

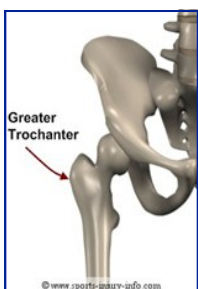
A REAL PAIN IN THE BUTT

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Struggling with pain in and around the buttock that's limiting exercise, stair climbing, sleeping, and even getting up out of the chair? Tried all the stretching exercises you know and it's just not getting better? Pilates exercises to strengthen the area are not working? A common complaint that patients see us for in the clinic is buttock pain. There are several reasons for buttock pain, and when the patient gives an indication that the pain is more to the side of the buttock, we start thinking there may be an issue with one of the tendons of the deep gluteal muscles.

ANATOMY OF YOUR BUTTOCK



Tendons attach muscle to bone. The bony prominence you can feel at the side of your hip is the greater trochanter, and is the attachment of several tendons that help stabilise the pelvis especially when we stand on one leg.

It is very important that our deep muscles work efficiently to stabilise our pelvis. Tendons are very good at absorbing steady loads of tension but do not do well with compression.

Compression of these tendons happens when we flex the hip and when the knee moves towards or across the midline of the body.

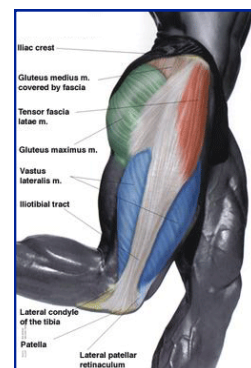
Positions and activities of compression

- Sitting with legs crossed
- Sitting in a low lounge chair
- Lying on side (bottom side compressed)
- Lying on side with top resting in front of bottom leg (top side compressed)
- Standing hanging off one hip
- Lack of knee control in functional movement (knee towards midline of body)
- Gym exercises like squatting and lunging
- Walking and running up Stairs
- Running



THE ILIO-TIBIAL BAND (I.T.B.)

A lot of us have heard of the ITB. It is a band of connective tissue that runs from the side of your pelvis down the outside of your thigh and into the outside of your knee. The ITB sits over the top of the deep gluteal tendons and when it is tight will compress the tendons. When the tendon is compressed it responds by absorbing gel like molecules to help resist the compression. These molecules thicken the tendon and dis-organise the normal fibres that give the tendon its strength (collagen fibres) which can lead to pain.



When load is put through the ITB the tendons become weak and are at risk of being injured. The deep gluteal muscles then become weak and the more superficial muscles become overactive and tight. These superficial muscles attach to the ITB and therefore cause it to tighten creating more compression and a debilitating downward cycle is created which can prove to be...**a real pain in the butt.**

PEOPLE AT RISK

The most common group of people at risk for this problem are runners, especially those that do lots of stairs, and more so females than males.

Other risk factors are tight gluteal muscles, pre and post – menopause (estrogen assists the health of the collagen fibres), carrying children, spinal scoliosis and having a leg length discrepancy

COMMON STRETCHING AND STRENGTHENING IS INEFFECTIVE

Gluteal Stretch

The common gluteal stretch is for our superficial gluteal muscle. The stretch puts our hip in the position of most compression. We may be stretching the gluteal muscles but we are causing ongoing compression and irritation of the tendons. **Therefore Massage and trigger point release of the gluteals and the ITB will be more effective to decrease the tightness.**

Pilates Clam Exercise:

A common pilates exercise is a side lying clam which helps strengthen the muscles around the hip that stop the knee going in towards the midline of the body. We would think this would avoid the compression however the movement causes the tight ITB to rub over the tendons, further irritating them.

REHABILITATION GUIDELINES

Decompression

Often this is about changing what may be very habitual postures. You may require the help of friends, family, or even work colleagues to help remind you to avoid certain postures. Setting alarms to remind you of avoiding these postures is very effective.

In sitting; do not cross legs or sit with knees together, nor sit with hips below knees. Use of a cushion can be effective.

In standing; aim to stand with weight evenly distributed on both legs, trying not to 'hang off one hip'.

Whilst sleeping; have a cushion between your knees and legs (decompresses top hip) and perhaps use an egg shell mattress (decompresses bottom hip).

When exercising; avoid stairs and inclines and over-striding when walking or running. Also try to avoid any exercises where you cannot control your knee alignment (one leg hops and high step ups).

Physio Treatment



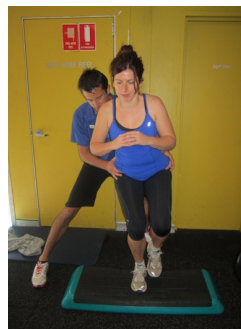
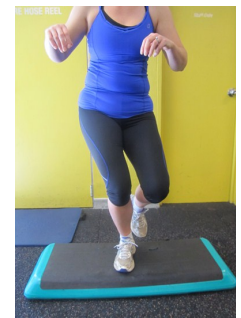
Physio treatment to help decompression involves deep tissue massage and trigger point release in the gluteals and down the ITB, as well as the use of dry needling and Kinesio-taping. The Physio will also prescribe you self-release work

such as rolling on the foam roller or footeez and trigger point releases with a pocket physio.

See your Physio for further advice and treatment options.

Strengthening

It is very easy to aggravate this condition so knowing which part of the rehabilitation process you should be doing is vital. It is easy to progress the exercises too quickly. You can see from the image to the right, that the knee rolls inward on a one legged squat movement. This is one of a major problems that needs to be corrected in rehabilitation in order to overcome the problem as well as ongoing injury prevention.



Firstly we will help correct this movement pattern by initially focusing the strengthening on activation of the deeper stabilisation muscles in the pelvis and hip and then improving the endurance of them.

We then work on a gradual progression of floor based exercises to standing balance work, and then onto functional movements of squatting and lunging, stairs and finally onto running or an alternative sports

specific requirement.

FURTHER ADVICE AND TREATMENT

If this is a problem for you, come and see us so we can assess you, give you the appropriate hands on treatment and plan appropriate program to nip that **pain in the butt**.

FOAM ROLLERS AND POCKET PHYSIOS

These are great self-help tools in rehabilitation and help you get results more quickly and keep the pain at bay.



If you need a [foam roller](#) or [footeez](#) for ITB release work, or trigger point release with a [pocket physio](#), go online to our **PHYSIO SHOP** at:

www.physiofitness.com.au/physio-shop.htm or enquire at the Physio clinic next time you're in the gym or for treatment.



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Todd has over 10 years experience in Physiotherapy and the Fitness Industry and specialises in sports, fitness and training injuries. For more advice on this topic you can email him at: toddstembridge@physiofitness.com.au.

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