

Greater Trochanteric Pain Syndrome (GTPS)

Information for you



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Greater trochanteric pain syndrome (GTPS), also known as lateral hip pain or trochanteric bursitis, is a common condition where you can experience pain and tenderness on the outside of the hip and buttock region, shown in the picture below. Sometimes it may travel down as far as the outside of the knee.



GTPS is more common in people over 40 years old, and affects more women than men. It can affect both hips and can be associated with low back pain. In most cases, the symptoms from GTPS will ease with time. For those people whose pain persists, treatment is usually painkillers, strengthening exercises for the weak muscle groups and occasionally corticosteroid injection.

Causes

There are many factors that can contribute to GTPS:

- Inflammation of one of the bursae (a small cushioning fluid filled sac that lies between the tendons and bones of the hip);

- Reduced strength and flexibility of the muscles around the hip and buttock. This in turn can cause a secondary inflammation of one of the bursae around the hip joint;
- Secondary to low back pain;
- Inactive lifestyle, causing weakness in the buttock muscles;
- Being overweight;
- Postural habits, for example, standing on one leg for long periods of time, crossing legs when sitting, or lying on affected side for long periods;
- Secondary to osteoarthritis (OA) of the hip or knee.

Symptoms

These can vary from person to person depending on the initial factors that are causing the condition. People may experience:

- Pain when walking; standing for long periods; sitting with legs crossed.
- Pain at night when lying on the affected side.
- Pain from the hip joint or the lower buttock region travelling down the outside of the thigh to the knee.

Management

Helpful tips

- Avoid sitting with your legs crossed as this will reduce the pressure on the painful area.
- Avoid sitting with your knees wide apart or close together.
- When standing, try not to push one hip out to the side or stand on one leg.
- Avoid very low chairs.
- Keep active but avoid overdoing it.
- Use a handrail when climbing the stairs if needed, or take one step at a time with your good leg leading going up and the sore leg leading coming down.

Sleeping positions

- Avoid lying on the painful side or with the painful leg crossed over the other as in the picture below.



- Try lying on your back with a pillow under your knees, or lie on your good side with pillows between your legs to keep them parallel as shown below.



Exercises

Below are some exercises which will help strengthen the affected muscles and over time help reduce the pain. If you are seeing a physiotherapist they will advise you further on these.

- **Isometric abduction** - Lie on your back with the affected leg closest to a wall. Press the foot of the affected leg against the wall and hold for ten seconds. Repeat the same exercise, but standing up.



- **Single leg stand** - practice standing on one leg. Try to build up the length of time you can do this for.



- **Side lying hip abduction** - lie on your good side, painful leg on top and supported on a pillow. Lift the painful leg a couple of centimetres off the pillow and hold for ten seconds.



- **Wall squat** - Stand with your back against the wall, knees apart and your feet out in front of you. Slide down the wall within a comfortable range and then come back up keeping your back against the wall.



- **Pelvic dips** - stand on a step with one foot hanging over the side. Use your hip muscles for control as you dip the unsupported foot down towards the floor and bring it back up before it touches.



- **Bridge** - Lie on your back with your knees bent and feet flat on the bed or floor. Squeeze your buttock muscles together then lift your hips up. Hold for five seconds before slowly lowering back down.



Pain management

- Continue gentle exercise as best you can.
- Try to stay at work even if you have to modify your duties slightly.
- You can use cold as pain relief by wrapping an ice pack in a towel and pressing it against the affected area for up to 20 minutes. Check your skin every 5 minutes in case of damage.
- The use of painkillers and anti-inflammatory medications can be used as advised by your pharmacist or family doctor (GP).

- Corticosteroid injections can be helpful for pain management but will not resolve the cause of the problem and are never the first treatment. This can be discussed with your GP or physiotherapist.

Other signs

If:

- your symptoms have not improved or are getting worse after treating it yourself
- you have a very high temperature, or you feel hot and shivery
- you cannot move the affected joint
- you have very severe, sharp or shooting pains in the joint

Then please review this with your GP.

Prognosis

Research shows that six out of ten people get better within one year; however, some people can take longer.

Further advice

If you are still having difficulty please contact your GP, NHS inform on 0800 22 44 88 for more information, or you can access the MSK NHS Ayrshire & Arran website on <http://www.nhsaaa.net/allied-health-professionals-ahps/musculoskeletal-service/>

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