



# Evaluation and physical therapy for Lateral Gluteal Pain

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Presenter : Hisato Okanishi  
Authors have no COI with this study

# Introduction

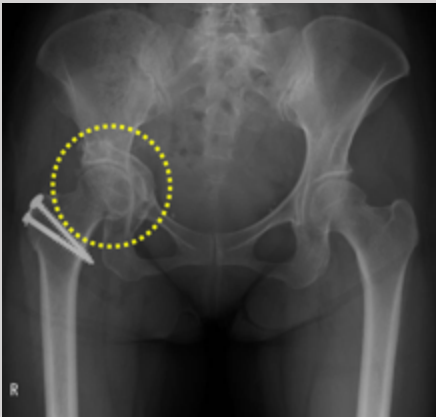
- Lateral gluteal pain is often associated with hip joint pathology.
- We experienced some cases with lateral gluteal pain derived from the gluteus minimus (GMn) improved symptomatically following physical therapy (PT).
- Evaluation methods and PT for improving GMn dysfunction.

## Materials and Methods

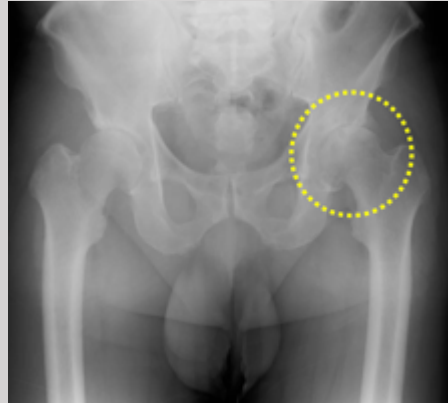
- The subjects: 6 patients receiving PT at our clinic
- Lateral gluteal pain with bending forward on the affected side
  - \*Age:  $57.7 \pm 13$
  - \*Height(cm):  $156.7 \pm 4.3$
  - \*Body weight(kg):  $53.7 \pm 12.5$
  - \*BMI:  $21.7 \pm 4.2$
- Cases: Rotation acetabular osteotomy(RAO)x1, Osteoarthritis(OA)x2, Developmental dysplasia of the Hip(DDH)x1, Idiopathic Osteonecrosis of femoral head (ION)x1 and FAI treated with Hip Arthroscopy(HA)x1

