

# Greater Trochanteric Pain Syndrome



## PATIENT INFORMATION GUIDE

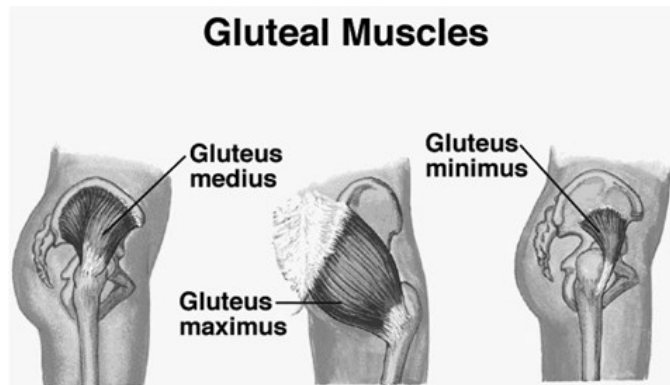
Croydon Health Services   
NHS Trust

## **Information**

The aim of this booklet is to provide you with information and guidance on Greater Trochanteric Pain Syndrome (GTPS) to assist you with long term self-management.

## **Anatomy**

The three gluteal (buttock) muscles form a tendon which attaches onto a bony bump at the side of the hip called the greater trochanter. The gluteus medius and minimus muscles are important stabilisers of the hip during walking and standing. There are three fluid filled sacs (bursae) which sit within this region, to help the tendons glide over the bone.



## **Useful Websites**

<http://www.running-physio.com/gluteal-tendinopathy/>

<https://www.clinicaledge.co/blog/infographic-gluteal-tendinopathy-with-benoy-mathew>

## **Physiotherapy Outpatients Department**

Croydon University Hospital  
Woodcroft wing  
530 London Road  
Croydon  
CR7 7YE

Purley War Memorial Hospital  
856 Brighton Road  
Purley  
CR8 2YL

Telephone Number: 0208 401 3000

## How long will this take?

This varies from person to person. You should expect to see some improvement with the first 8 weeks but it can take 4-6 months to recover fully.

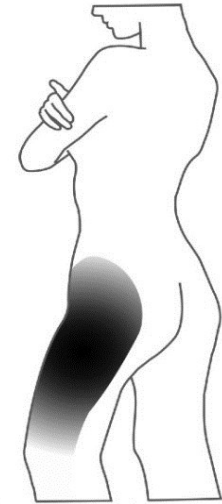
## Other options:

If you fail to improve with physiotherapy, you can be referred for a corticosteroid injection. This is designed to provide short term pain relief but is not always effective and is no better than physiotherapy in the long term.



## GTPS

GTPS is common and can occur in active or inactive people of any age, but it most commonly affects women in their 50s. Pain usually occurs on the side of the hip and can spread down the outside of the thigh.



In 80% of cases, GTPS is caused by changes in the gluteus medius and minimus tendons. It can occasionally be caused by swelling or thickening of the trochanteric bursa, but this is much less common.

## Risk Factors

Female gender

Being overweight

Weak gluteal muscles

Poor hip control

Sudden changes in activity or tendon load

Excessive tendon stretching or compression

## Stages

There are two key stages of GTPS:

- **Reactive (Early)**: This involves the onset of symptoms, often after a sudden change in activity. This results in adaptive changes in tendon structure which can be very painful.
- **Persistent (Long standing)**: If you have had pain for more than 3 months, which may spread down the thigh, it is likely you have a persistent tendinopathy which usually involves further changes in tendon structure.

## Management

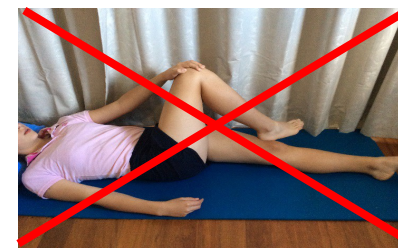
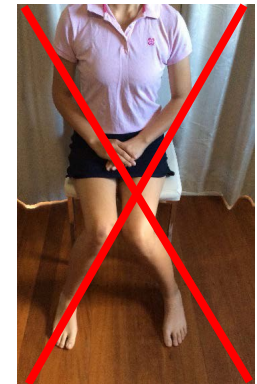
Treatment options for GTPS depend on the stage of injury and the severity of your symptoms.

## What can physiotherapy do?

Physiotherapy is available to assist you with pain control and exercise progression. Your physiotherapist will carry out an assessment and help you decide on a treatment plan based on your individual needs. The things that you do for yourself are more important than those we do to you so it is vital that you take a lead role in managing your symptoms and progressing your exercises when required.

## Things to avoid:

- Sitting with your legs cross or 'hanging' on your affected hip with you stand.
- Stretching, massaging or foam-rolling the gluteal muscles: This can irritate the tendon and make it more sensitive.
- Direct compression to the tendon e.g. lying on the affected side at night.
- Complete rest: This can make the tendon weaker and less able to tolerate daily activities.
- Activities of yours which are particularly painful 24-48 hours after completion.



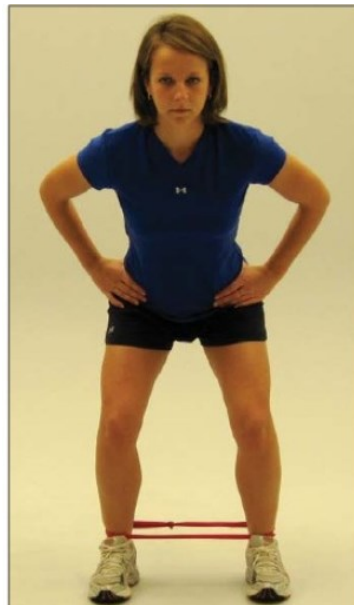
(Taken from Grimaldi 2015)

## Late stage:

If you are currently having a flare-up, your first step is to settle your symptoms using the advice relating to early stage treatment.

- **Load management:** If you continue to overload or underload the tendon, it will remain painful and may lead to long-standing pain and reduced function.
- **Strengthening:** It is important to gradually improve your tendon's ability to cope with load. This can be achieved through eccentric loading exercises which are said to reorganise your tendon's structure, making it stronger and more efficient.

Stand with your feet shoulder width apart and your knees slightly bent. Place band around your ankles. Slowly walk sideways for 6 - 8 steps. Repeat 3-5 times. Try to do this little and often throughout the day. To make it easier, place the band higher up your leg. To make it harder, place the band around your toes.



<http://www.running-physio.com/glutemed>

## Early stage

The initial aim of treatment is to settle your symptoms:

- **Load management:** This aims to reduce stress on the relevant anatomical structures. You should reduce activities which are particularly painful e.g. running, sitting for long periods.
- **Movement re-education:** This aims to reduce activities which excessively compress or stretch the gluteal tendons. Your physiotherapist will guide you on this.
- **Anti-inflammatory medication:** Ibuprofen can be useful during this stage. **As with any medication please consult your GP first.**
- **Ice:** For maximum of 15 minutes at a time to reduce pain. Use frozen peas or cold packs.
- **Isometric exercise:** To help maintain strength and reduce pain sensitivity.

Lie on your back with a pillow under your knees and a theraband around your knees. Keep a gap between your legs. Gently pull your legs apart against the band. Hold for 10 - 20 secs. Slowly relax. Repeat 6 - 8 times. Try to do this little and often throughout the day or as and when you can.



(Taken from Grimaldi 2015)