

Greater Trochanteric Pain Syndrome (GTPS)

This leaflet will discuss the signs and symptoms, diagnosis and management of GTPS – a common hip condition that causes pain over the outside of the thigh or buttock muscle.

GTPS encompasses other common diagnoses; such as lateral hip pain, gluteal tendinopathy and greater trochanteric bursitis.

What are the signs and symptoms?

Pain felt over the outer (lateral) side of the hip and thigh region.

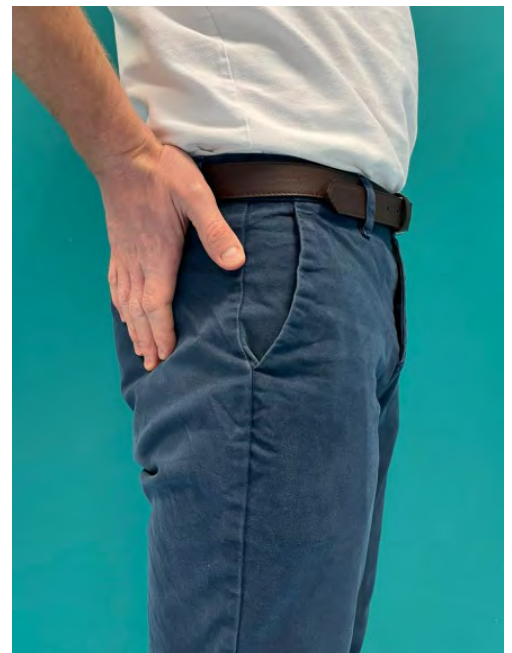
Common aggravating activities include lying on your side, crossing your legs and recurrent bending and squatting activities.

How is it diagnosed?

Pain is often felt on palpation or touch over the outside of the hip, over a prominent bone landmark called the greater trochanter.

Sources of pain include primarily the greater trochanteric bursa (hip) and / or the tendons of the gluteal muscles (buttock).

Your physiotherapist/doctor will need to exclude the lumbar spine and hip joint as a potential source of pain and might use ultrasound scanning (USS) and an MRI scan to assist with confirming a GTPS diagnosis.



How is GTPS treated?

In most cases GTPS does not require surgery. It often responds well to conservative management.

- Physiotherapy focuses on helping you to understand how to improve your posture and how to modify any activities that cause you pain. Targeted exercises help to build the muscles that support the hip and a tailored exercise programme will help you to resume normal activities.
- In some cases, you may be offered a steroid injection to help reduce the pain to enable you to carry out your everyday activities and physiotherapy exercises.

Common aggravating postures, activities and suggested modifications

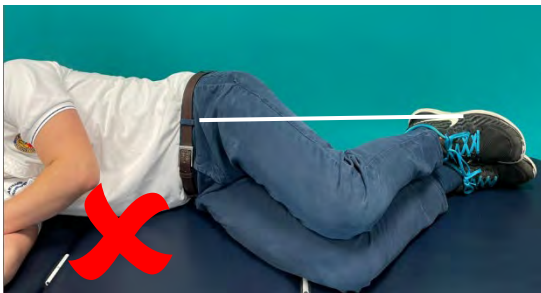
AVOID: Sitting with your legs crossed

TRY: Sitting facing forwards with your legs parallel.



AVOID: Lying on your side.

TRY: Lying on your front or back if you can tolerate this firstly. Alternatively, lie on the non-affected side and place pillows between your knees so that the top hip and knee are level (see the picture below). This reduces compression on the painful structure on the outside of the hip.



AVOID: "Hip hanging". This is when you stand but sway to the side and place more weight through this side.

TRY: Standing equal weight bearing between the right and left foot.



Compassionate

Aspirational

Resourceful

Excellent

Other considerations and tips:

- Try to remember to sit and stand tall.
- Keep mobile. Break up periods of prolonged sitting and standing.
- Keep active. This will promote a healthy cardiovascular system, which in turn has positive influences on soft tissue structures.
- Maintain a healthy diet and good hydration. In many cases, reducing weight will have considerable benefits in improving pain and function as well as contribute towards good tendon health.
- Stopping smoking and reducing alcohol intake will also help to promote better health of soft tissues.
- **Be patient and positive.** Managing GTPS takes time and keeping up with your exercises and following the activity advice in this leaflet is essential.

Exercises for GTPS

1. Side lying isometric hip abduction

- Lie on your side with the painful hip on top. Place two pillows between your knees. Have the bottom leg bent to 90 degrees and the top leg straight and behind your bodyline rested on the pillows. Place a small, folded towel under the lower back for comfort.
- Keep your back straight and do not allow the pelvis to rotate backwards.
- Take the weight of the top leg no higher than 1cm off the pillow from the knee to the ankle. You should feel a mild tension in the side of the buttock.
- Hold this for 3 seconds then relax.
- Repeat for 1 minute 3 times.



2. Side lying concentric hip abduction

- Using the same position as exercise 1 this time raise the top leg up into the air as high as you can manage.
- Count to three as you raise and as you lower.
- Keep the leg behind the bodyline throughout the movement.
- Repeat 8-10 times for 3 sets.



3. Double leg bridge

- Lie on your back with knees bent. Have your heels in line with one another.
- Squeeze your buttocks and raise the hips.
- Hold 3 seconds and repeat 3 sets of 8-10 repetitions.



4. Standing isometric hip abduction

- Stand tall, sideways close to a wall with one knee bent and supported against the wall.
- Press the knee against the wall while keeping the hip, knee and foot of the leg you are standing on aligned.
- Hold 3 seconds then relax. Repeat this for 1 minute 3 times.



Further information

Physiotherapy Outpatient Department Physiotherapy East

T: 0118 322 7811

Email: rbft.physiotherapy@nhs.net

Visit: www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Physiotherapy, November 2024

Review Date: November 2026

Compassionate

Aspirational

Resourceful

Excellent