



Pain in the Butt(ocks)

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Angele, 43, is a housewife who emphatically tells you that she has a pain in her left buttock.

Her pain has evolved from days to weeks. Angele is an astute runner and changes her shoes every six months. She runs an average of 24 km a week on the street, where there is a camber in the road. Angele can't think of any factors that led to her pain.

You proceed by asking her a few other questions about her pain.

She denies having any pain down the back of her leg, but she does comment that her pain is made worse when she sits for a prolonged period of time. She feels that her pain exists only in the buttock region.

During her exam, you notice that her pain improves when she stands up or lies down.

You give her some stretches that should help with the pain.

Angele is excited to try the stretches because she remembers that certain stretches that she does on her own, do give her temporary relief.

You bring out your medical school anatomy textbooks to show Angele what you are talking about. You point to the Piriformis muscle and explain that:

- this small muscle is an important external rotator of the hip,
- it is not difficult to irritate this muscle,
- once it is irritated, it will spasm and

- once it is tight, the mechanics will change and this will cause a pain in the buttock area.

You also explain to Angele that the sciatic nerve passes below the piriformis muscle and this

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can sometimes simulate a true likeness to sciatica.

You speak to Angele regarding heat treatment, stretching, icing and physiotherapy. You also make the point of modifying her activity to mitigate her pain. The essence of treatment is directed towards getting the muscle to



relax, stretching it and strengthening it.

You have to look for risk factors so that you can reverse the deficit.

Although this condition can be confused with other ailments that cause pain in the buttock region, the success of treat-

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ment helps to confirm the initial diagnosis.

Angele asks you if you are able to recognize any risk factors for her developing piriformis syndrome?

You explain to her that she must try and run on flat surfaces only and that any area of the road that has a curve on it, should be avoided.

The regular aspects of conservative physiotherapy apply here as well, which includes:

- comprehensive strengthening programs,
- icing and
- the use of a short course of anti-inflammatory medication.

Therapeutic massage is also quite effective at treating this stiff, spasm-like condition.

A patient should always get any unresolving pain assessed sooner rather than later. Once scar tissue settles in, by the two- to three-week mark, it is much more difficult to rehabilitate.

As usual, prevention is the best form of treatment. Keeping the quadriceps, hamstring and buttock muscles flexible is an important long-term goal in prevention.

Angele understands most of what you have told her. You refer her to both a physiotherapist and a massage therapist for a complete rehabilitation program.

Just as she was disciplined in her running, she was also very disciplined with her exercises. After four weeks of modifying her activities and receiving proper treatment, she started to do much better.

You saw her in a follow-up appointment and was delighted to see how well she had progressed. You explained to her that she will need to continue these exercises and stretches for the rest of her life. If she does this, then she can avoid that “pain in the butt(ocks).”

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