

Corrective Actions for the Gluteus Medius Muscle:

Patients with gluteus medius TrPs having difficulty with sleeping may need to modify their sleeping posture. They may benefit from lying supine or sleeping on the opposite side. A pillow between the legs to avoid a painful stretch into adduction of the hip may be necessary if sleeping in side-lying (Figure 55-9). If an individual has TrPs in the posterior portion of the gluteus medius muscle, they may be compressed when lying on the back, resulting in pain in that position.



Figure 55-9. Sleeping position for gluteus medius and gluteus minimus muscles. Pillow is placed between the legs to keep the hip aligned with the trunk and shoulder.

Self-pressure release of TrPs in the gluteus medius muscle can be achieved with the utilization of a TrP release tool, tennis ball, or a lacrosse ball. To perform TrP self-pressure release with a TrP tool, the affected or painful side is up (Figure 55-10A). The tool can be used to locate a sensitive spot and then to apply light pressure (no more than 4/10 pain) for 15 to 30 seconds or until pain reduces. This release can be repeated five times, several times per day. The patient may also utilize a ball or other handheld tool by gently lying on top of the ball following the same procedure as in Figure 55-10B and C. While rolling over the gluteus medius muscle, attention should be paid to any tender spots. A slow rocking motion or a pause over the area can be used prior to moving to the next area. Pressure should be mildly uncomfortable but not overly painful (Figure 55-10C).



Figure 55-10. Gluteus medius muscle self-pressure release. A, Trigger point pressure-release tool. B, Tennis ball. C, Trigger point pressure-release tool (half round).

Self-stretch of the gluteus medius muscle can be achieved by lying on the uninvolved side on the edge of a firm surface, flexing the lower hip, so that the lower foot can support the top leg (Figure 55-11A). The top leg can then be lowered until a slight stretch or discomfort is felt over the hip. The lower leg supports the top leg so as not to stretch the TrPs in the gluteus medius muscle too aggressively (Figure 55-11B). The patient should take a slow inhalation and then relax during exhalation

allowing gravity to assist in stretching the gluteus medius muscle (Figure 55-11B). If the bed is too soft, the same stretch maneuver can be performed at the top of a stair landing with a pillow under the bottom hip (Figure 55-11C and D).

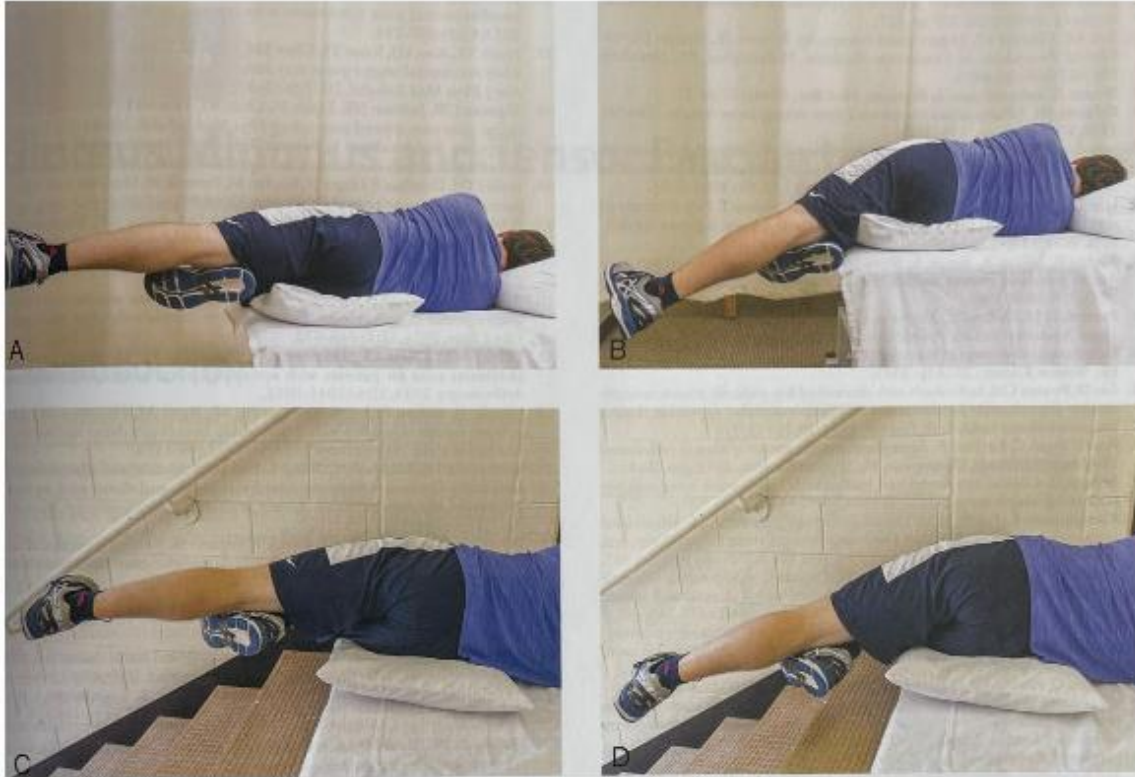


Figure 55-11. Gluteus medius and gluteus minimus muscles self-stretch. A and B, Off the edge of the bed. A, Starting position. B, Ending position. C and D, Off the landing of a staircase. C, Starting position. D, Ending position.

Adequate strength of the gluteus medius and gluteus minimus muscles is vital to allow for proper mechanics during walking once the TrPs have been deactivated. Altered mechanics that cause the hip to turn in and/or adduct on the weight-bearing side while walking needs to be corrected. Careful muscle retraining to avoid aggravation of the condition will be beneficial to prevent recurrence. A licensed rehabilitation professional should be consulted for a proper exercise prescription.