

Lateral Hip Pain

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Dry Needling equal to CSI for Lateral Hip Pain

Research published this month showed that dry needling, targeting muscle trigger points, was at least as effective as corticosteroid injections for treating lateral pain syndrome of the hip.

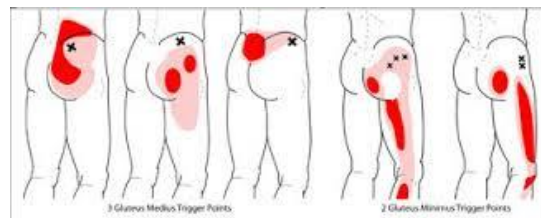
Background

Up to 25% of the general population will suffer from lateral hip pain, with females being affected more frequently than males. Research has shown that the trochanteric bursa is rarely the source of symptoms in lateral hip pain sufferers, and that inflammation is not a feature of the condition. In most cases, it is the contractile tissues that are at fault, most often the gluteus medius and or minimus. Tendon pathology, in the form of tendinopathy and / or tears, is a common source of symptoms. And painful trigger points within muscles surrounding the hip are frequently found in sufferers of this condition.

Corticosteroid injections (CSI) into the trochanteric bursa sometimes provide short-term relief of symptoms. However evidence for medium to longer-term benefit is lacking. There are also potential side-effects with CSI, and risks with repeated injections. And because there is general agreement that the bursa is not the source of symptoms, the logic in targeting this structure is questionable.

Dry needling for the treatment of symptomatic trigger points (TPs) was first advocated by Janet Travell in 1999. While she used a 'dry' hypodermic needle, most practitioners today use acupuncture needles. Myofascial TPs are described as "tender spots in discrete taut bands of hardened muscle that produce local and referred pain..." (Bron & Dommerholt

2012). Travel & Simons well known *Trigger Point Manual* was first published in 1983, describing common sites for trigger points throughout the body. Common sites associated with lateral hip pain are shown in the diagram below. Simons felt TPs arise due to altered motor end-plate activity, resulting in tonic firing, local ischaemia & local biochemical imbalances (Brennan et al 2017). Trigger point therapies, including dry needling, are theorized to reduce local activation through a twitch response, leading to rapid relaxation of the TP. This may occur due to local changes, as well as through centrally mediated processes.



References:

1. Brennan, K et al (2017). Dry needling versus cortisone injection in the treatment of greater trochanteric pain syndrome: a noninferiority randomised clinical trial. Journal of Orthopaedic and Sports Physical Therapy, 47, 4, 232-239.
2. Bron, C & Dommerholt, J (2012). Etiology of myofascial trigger points. Current Pain and Headache Reports, 16, 5, 439-444.

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