# X-ray of the cases

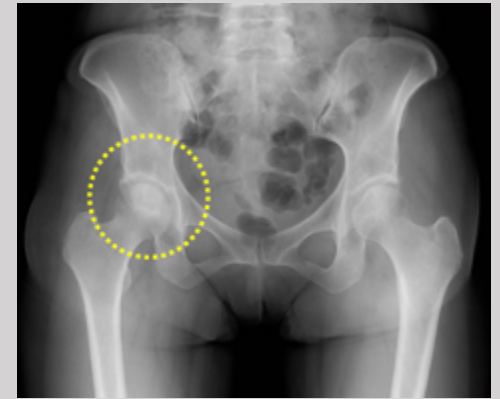
Case1 Female 48  
RAO



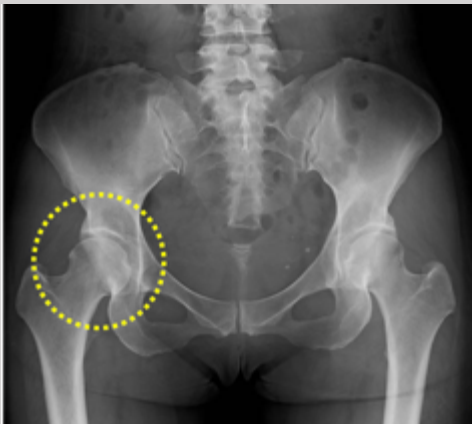
Case2 Male 61  
OA



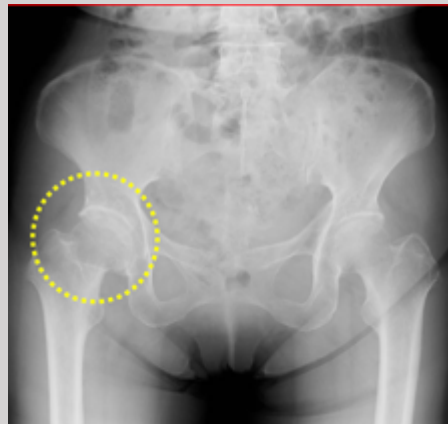
Case3 Female 64  
ION



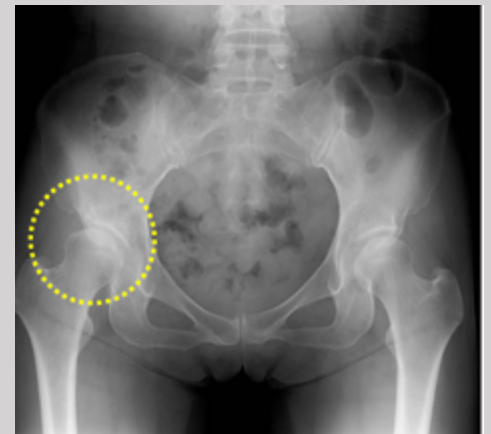
Case4 Female 41  
FAI



Case5 Male 78  
OA



Case6 Female 54  
DDH



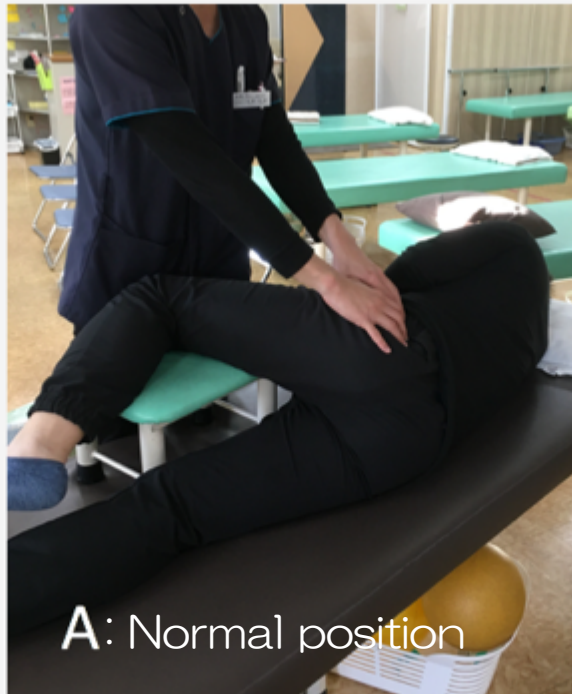
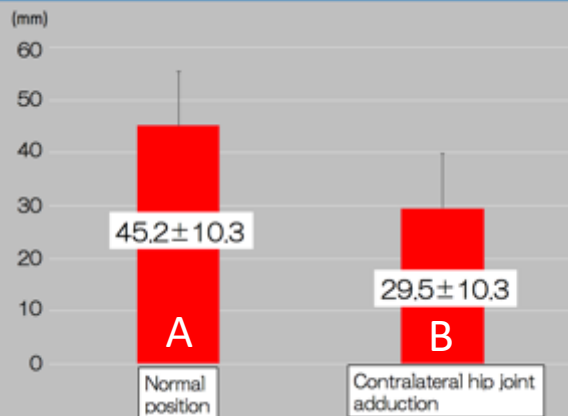
# Evaluate for tenderness of the GMn

Greater trochanter (yellow marker)

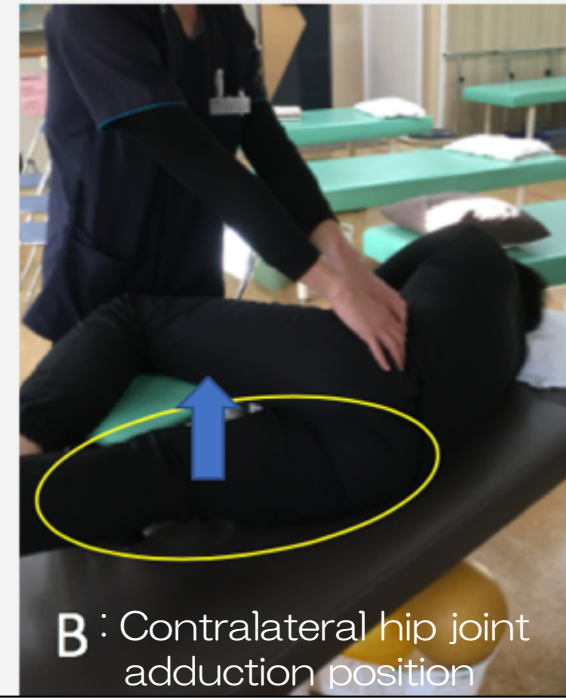


Pointillage to deep layer around the femoral neck was performed.

Change of tenderness of the GMn



A: Normal position



B: Contralateral hip joint adduction position

Tenderness of the GMn was evaluated at the lateral position.

