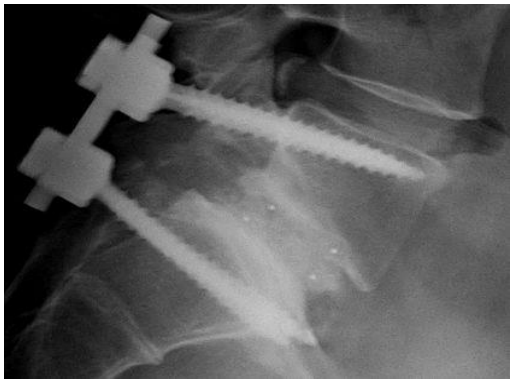
Hamstring Tendinopathy

For information on all types of injuries visit:
http://www.cssphysio.com.au/Doctors/fordoctors.html

Interesting Case History – Hamstring Tendon pain that almost led to Lumbar Spinal Fusion

For one year 'Fiona' had been suffering from left sacroiliac, buttock, and thigh pain. At times the pain was also on the outside of her left hip. It was made worse by bending, particularly over the left leg, and was also aggravated by sitting, especially on hard or low chairs, or in the car. The pain at the outside of the hip was aggravated by climbing stairs, driving, and lying on either side at night. She saw a physiotherapist who prescribed bending stretches for her hip and low back, and who used lumbar traction. The stretches made her pain worse. She was then referred to a neurosurgeon who ordered a lumbar MRI. A previous X-ray & MRI revealed a Grade I *anterololisthesis* (a small forward slip of one vertebra on another) at the lowest lumbar level. The new MRI also showed *disc degeneration* and *disc bulging*. She was told that all of this was causing compression of her nerves at the base of her spine. The neurosurgeon recommended *lumbar spinal fusion*.



What a lumbar spinal fusion looks like on a 'lateral' X-Ray. Image Wikipedia

I saw Fiona soon after this. She was terrified at the prospect of spinal surgery and was hoping that physiotherapy may be able to help her.

While she had experienced some intermittent low back pain in the past, this had never impacted on her daily life to any significant degree. The symptoms she described, while at times quite severe, did not suggest that her pain was coming from her spine. The pain was made worse by direct pressure on her left *ischial tuberosity* ('sit bone') and by deep hip bending. I was able to localize and 'reproduce' her pain by pressing over the lower lateral aspect of her ischial tuberosity at the point where the hamstring tendons attach. The pain was made worse by getting her to contract her hamstrings against resistance with the hip bent. There was also some tenderness over her *gluteus medius* insertion at the *greater trochanter* (bone at the outside of the hip). The diagnosis was a clear case of *hamstring origin tendinopathy*, with mild *gluteal tendinopathy*. In other words, her pain was arising from where two of her major hip/thigh muscle groups were attaching onto bone. Both conditions are very common. Fiona has a job that involves prolonged sitting, and she also does a lot of driving. So, she was constantly putting pressure on her tendons at the point where they were most painful.

Treatment consisted of soft-tissue techniques to the hamstring and hip muscles, and a specialized progressive strengthening programme for the

hamstrings and gluteals. I also recommended alterations to her seat including use of a wedge cushion at work, and a dimple cushion in certain other seats.

I saw Fiona on 5 occasions between June and August. She noticed immediate improvement with her modified sitting, and continued to improve on each visit. At her last appointment she reported being 95% recovered. She only noticed the pain if sitting on a hard surface. She could get around this by always having a portable dimple cushion with her.

Fiona has experienced occasional low back pain over many years but manages this well. And the back pain has not worsened over the past few years. The pain for which she was seeking treatment had nothing to do with her lower back. The findings on imaging were incidental, and this case demonstrates the pitfalls of making a diagnosis based on what shows up on X-rays or scans.

For information for doctors on physiotherapy management of all types of injuries visit: http://www.cssphysio.com.au/Doctors/fordoctors.html

Information for patients is at: http://www.cssphysio.com.au/forpatients.html

Conord Sport & Spine Physiotherapy
202 oncord Road
Conord West, NSW 2138
Sydney, Australia.
Ph (02) 9736 1092
Email: info@cssphysio.com.au
Web: www.cssphysio.com.au