition and symptoms will gradually increase over time. The pain is often described as a deep radiating ache and can be associated with fatigue, heaviness, weakness, and numbness. It can affect just one leg, however more often will be felt in both legs. There will often be associated with back pain; however, leg pain is usually the most severe complaint.

How can physiotherapy help?

There are many conditions that need to be excluded before a diagnosis can be made. Your physiotherapist is able to conduct a thorough examination and accurately diagnose this condition. In some cases, imaging may be requested. As mentioned earlier, many people have stenotic spinal changes without symptoms. Surgery to decompress the restricted nerves and stabilize the spine are used in very severe cases.

For mild to moderate cases of spinal stenosis, physiotherapy can be extremely beneficial. Your physiotherapist can help you manage your pain through hands-on techniques and by providing a targeted exercise program based on biomechanical assessment. They are also able to help you to understand and manage your day in a way that helps to reduce flare-ups and maintain muscle strength.

If surgery is the right choice for you, your physiotherapist is able to guide you through this treatment pathway, helping you to prepare and recover from surgery to get the best outcome possible.

None of the information in this newsletter is a replacement for proper medical advice. Always see a medical professional for advice on your condition.

Growing Pains

What is Growth Pain?

Growing pain is a common complaint of children during their transition from childhood to adolescence. Growing pain is typically characterised by the gradual onset of vague, aching pain at the hip, knee or ankle, that is aggravated during and after physical activity. The most common cause of growth pain we see at Langwarrin Sports Medicine Centre is a condition known as Tension Apophysitis.

Tension Apophysitis is a condition caused by the pull of

muscles on the bony growth plates which are active during times of growth. Tension apophysitis affects several different areas of the body at varying stages in the growth cycle, these are listed below:

Site	Common Name	Age of Onset	Fusion
Heel	Sever's Disease	9 – 11	10 – 13
Knee	Osgood Schlatter's	10 – 12	11 – 14
Hip	–	13 – 15	16 – 18
Buttock	–	15 – 17	19 – 25

Management of Growth Pain

It is often believed that when a child is experiencing growing pains, they should rest from sports and physical activity. While these conditions will settle with rest in the short term, this will become a source of frustration for the child, and will not provide long term relief of the condition.

Growth-related pain is something physiotherapist's routinely treat with a high success rate. At Langwarrin Sports Medicine Centre, our physiotherapist's will complete a thorough assessment of your child's injury, and provide practical exercises and education to ensure you have an understanding of the condition, and what is required to achieve a positive outcome with regard to your son or daughter's pain

Written by [Alex Balnaves](#)

Book with Alex Balnaves at:

Langwarrin Sports Medicine Centre, Ph: 03 9789 1233

Or

Adductor Tendinopathy

Adductor Tendinopathy

What is it?

The adductor muscles are a group of five muscles located on the inside of the thigh that act to move the hip inwards or control hip movements outwards. These muscles also provide stability to the pelvis while standing, walking and running. The muscles attach to the pelvis via the adductor tendon, at the base of the pubic bone. Adductor tendinopathy is a condition affecting the adductor tendon and is used to refer to the typical pattern of pain and stiffness in the groin and inner thigh that accompany this injury.

What are the symptoms?

The hallmark of this condition is pain in the groin region with movements of the adductor muscles. There may be a feeling of stiffness, weakness and pain when pressing over the adductor tendon. The pain usually begins gradually and

progresses over time. It may build up over a few months and may not go away on its own. In severe cases, the pain may impact day-to-day activities, with pain being present when walking or going up and down stairs. Tendon tears may occur suddenly, however tendinopathy is often already present when this happens.

What causes it?

Adductor tendinopathy usually occurs due to chronic overuse, particularly for runners and athletes whose sports involve regular changing of directions. Overstretching of the tendon or an increase in training intensity or type often precede the development of adductor tendinopathies. It is thought that excess forces over an extended period of time cause the tendon tissues to degenerate, becoming painful and more prone to tearing.

What is the treatment?

As many different conditions mimic adductor tendinopathy, accurate diagnosis by a health professional is essential. Certain conditions such as stress fractures of the hip, nerve entrapment or pathologies of the hip should first be ruled out.