The patient was instructed to hold the contralateral hip in an adduction position to promote affected pelvic elevation muscles contraction.

Tenderness of the GMn

Significantly reduced from (A) to (B) position



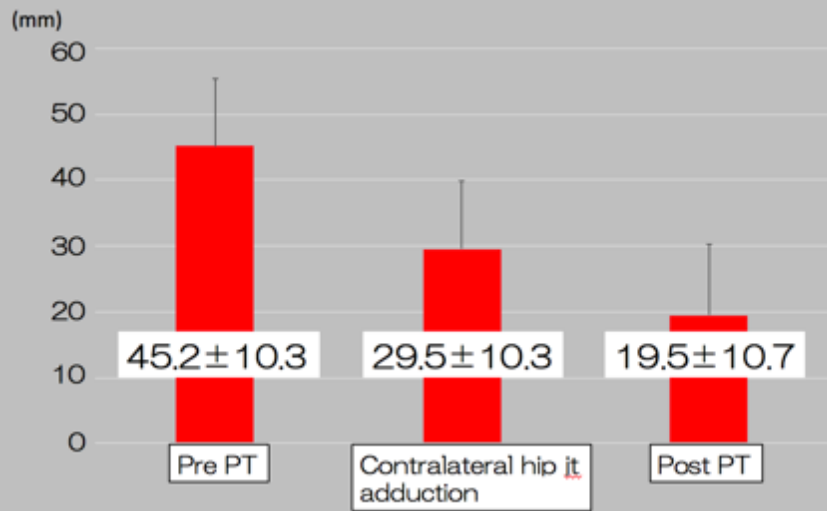
# PT to activate the pelvic elevation muscles



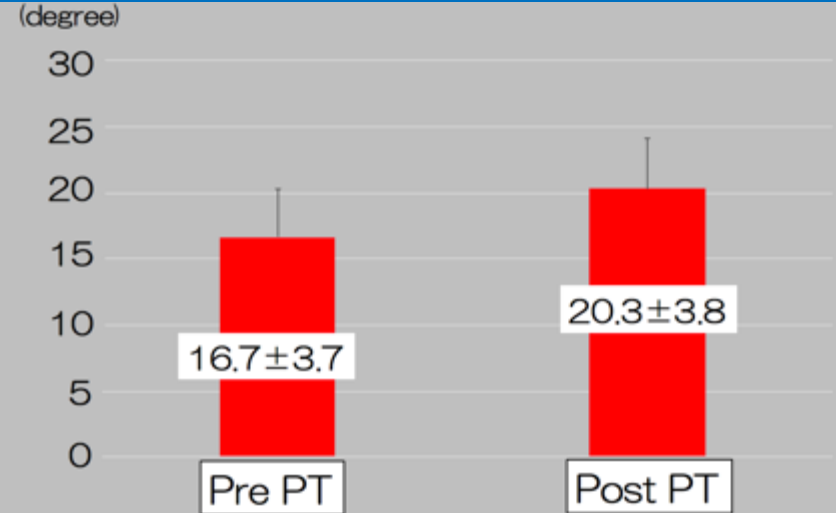
Therapist pulled the pelvic backwards(A) and downward (B).The patient maintained this position.

