

Greater Trochanteric Pain Syndrome

What is Greater Trochanteric Pain Syndrome (GTPS)?

GTPS describes pain on the outside of the hip that may travel down the outside of the thigh. It is primarily caused by compression of the tendons in that region which are involved in the majority of leg movements and activity that we complete on a daily basis.

Who gets it?

GTPS generally occurs in 10-25% of the population, most commonly in people over the age of 40, with women outnumbering men by 4 to 1. There are certain risk factors for developing GTPS which include a sudden change in activity, change in hormones, knee osteoarthritis, diabetes, end stage kidney disease and a wider shaped pelvis.

What are the symptoms?

Typical symptoms of GTPS are pain along the outside of the hip. This may occur whilst lying on your side at night or during or after standing, walking or other activities.

How is it diagnosed?

GTPS is diagnosed by your GP or Physiotherapist by taking a history from you about your symptoms and carrying out the necessary examination. Only a small number of people will require tests or investigations, however this will be to rule out other diagnoses.

GTPS (continued)

What can I do to help?

- Studies suggest that after 15 months, no matter what treatment you have, your symptoms will most likely resolve around this time. However, doing specific exercise seems to reduce the symptoms most effectively in the long term
- Weight loss can help if you are overweight
- Adapting positions that provoke discomfort, such as lying onside, and or with pillow between knees may help
- Some simple exercises can improve tendon pain significantly
- General exercise can also help significantly
- Speak to your local pharmacist or GP about a short course of anti-inflammatories

How can therapy help?

Therapists can provide you with exercises to reduce pain and improve your function.

These may need to be completed for 1-2 months before significant improvements are made, and compliance is key to success.

The exercise below can help:



Images and wording courtesy of Physitrack

Lie on your good side, making sure there is a straight line from your head, through your trunk, down your legs to your toes. Straighten your legs and pull the toes up towards you.

Raise the top leg straight up, then control the motion back down.

Ensure your leg goes directly up, as though sliding up and down a wall.

What other treatments might help?

If the above management is unsuccessful you can be referred for cortisone injection. However, this treatment may only be successful for a short period and will not fix the primary problem which is addressed with the exercise programme.

Only a very few people will require surgery and only if the above management has failed.