

PATIENT
INFORMATION
LEAFLET

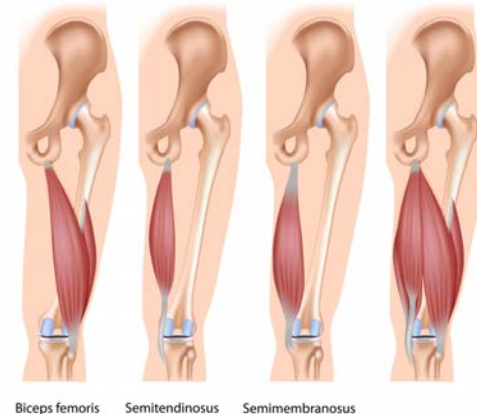
Hamstring Tendinopathy

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Introduction

The hamstring muscle is made of three muscles, which all originate from the bony prominence in the middle of the buttock. You can feel this bone under your buttock in sitting position, if you put your hand under the buttock i.e., the bone you sit on. This area where the tendon originates from can become painful/sensitive which we call proximal hamstring tendinopathy.

The hamstring group



Our tendons (which attach muscle to bone) undergo various stress and strain during our day to day activities. They adapt and recover from these on a daily basis. When the demand placed on these tendons exceeds their recovering capability they can become painful. We understand that multiple aspects affect the demand as well as the recovery of these tendons. The common ones being age and the demand placed on the tendon. If the demand we place on the tendon

is higher than its capacity to recover if not given enough time, the tendon can become painful. As we get older the recovery of the tendons slows down too. We also know that stretching and compression of the tendon worsens the pain.

Causes of Hamstring Tendinopathy

- Sudden increase in activity where the tendons recovery capacity is exceeded by the demand.
- Peri-menopausal women
- Older age.

Symptoms of Hamstring Tendinopathy

The most common symptoms of a proximal hamstring tendinopathy are:

- Pain and tenderness deep in your buttock.
- Pain with sitting.
- Pain when bending forward or stretching your hamstrings.

Diagnosis of Hamstring Tendinopathy

Imaging has no role in the diagnosis or management of a proximal hamstring tendinopathy. Diagnosis is done via a clinical examination of the tendon. Imaging is rarely needed unless another pathology is suspected.

Self management of Hamstring Tendinopathy

Weight loss

If you are overweight you are putting extra load through your knee. This will be contributing to your arthritis. Therefore, losing weight will improve your symptoms. Here are some useful websites;

- <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>
- <https://www.nhs.uk/live-well/healthy-weight/start-the-nhs-weight-loss-plan/>

Stopping Smoking

Smoking is a well recognised risk factor in the development of achilles tendinopathy, it is therefore important to try and stop.

- <https://www.nhs.uk/live-well/quit-smoking/>

Footwear

Tight fitting footwear, especially around the heel, is a common cause of insertional achilles tendinopathy. If you feel this is the case you may want to try different footwear.

Activity management

Reduce your levels of activity to a point where you feel no pain. Maintain this level of activity and the tendon may settle in as little as 5-10 days. However, it may take several weeks to fully settle. For mild cases you may be able to continue some normal activities as long as you're able to keep it relatively pain free.

Diabetes/Raised cholesterol

If you suffer with these conditions it is important to ensure they are well controlled. Speak to your healthcare professional for advice on improving your control.

Exercises for Hamstring Tendinopathy

Exercise 1: Standing Knee Bend



- Stand with the use of a chair for balance if required.
- Bend your knee, bringing your heel as close to your bottom as you can manage, then return to the starting position.
- Do not bend at the hips. Try to stand as straight as you can.

Exercise 2: Bridge



- Lie face up on the floor, with your knees bent and feet flat on the ground. Keep your arms at your side with your palms down.
- Lift your hips off the ground until your knees, hips and shoulders form a straight line. Squeeze your buttocks.
- Hold your bridged position for a couple of seconds before easing back down.

Exercise 3: Elastic Band – Hip Extension



- Stand with an exercise band attached to your ankle and the other end fixed to a firm point.
- Hold onto a chair or table.
- Draw your leg back behind you.
- Keep your knee straight the entire time.

Exercise 4: Single Leg Mini Squat



- Stand on your affected leg.
- Bend your knee slightly and then return to your starting position.

Exercise 5: Chair Squat



- Stand in front of chair of an appropriate height (a lower chair increases the difficulty and a higher chair is less difficult).
- With your feet about shoulder width apart, sit with your hips back as if to sit into a chair whilst raising your arms front of you.
- Touch the chair with your bottom and then return to standing whilst lowering your arms.

What next?

If you are still experiencing symptoms despite following the above advice, it is important you seek advice from your GP. Your GP may decide to refer you to the musculoskeletal clinic or to a physiotherapist.