# Results

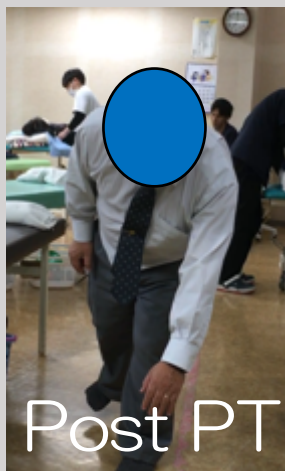
## Change of tenderness of the GMn



## Change of adduction angle of the hip joint

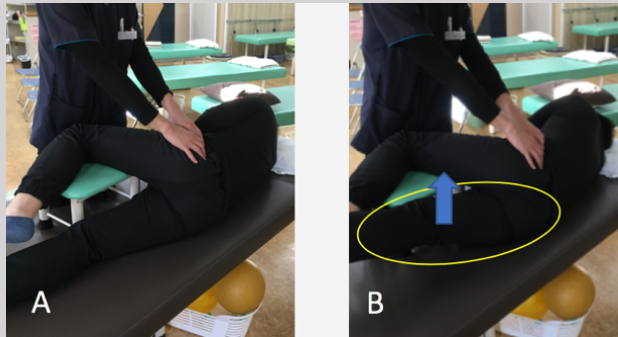


## Case presentation (Case 2)

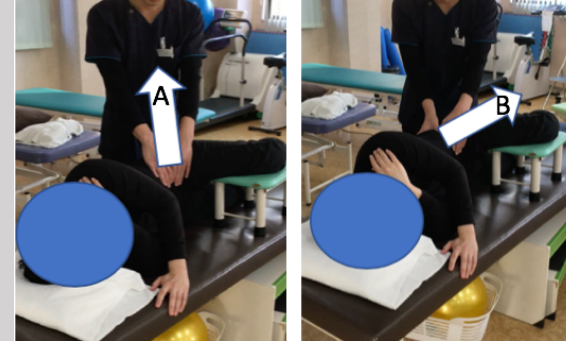
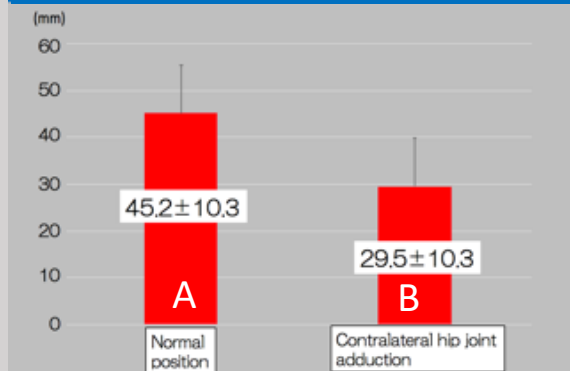


- ✓ The tenderness of the GMn has reduced and adduction angle has increased by PT.
- ✓ Lateral gluteal pain with bending forward has also reduced.

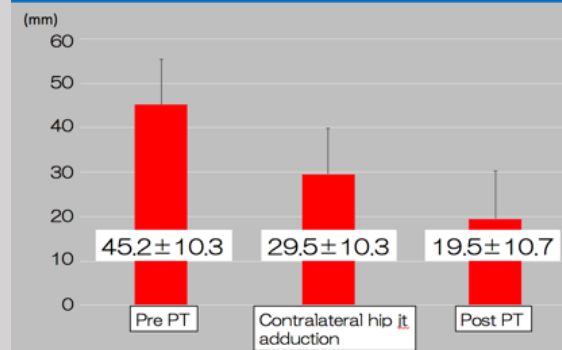
# Discussion



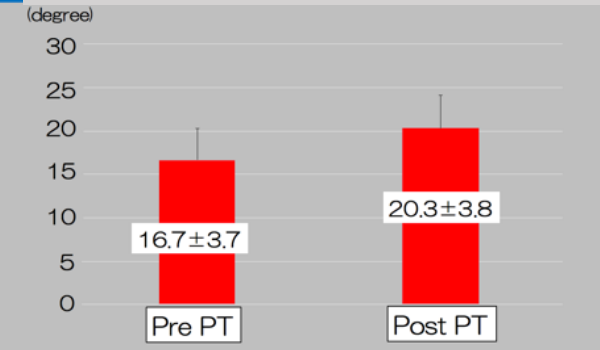
Change of tenderness of the GMn



Tenderness of the GMn



Adduction angle of the hip joint



The efficacy of increasing pelvic elevation muscles activity reduce excessive muscle tone of the GMn.

# Hip muscles are affected by trunk function

- Trunk muscle activity occurring prior to activity of the prime mover of the limb was associated with hip movement in each direction. (Hodges PW, et al., 1997)
- There is a clear relationship between trunk muscle activity and lower extremity movement. Current evidence suggests that decreased core stability may predispose to injury and that appropriate training may reduce injury. (Willson, J, et al., 2005)
- When performing PT for hip diseases, it is necessary to understand the function of the lumbar and pelvic regions. (Hori H, et al., 2016)



# Limitation

- ✓ Short-term results by single treatment.
- ✓ Evaluation of tenderness of the GMn was not quantitative.
- ✓ Pathology of the GMn was not confirmed by MRI or ultrasound.
- ✓ The mechanism by which excessive muscle tone of the GMn was reduced has not investigated.

# Conclusion

- ✓The tenderness of the GMn and lateral gluteal pain were reduced following physical exercises that activated pelvic elevation muscles.
- ✓Tenderness of the GMn might be affected by the ipsilateral pelvic elevation muscles.
- ✓Therapist should first improve affected pelvic elevation muscles activity for GMn disorder.