

Hip Abductor Tendinopathy – Gluteus Medius and/or Minimus Tendinitis

This has commonly been referred to as a rotator cuff tear of the hip. It is seen in many patients over the age of 50 and can be seen in normal hips, arthritic hips, even replaced hips. It can cause pain and limping.

Commonly, it is diagnosed clinically. X-rays can help evaluate for arthritis and occasionally MRIs can be used to confirm the diagnosis.

Treatment can be frustrating for some patients.

For starters it is best to use an anti-inflammatory (either topical or oral) to decrease pain and inflammation. Ice and heat can help. The home exercises (abduction and clamshell) aim to strengthen the muscles and decrease pain. Typically, this takes 12 weeks.

If pain worsens then a step back is needed. Using a cane or hiking pole in the opposite hand helps off load the tendon. Use the assisted device until there is no pain for two weeks. Then walk around for your daily activities for two weeks with no pain then it is typically safe to start back with the home exercises.

If you progress with the home exercises we can add formal PT, but it is best to start slowly on your own.

Most of these tears heal with fibrous tissue. If pain persists a PRP injection can help it heal. We do not inject cortisone as it can weaken the tendon and cause it to rupture. Rarely surgery is needed for complete ruptures or severe dysfunction.

You can learn more by reading my **book** *'The Knee Book – A Guide to the Aging Knee'* or visit my **YouTube** Channel @DrAdamRosen