

FACT SHEET — PERIPHERAL / REFERRED

Piriformis Syndrome

Deep buttock pain and sciatica without a spinal cause — a common but frequently missed diagnosis

Piriformis syndrome occurs when the piriformis muscle — a deep muscle of the buttock that externally rotates the hip — becomes tight, inflamed, or develops trigger points that compress or irritate the sciatic nerve as it passes through or below the muscle. It is one of the most common causes of "sciatica" that is not actually coming from the spine.

Why it gets missed

Piriformis syndrome can produce symptoms identical to spinal sciatica — buttock pain, posterior thigh pain, and even below-knee pain. MRI of the lumbar spine is often normal or shows only minor changes that are not consistent with the clinical picture. The diagnosis is a clinical one, made by identifying characteristic buttock tenderness, reproduction of symptoms with piriformis provocation tests, and the absence of true dermatomal neurological findings.

Symptoms

- Deep, aching buttock pain, often unilateral
- Pain radiating down the posterior thigh — usually not below the knee
- Worse with prolonged sitting (particularly on hard surfaces)
- Worse with hip internal rotation and adduction (crossing legs, sitting with feet turned in)
- Tenderness on deep palpation of the piriformis muscle
- Pain with the FAIR test (Flexion, Adduction, Internal Rotation of the hip)
- Often no neurological changes on examination

Treatment

Soft tissue therapy	Deep tissue massage and trigger point release to the piriformis is the primary treatment. Often produces immediate and significant relief. Best delivered by an osteopath, physiotherapist, or sports therapist.
Stretching	Specific piriformis stretches (figure-4 stretch, seated and supine versions) are highly effective. Should be performed daily.
Hip strengthening	Gluteal strengthening addresses the underlying hip dysfunction that typically contributes to piriformis overload.
Injection	Ultrasound-guided injection of local anaesthetic and steroid into the piriformis muscle can provide significant relief for persistent cases.
Activity modification	Avoiding prolonged sitting, adjusting driving position, using a cushion with a coccyx cutout.

Related fact sheets

Sciatica	True spinal sciatica — how to distinguish from piriformis syndrome.
Greater trochanteric pain syndrome	Lateral hip pain that can coexist with piriformis syndrome.
Sacroiliac joint dysfunction	Often coexists — both are pelvic floor-adjacent structures.
Proximal hamstring tendinopathy	Another deep buttock pain source.

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