Greater Trochanteric Pain Syndrome

Information for patients

What is Greater Trochanteric Pain Syndrome?

Greater Trochanteric Pain Syndrome involves the tendons and bursae (small cushioning sacs between tendons and bones around joints) surrounding the greater trochanter (a part of the thigh bone and the most prominent part on the side of your hip). An injury to these structures causes pain on the outside of your buttock and thigh. It is important to realise that the injury does not have to be caused by an incident, but can be caused by repetitive actions in everyday life.

What causes GTPS?

GTPS can be caused by:

- Direct trauma from a fall onto your side.
- Prolonged pressure to the hip area.
- Repetitive movements (walking/running).
- Commencing unaccustomed vigorous exercise.
- Weight-bearing on the one leg for long periods.
- Hip instability.
- Sporting injury

What are the symptoms of GTPS?

Greater Trochanteric Pain Syndrome causes pain over the greater trochanter that may extend into the lateral thigh/leg. This area can also be very tender to touch. Pain is usually episodic and will worsen over time with continued aggravation.

- Pain is worse when lying on the affected side especially at night.
- Pain following weight-bearing activities – walking, running.
- There may be hip muscle weakness.

4How is GTPS diagnosed?

Your physiotherapist/clinician will conduct a thorough examination to rule out other possible causes of your pain. Typically this condition can be diagnosed by clinical examination alone, but diagnostic tests including Ultrasound and MRI can sometimes be used for diagnostic clarity.

How is GTPS treated?

There are several strategies used to manage GTPS which are outlined below:

Pain relief

- Managing your pain. Pain is the main reason that patients seek treatment for GTPS. In truth, it was actually the final symptom that you developed and should be the first symptom to improve.
- Managing your pain is best achieved through relative rest and techniques or exercises that unload the injured structures.
- Eliminating the compressive load is vital to the recovery of GTPS – Avoid positions that lengthen the affected hip, eg crossing your legs; standing with your hip pushed out to the side; lying on either side; walking on cambered surfaces in the initial stages; stretching the muscles on the outside of the hip.
- Over the counter analagesics can provide some pain relief to allow you to move more normally.
- Heat and gentle massage to the gluteal muscles can reduce the tension.

Steroid injections

Steroid and local anaesthetic injections around the affected tissue can relieve pain. However these are not considered best practice. Although short term pain relief can be achieved the steroid can weaken the tendon and cause more difficulties in the longer term. However it may be necessary in order to achieve sufficient pain relief and allow rehabilitation that can give lasting symptom relief. Your GP or physiotherapist will be able to discuss this with you in more detail if required.

Restoring normal movement and strength

As your pain and inflammation settles, you will need to restore your normal hip joint range of motion, muscle length, and strengthen your muscles to improve control, endurance, joint position sense, balance and gait (walking pattern).

Exercises that may help:

- Lying face down, squeeze your buttocks strongly together. Hold for 10 secs.
- Lie face down. Tighten your stomach muscles and your buttock muscles and keep your hips down. Lift one leg slightly off the floor. Hold for 5 secs.
- Lying on your back with knees bent. Squeeze your buttocks together and lift your bottom off the floor. Return to starting position.

Return to function

The final stage of your rehabilitation is aimed at returning you to your desired activities. Everyone has different demands for their hips that will determine what specific treatment goals you need to achieve. For some people, it may be simply to walk around the block. Others may wish to run a marathon. Your physiotherapist will tailor your hip rehabilitation to help you achieve your own functional goals.

- Don’t start at the same level as before your injury. Build back to your previous level slowly and stop if it hurts.
- Warm up before you exercise.
- Continue your hip stabilisation exercises to prevent a recurrence.
- It is important to look at your lifestyle and make changes to try to prevent reoccurrence. Weight loss and a general increase in activity if appropriate can both be helpful.

If these steps don’t help, you may require a re-visit to your physiotherapist. It can take weeks or months to fully rehabilitate GTPS.

Be patient and stick with your treatment. If you try to do too much too soon, it can lead to more pain and reduced function.

If you have any concerns please seek the advice of your physiotherapist. For further information about hip pain and exercises, visit Versus Arthritis.

Let us know what you think and get involved

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