

PATIENT
INFORMATION
LEAFLET

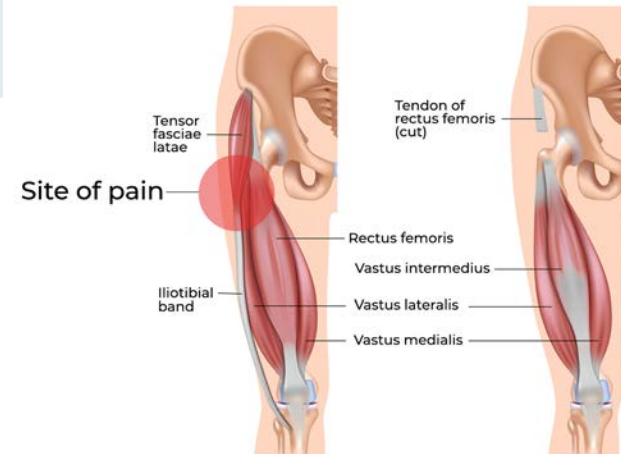
Greater Trochanteric Pain Syndrome

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Bradford Teaching Hospitals NHS Foundation Trust
Bradford District and Craven Clinical Commissioning Group

Introduction

Greater Trochanteric Pain Syndrome (GTPS) is a common hip condition that causes pain over the outside of your thigh or buttock muscle. GTPS (previously called Trochanteric Bursitis) is due to small changes to the nearby muscles or tendons.

GTPS often mimics pain generated from other sources, including degenerative joint conditions, i.e. osteoarthritis of the hip and spinal problems. Between 20 and 30% of people with low back pain experience GTPS. It is more common in people over 40, and affects women more than men.



Causes of Greater Trochanteric Pain Syndrome

- An injury such as a fall on to the side of your hip area.
- Excessive repetitive movements involving your hip area such as increased walking distances, brisk walking pace, running too far a distance.
- Prolonged or excessive pressure to your hip area such as sitting for long periods in chairs that are too low, crossing your legs, weight-bearing through one leg whilst standing or a change in mattress.
- Reduced strength and flexibility of the muscles around the hip and buttock.
- A consequence of osteoarthritis of knees and hips.
- Inactive lifestyle and being overweight can contribute.

Symptoms of Greater Trochanteric Pain Syndrome

- A burning or aching pain in the outer bottom, thigh or buttock area. This can travel down to your knee.
- Pain when lying on your side.
- Pain that increases with exercise such as long periods of walking, standing or running, and ascending stairs.
- Altered walking pattern.
- More noticeable pain when walking briskly.
- Tenderness to touch.
- Pain to sit with your legs crossed.

Diagnosis of Greater Trochanteric Pain Syndrome

- Pain on palpation of the bony prominence (also known as the Greater Trochanter) is a common marker.
- There are other tests your clinician will undertake to assess the strength of the buttock muscles, as well as ruling out other causes of hip pain.
- Imaging such as X-Rays and ultrasound scans are rarely useful, but may be warranted if symptoms do not improve with appropriate treatment.

Self Management of Greater Trochanteric Pain Syndrome

General Advice

Decrease aggravating activities, such as running or excessive walking; but try to remain active. When you are standing still, avoid leaning on one hip and keep your weight evenly through both feet.

Avoid sleeping on the aggravated side. If sleeping on the opposite hip, try placing a pillow between your knees to stop your painful leg crossing over. Avoid sitting with your legs crossed, or on low chairs.

Weight loss

Losing weight: this will reduce the pressure through your joints.

To find out if your weight is contributing to your arthritis check your BMI here (<https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>).

If your BMI is raised, decreasing this will improve your symptoms. If you want advice on how to reduce your BMI, use the following link (<https://www.nhs.uk/live-well/healthy-weight/start-the-nhs-weight-loss-plan/>).

Pain killers

Pain killers may be used to provide short term pain relief: anti-inflammatory gels or tablets can be helpful. Ice can also be helpful: wrap an ice pack in a damp towel and place onto the area for up to 20 minutes. If you have any questions your local pharmacy will be able to advise about what is safe.

Footwear

Wear cushioned comfortable footwear to reduce impact when walking.

Exercises for Greater Trochanteric Pain Syndrome

Exercise 1: Knee bend in lying



- Lying on your back
- Bend your hip and knee to your chest
- Return to a lying position. Repeat

Exercise 2: Piriformis stretch



- Lying supine with your knees bent
- To stretch your right buttock
- Rest your right ankle up onto the left knee
- Rotate your knee out to the side

Progression;

- In this position pull your left knee up assisting with your hands
- Feel the stretch in your buttock

Exercise 3: Clam (lateral hip rotation in side lying)



- Lying on your left side with your hips and knees bent.
- Lift your right knee up and rotate your hip
- Forming a gap between your knees. Repeat.

Exercise 4: Hip Abduction in standing



- Stand sideways
- Make sure you are supported
- Keep your knee straight
- Take your leg out to the side. Repeat

Exercise 5: 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 6: 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.