Adductor tendinopathy is treated by first identifying factors that may have led to the development of the condition. Your physiotherapist may recommend a period of rest and suggest that you stop stretching. Common contributing factors are running technique, muscle tightness and/or weakness and training frequency.

Your physiotherapist is able to help you maintain your training program to the highest level without aggravating your symptoms and help support tendon healing. They are also able to provide support to unload the tendon along with manual therapy and an exercise program, particularly with eccentric exercises, which have been shown to stimulate tendon

regeneration.

In most cases, conservative or non-surgical treatment is attempted as the first line of treatment. If this is unsuccessful, cortisone injections are often used to reduce symptoms. In severe cases where the pain persists despite all other attempts at treatment, other medical interventions can be attempted. Once the pain has subsided your physiotherapist is also able to help prevent any further recurrence.

None of the information in this article is a replacement for proper medical advice. Always see a medical professional for advice on your individual injury.

Where is your pain really coming from?

Have you ever been to see a physiotherapist for pain in one part of your body and when they treated you, they focused on a completely different area? While this can be a strange experience, it can be even more puzzling when the treatment actually works. So what is going on, shouldn't pain be treated where it is being felt?

When pain is felt at a different location from where the pain is being caused, this is called 'referred pain' and is actually more common than you think. Exactly why this happens is a little complicated, and in fact, we don't yet understand

everything about the way that pain is processed.

Pain is usually felt when something causes damage to the body, sending an electrical impulse to the brain. The brain receives this information and process it to make sense of which part of the body the signal is coming from and what kind of pain it is. When the brain thinks that the pain is coming from a different area than where the damage or signal is actually coming from, this creates the phenomenon of referred pain.

Sometimes referred pain is easy to explain, such as when a nerve becomes injured or irritated, causing the pain to be felt along the length of the nerve. This often feels like a sharp, burning pain that runs in a strip, along the skin. Other examples of referred pain are more difficult to explain and in some cases seem to defy explanation. Perhaps you have heard about the strange phenomenon of phantom pain where amputees continue to feel pain as though it was in the place where their limbs used to be.

Muscular trigger points can also cause referred pain. The mechanism behind this is a bit trickier to understand, but is thought to be explained by tight bands of muscle tissues that cause pain to be felt in predictable patterns around the body.

Adding to this, we know that other tissues of the body can cause pain to be felt in a different location, including discs of the spine and internal organs. Many times the internal organs can refer pain in peculiar patterns and this can actually lead to serious illnesses being mistaken for muscular aches and pains. Kidney pain can be felt in the lower back and tragically, some people fail to recognize that they are having a heart attack because they feel pain in their neck and arm, not in their chest.

We also know that not understanding or being afraid of pain can make pain feel stronger. In rare cases, people who have pain in one hand can feel pain just by seeing their other hand

moving in a mirror. There are many other fascinating aspects to pain, and understanding how it works is an important part of managing your symptoms.

To understand how referred pain may be affecting you, chat to your physiotherapist who can help with any questions. You can [BOOK ONLINE](#) or call your [local clinic](#).

Do you have pain and stiffness in your hip(s)?

When the two surfaces of the hip joint move over each other, they usually move freely without any friction. If there is an alteration to either the socket part of the joint (the acetabulum) or the ball (the head of the femur), irritation may occur as the two surfaces move over each other. This is known as Femoroacetabular impingement (FAI), a common disorder of the hip, characterised by pain and stiffness.

Femoroacetabular impingement can be classified as cam, pincer or mixed. A cam FAI occurs when the femoral head junction is flattened or a small bump is present. Pincer type of impingement occurs when the acetabular rim extends slightly, causing the femur to be impacted. Cam impingement is more common in men while pincer impingement is more common in women. However, most cases of FAI (about 85%) are mixed, meaning they both have cam and pincer types of impingement.

What are the symptoms?

The most common symptom of FAI is pain located in the hip or groin when resting in certain positions or with specific

movements. Some patients also report pain in the back, buttock or thigh. Other symptoms include stiffness, loss of movement range (particularly of the hip), locking, clicking or a feeling that the hip is about to give way.

