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Iliopsoas Tendonitis and Iliopsoas Syndrome

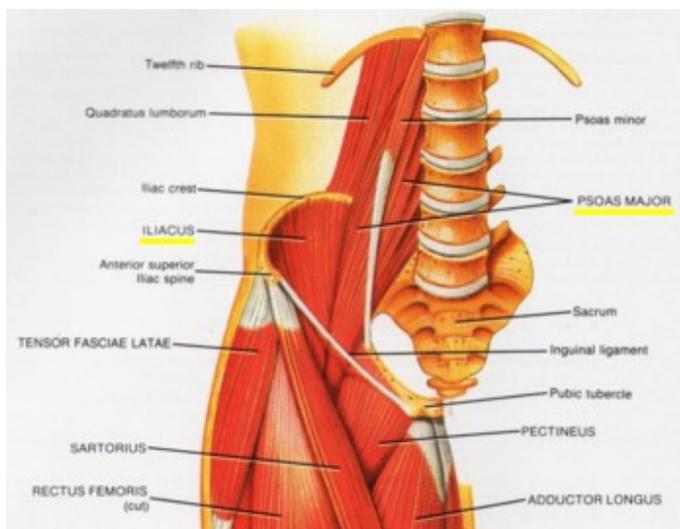
Iliopsoas Tendonitis and Iliopsoas Syndrome are conditions that affect the iliopsoas muscle located in the anterior region (or front) of the hip.

What is Iliopsoas Tendonitis (or Iliopsoas Syndrome)?

Technically, they are two separate conditions, but it's not uncommon to hear the term iliopsoas tendonitis or iliopsoas syndrome being used to describe the same thing.

Iliopsoas tendonitis refers to inflammation of the iliopsoas muscle and can also affect the bursa located underneath the tendon of the iliopsoas muscle. Whereas iliopsoas syndrome refers to a stretch, tear or complete rupture of the iliopsoas muscle and / or tendon.

Anatomy of the Hip Joint



The iliopsoas muscle is actually made up of two separate muscles located in the anterior (or front) of the hip area.

In the diagram to the right you can see the Iliacus labeled on the left and the Psoas labeled on the right. These two muscles are responsible for lifting the upper leg to the torso,

or flexing the torso towards the thigh (as in a sit-up).

Although the two muscles start at different points (the psoas originates from the spine, while the iliacus originates from the hip bone) they both end up at the same point; the upper portion of the thigh bone. It is at this point; the insertion, that most injury occurs.

What Causes Iliopsoas Tendonitis and Iliopsoas Syndrome?

Iliopsoas tendonitis is predominately caused by repetitive hip flexion or overuse of the hip area, resulting in inflammation. Iliopsoas syndrome, on the other hand, is caused by a sudden contraction of the iliopsoas muscle, which results in a rupture or tear of the muscle, usually at the point where the muscle and tendon connect.

Athletes at risk include runners, jumpers and participants of sports that require a lot of kicking. Also at risk are those who participate in strength training and weight lifting exercises that require a lot of bending and squatting.

Symptom of Iliopsoas Tendonitis

Pain and tenderness are common symptoms of both conditions; however the onset of pain associated with iliopsoas tendonitis is gradual and tends to build up over an extended period of time, whereas the pain associated with iliopsoas syndrome is sudden and very sharp.

Prevention

There are a number of preventative techniques that will help to prevent both iliopsoas tendonitis and iliopsoas syndrome, including modifying equipment or sitting positions, taking extended rests and even learning new routines for repetitive activities. However, there are four preventative measures that I feel are far more important and effective.

Firstly, a thorough and correct warm up will help to prepare the muscles and tendons for any activity to come. Without a proper warm up the muscles and tendons will be tight and stiff. There will be limited blood flow to the hip area, which will result in a lack of oxygen and nutrients for the muscles. This is a sure-fire recipe for a muscle or tendon injury.

Secondly, rest and recovery are extremely important; especially for athletes or individuals whose lifestyle involves strenuous physical activity. Be sure to let your muscles rest and recover after heavy physical activity.

Thirdly, strengthening and conditioning the muscles of the hips, buttocks and lower back will also help to prevent iliopsoas tendonitis and iliopsoas syndrome.

And fourthly, (and most importantly) flexible muscles and tendons are extremely important in the prevention of most strain or sprain injuries. When muscles and tendons are flexible and supple, they are able to move and perform without being over stretched. If however, your muscles and tendons are tight and stiff, it is quite easy for those muscles and tendons to be pushed beyond their natural range of movement. When this happens, strains, sprains, and pulled muscles occur.

Exercises

Stretching:

iliopsoas stretch: Kneel on one foot and the other knee. If needed, hold onto something for balance and then push your hips forward.



The "quad stretch" with your leg held backwards like a bow offers some stretch to the iliopsoas. Another more specific stretch would be lying on your bed, and allow your leg to dangle off the side of the bed from the hip on down. This is uncomfortable, but it does stretch the area. You can do 3 sets of 20 second stretches on each side. Alternatively you can move down towards the bottom of the bed and allow both legs to dangle off the bottom of the bed. To lessen some of the pain you are having you'll also find that when you get up from a lying (supine) position you may want to roll over onto your side first or use your elbows and hands to assist in lifting yourself up. When you are almost completely recovered, gentle lunges can help you regain more flexibility and your ability to take a full stride without pain. Don't do this if it causes pain - focus on the other stretches in that case.

Strengthening:

The abdominal muscles need to be strengthened to aid the hip flexors. This must be approached cautiously or you will aggravate the tendonitis. While ordinarily I believe that

no pain equals lots of gain, unfortunately, with this problem, there is some discomfort during the rehabilitation. The abdominals can be strengthened with crunches done on the floor or with an "ab machine" in the gym. If you are doing the ab machine, make sure you use very light weights and perform 2 sets of 25. This should cause a minimum of discomfort. Do not rush to increase the number of sets or the resistance. You will probably find you cannot perform the knee up exercise until further in your rehab program.

Alternatively you may do a 5 minute core workout:

Planks 15 to 45 seconds

Bridges - 10-15

Single Legged Bridges - 8-12

Side Planks - 10 to 30 seconds each side

In running, avoid hills. Uphills will be somewhat painful when lifting the leg, and downhill may also aggravate the condition. Curtail your speedwork, and shorten your stride. Also, try a brief rest of a few weeks, while continuing your stretching and strengthening exercises.