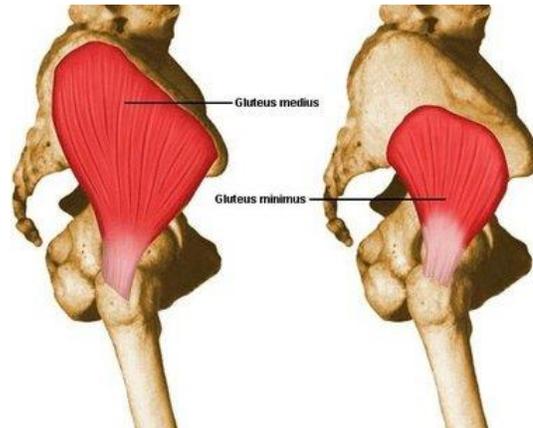


Gluteus medius tears are a common cause of lateral sided hip pain. It is a degenerative type of disorder, and usually does not usually occur from an acute, traumatic incident but it can happen. The incidence of these types of tears increases with age and tend to occur more frequently in women than men.

Anatomy:

The gluteus medius (glute med) is a large muscle that originates on the back side of your pelvis and ends as a tendon on the large bump on the side of your hip, called the greater trochanter. You may have heard of the gluteus maximus, which is your main and largest buttock muscle. The glute med is another one of the buttock muscles, slight smaller than the gluteus maximus and has a different function. Its main action is to bring the thigh away from the body (hip abduction) and to twist the leg outwardly (external rotation). However, its main function is to stabilize the pelvis when you are balancing on a single leg. This action occurs when you walk, during the part of your gait cycle when you are supporting your entire body on 1 limb. Without this muscle, the opposite side of your pelvis would drop (this is known as Trendelenburg gait).

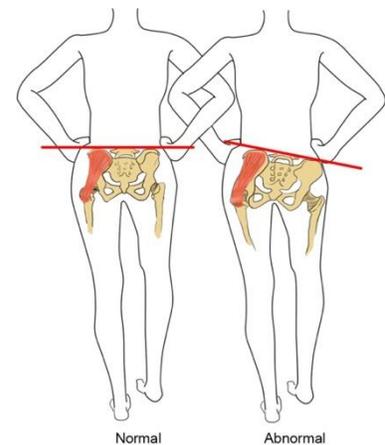


What causes glute med tears?

While it is not totally understood how these tears occur, Gluteus medius tears are usually a chronic, degenerative type injury. Over time, microtrauma to the tendon from repetitive motion can degenerate the tendon, eventually leading to a larger tear. Long distance runners, especially those who run with improper form, might have a higher risk of developing glute med tears.

What are the most common symptoms?

The most common symptom of gluteus medius tears is lateral (outside) hip pain that is worse with hip abduction (bringing your leg away from your body) or when you are in single leg stance. This is pain usually comes out of nowhere or develops gradually over time.



© Lineage



What can I do to treat it?

When you first develop symptoms, it is very helpful to keep track of certain activities or movements that exacerbate your symptoms. From there, you can try to modify those activities to allow your hip to rest. If you can be mindful of certain movements, such as twisting or deep

squatting, that irritate your hip and consciously avoid those movements, that can help alleviate some of your symptoms as well. Over-the-counter anti-inflammatory medications such as ibuprofen or naproxen can help as well.

Another treatment option is physical therapy. They will focus on strengthening certain muscles, such as your gluteus (or buttock) muscles, and correcting your posture.

You can also get a steroid injection into your hip to try and reduce some of the pain and inflammation. We must make it clear that the steroid will not fix any damage, but it would only reduce the amount of pain you experience. It is also unknown how long and how effective the steroid will be at taking away your pain; it is very person dependent, and not everyone can take steroids.

If your symptoms persist, you should see a doctor to determine the exact cause of your hip symptoms and discuss further treatment options.

What is the surgery like?

To perform the surgery, Dr. Everhart will use an instrument called an arthroscope; a camera that can be used to look into the joint. The arthroscope makes it easier to look all around the hip joint and minimizes the incisions he would need to make. Using the arthroscope, you will likely have 2-5 incisions that are 2-3cm long. Sometimes, Dr. Everhart will have to make a bigger incision and do an open repair of the tendon if he is unable to do it arthroscopically.

The surgery involves Dr. Everhart looking around the lateral aspect hip with the arthroscope to do a routine examination. He will then take a shaver and clean out some of the surrounding soft tissue and clear the margins around the tear to make sure that we are using healthy, viable tissue for the repair to help it heal. Then, he will turn his attention to the injured tendon. He will try to take the tendon and pull it to its original spot to determine whether he can proceed arthroscopically or will need to create a bigger incision. Once he decides which method of repair he will use, he then takes the tendon and approximates it back to its anatomic location and sutures it down. This will require several weeks to heal.



This is typically an outpatient surgery, meaning that you get to go home after your surgery is over. You will be placed in a brace that limits your range of motion from 0 to 90 degrees of hip flexion and will be put in slight abduction. You will be restricted to partial weight bearing using crutches for a period of 6 weeks. You can return to sedentary work as early as 2-3 days, but full

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return to work will be determined by Dr. Everhart. Full return to activity will also be determined by Dr. Everhart but you can expect to return to activity between 6-12 months. You will be given a full rehabilitation protocol.

There are several risks to surgery such as development of an infection, or a blood clot. We do several things to minimize the risks. There can be some risks from anesthesia, but these risks are low as well. We will prescribe you some narcotic medication to help with the pain, and these types of medications have their own side effects as well. We will help you manage these side effects while maximizing the desired effects for you.



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