

## Lateral Hip Pain Introducing Gluteus Medius Tendinopathy

### History:

Lateral hip pain – up hills,  
up stairs  
Night pain, sleep disturbance  
No groin pain  
No buttock pain

### Examination:

Tender greater trochanter  
Full range of motion  
(no quadrant restriction)  
Pain on resisted abduction

### X-ray:

Usually normal  
May have ectopic calcification  
in line of gluteus medius tendon (analogous to calcific tendonitis of  
supraepinathus)

### Ultrasound:

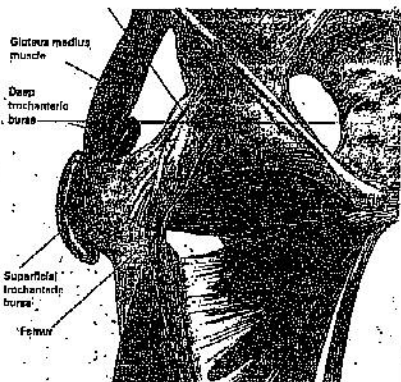
May show partial tear of gluteus medius / minimus  
NB: Significant bursitis is RARE

### Treatment:

As for other tendinopathies – progressive concentric then eccentric exercise  
strengthens hip abductors

### Analgesics / NSAIDs:

Occasionally – local steroid injection  
If high-grade tear is present – consider surgery



## Medial Knee Pain in the Weekend Warrior Osteoarthritis versus Meniscal Tear

### Favours OA:

- Previous Injury
- Intra-articular fracture
  - Meniscectomy – total or partial
  - ACL rupture
  - Any other high energy injury

History of joint line pain and  
progressive fixed flexion deformity

### Favours Meniscal Tear:

- New injury  
\* twisting mechanism  
\* causes shearing forces
  - Locking
  - Instability  
(mechanical symptoms)
- NB: Swelling is a non specific  
symptom – does not  
differentiate between  
pathologies

### X-rays:

Joint space narrowing

No joint space narrowing

### Treatment:

- Soft insoles in shoes
  - Glucosamine, Chondroitin in  
early phase (2 month trial)
  - Weight reduction
  - Avoid non-obligatory exercise
  - Cycling not running
  - Analgesics / NSAIDs
  - Consider surgery
- Physiotherapy – quadriceps  
exercises
  - Consider orthopaedic referral if:
    - Mechanical symptoms
    - Not settling with  
conservative treatment
    - Patient requests a surgical  
opinion

## The Tired Athlete - ? Overtrained

### Observations:

- Athletes often obsessional / driven people.
- They expend a lot of time / energy training and want a result from this.

### Symptoms:

Fatigue, poor performance  
Amotivational – lack of enthusiasm for training  
Irritability  
Poor sleep

### Signs:

Weight loss / gain  
Resting tachycardia  
Adenopathy  
Organ systems as dictated by symptoms

### Investigations:

CBC, Ferritin, ? C-Reactive Protein  
Others, e.g. Paul Bunnell in selected cases

### Common contributors / diagnoses:

- Overtraining / Inadequate recovery
- Iron deficiency, especially in female athletes / vegans
- Insidious dehydration, especially in summer
- Dietary inadequacy / eating disorders
- Inadequate sleep
- Depression

### Initial management:

- Training record
- Diet diary 3-5 days
- Symptom diary

### Review in 2 weeks:

- Symptom diary
- Blood tests
- If nothing obvious to the GP, refer on to a sports physician or general  
physician who understands the athlete's mindset.

## The Ankle Sprain that is Slow to Resolve

– consider possible anterolateral or posterior impingement

History: Ankle pain – persistent pain / dysfunction

Anterolateral  
Pain with lunging

Posterior  
Pain with toe pointing

### Examination:

Anterolateral tenderness  
May have positive anterior drawer test  
Pain on lunging  
Poor proprioception

Posterior tenderness  
May have positive anterior drawer test  
Pain with thrust test  
Poor proprioception

### X-ray:

May have:  
Anterior osteophytes  
Occasionally see loose bodies

May have:  
Prominent posterior process of talus  
Separate os trigonum

### Treatment:

#### Routine:

- NSAID tablet / gel
- Proprioception exercises
- Orthopaedic felt wedge or  
insole to reduce pronation

Occasionally:  
Local steroid injection

Rarely:  
Surgical debridement of  
osteophytes

Removal of loose bodies