Activities that cause the incongruous surfaces to move over each other repeatedly are naturally the main culprits for causing symptoms. These can include prolonged sitting, twisting, sitting with crossed legs, squatting and climbing stairs can all aggravate the pain caused by femoroacetabular impingement.

What are the causes?

There are many factors that may cause an individual to develop femoroacetabular impingement including;

- Hip dysplasia or malformation during infancy/childhood
- Repetitive stress on the hip
- A femoral neck fracture that did not heal properly (malunion)
- Small bony growths around the joint called osteophytes.
- Normal anatomical variation

How can physiotherapy help?

Femoroacetabular impingement is a complex condition and researchers are still determining the best possible treatment. It is thought that untreated FAI can lead to osteoarthritis of the hip down the track and there are both surgical and non-surgical options for treatment. Conservative (non-surgical) management for FAI involves core stability training, strengthening exercises for the lower limb specifically the hip and postural balance exercises. This program aims to improve the hip's neuromuscular function. A [hydrotherapy](#) program can also be helpful as it reduces weight through the joint, making movements more comfortable. Lastly, a home exercise program is made for patients, so they can continue treatment at home. For many people, physiotherapy is enough to

resolve their symptoms and prevent future problems, however other may require surgery.

With surgery, hip arthroscopy is the most common procedure for this disorder and is used to change the shape of the joint slightly so that there are no points of irritation with movement. After surgery, patients are usually referred to physiotherapy for rehabilitation.

For more information or to make an appointment you can [BOOK ONLINE](#) or call your [local clinic](#).

Physiotherapy tips for a more comfortable sleep

For most of us, the hours we spend sleeping are simply a time for rest and recovery. However, you might be surprised to learn that your sleeping position can have a significant impact on your body, particularly if you already have an injury. When you consider that we spend approximately 40% of our lives in bed, it becomes less surprising.

Ideally, your body should be held in a position of minimal stress while sleeping. This means that all your joints and muscles are resting in a neutral position. Over time, joints that are held in more extreme positions may put pressure on the surrounding structures and this may lead to a feeling of stiffness in the morning.

Back Pain

For sufferers of back pain, finding a comfortable position at night can be difficult. Ideally, the natural curves of the spine should be maintained and supported throughout the night.

The correct mattress will support your lower back without making you feel as though you have been sleeping on concrete all night. A mattress that is too soft might feel comfortable to begin with, but over time will let you sink too much, meaning the curve of the lower spine will be lost. Waking up with a stiff spine could be a sign that you are using the wrong mattress.

For many people, sleeping on their side keeps their spine in a more natural alignment than on their back. If you sleep on your back, placing a pillow under your knees can help to maintain your lumbar spinal curve throughout the night.

Neck Pain

While you may be attached to your pillow, it could be the cause of unnecessary neck pain for you. The neck is often the most vulnerable part of our body when our sleeping setup is not ideal. Side sleepers may let their neck fall excessively to the side with a pillow that is too low or have their neck elevated too much by having their pillows too high.

The importance of having a supportive pillow that supports your neck while sleeping cannot be overstated. If you find yourself putting your arm under your pillow while you sleep, it is likely that your pillow is too low. Having your shoulder in this position overnight can put unnecessary stress on the structures in the shoulder joint and should be avoided if possible.

Sleeping on your stomach with your head turned to the side can be the cause of many issues and if this is your preferred sleeping position, it could be worth chatting to your physiotherapist about strategies improve your sleeping posture.

Hip Pain

Side sleepers often spend their nights with one leg crossed

over their body. This can place extra pressure on the structures on the side of the hip, such as tendons and bursa and can impact the health of these tissues as compression can reduce the blood flow to the area. If the mattress is too firm then the hip on the underside of the body may also be compressed under your bodyweight.

Placing a pillow under your knee while sleeping on your side can help to maintain a neutral alignment of your hip. This can also help to keep your lower back in a more neutral position during the night.

For more information on how to improve your sleeping posture or to make an appointment with a Physiotherapist, you can [BOOK ONLINE](#) or call your [local clinic](#).