

# Greater Trochanteric Pain Syndrome (GTPS)

This leaflet provides information about greater trochanteric pain syndrome. If you have any questions or concerns, please speak to the therapist looking after you.

## What is GTPS and why have I got it?

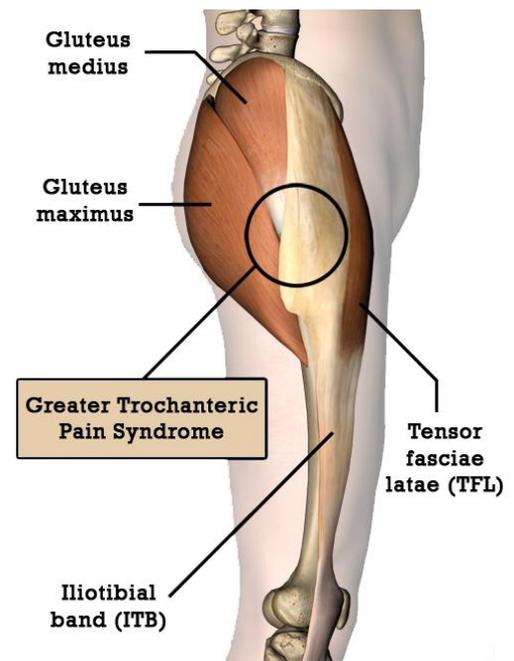
GTPS is a common hip condition that causes pain over the outside of the hip or upper thigh. It usually occurs when the tissues that lie over the greater trochanter (bony prominence on the outside of the hip) become irritated.

## What are the signs and symptoms?

Clinical examination can be sufficient to diagnose GTPS but an ultrasound over the outside of the hip or upper thigh can also be used to confirm the diagnosis.

The exact cause of GTPS is not fully understood but there are several factors that contribute to it:

- Being overweight
- Sudden changes in activity levels
- Post-menopausal women
- Falling / landing on the outside of the hip
- Rheumatological diseases
- Regular use of steroids.



## What treatments are available?

### Load Management

Reducing the amount of activity you do so that you do not continuously cause your pain to flare up is very important. This means you can continue most of your normal regime but modifying certain things by having a break halfway or changing your position, so that it is more comfortable for your hip. You may need to temporarily avoid certain positions or activities if this is not possible.

### Anti-inflammatory Medication

Many people find an anti-inflammatory medicine such as ibuprofen can be helpful to moderate the pain whilst you are recovering. If you think this might be helpful, always discuss new medication with your GP or a pharmacist.

Alternatively, using an ice pack or frozen peas wrapped in a tea towel can also be helpful. You can leave this over the painful area for up to 15 minutes at a time throughout the day.

### Corticosteroid Injection

In some cases, patients may be offered an injection if their pain is not improving with exercise and load management. However, this is not appropriate for everyone and is not a first line of treatment.

Research has shown that corticosteroid injections are no more effective than physiotherapy at treating GTPS in the long term. They can be useful for pain management in the short-term however they do not resolve the underlying problem or cause.

## Is there anything I can do to help myself?

Completing a regular set of exercises will help to keep the hip moving, strengthen muscles and train your hip to tolerate more activity over time. We have included some examples overleaf

that you can try. Aim for two to three sessions of exercises per week.

We would advise you to avoid stretching the hip (crossing your legs over or side bending away from the affected hip).

Sometimes, certain exercises or activities may be too intense and cause a flare up of your pain. This does not mean you have damaged the hip but is normally a warning that you have done more than it can tolerate. If this happens, reduce your exercises and modify your activities. Whatever you do, don't stop completely as this can make the hip more irritable and less tolerant of the exercises. If you are concerned, discuss this with your therapist at your appointments so they can adjust your exercises or escalate your care accordingly.

## **Example Exercises**

### Level 1 – hip isometric abduction

1. Lying on your unaffected side, place a pillow between your legs and keep your affected leg straight.
2. Slowly lift your affected leg just off the pillow, hold for 15-45 seconds, and then lower back down to the starting position.
3. Complete multiple sets as your symptoms allow.



### Level 2 – hip bridging

1. Lie on your back, with your knees bent so that your feet are flat on the bed.
2. Slowly lift your bottom off the bed towards the ceiling, squeezing your bottom as you lift. Hold for 1-2 seconds and then slowly lower back down to the starting position.



3. Complete 1-3 sets of 8-12 repetitions as your symptoms allow.

### Level 3 – split stance single leg dip in standing

1. Stand with your back against a wall, with your unaffected leg in front and resting on your heel.
2. Slowly bend your affected leg to dip down as far as comfortable, and then push back up to the starting position.
3. Complete 1-3 sets of 8-12 repetitions as your symptoms allow.



### **What happens if I do not get treatment?**

Some people have an improvement of symptoms without treatment. This may be permanent or they may have regular episodes of pain which then settle. It usually takes between six to nine months to see maintained improvements in pain with or without therapy. After this point, we always recommend talking to your GP for a physiotherapy appointment so that we can give you the correct tools to begin seeing improvements.

### **Useful sources of information**

ARC – Arthritis Research Campaign

St George's Hospital MSK Physiotherapy website –

[Resources for patients – Start your recovery today! - St George's University Hospitals NHS Foundation Trust \(stgeorges.nhs.uk\)](https://www.stgeorges.nhs.uk/physiotherapy/resources-for-patients-start-your-recovery-today/)

### **Contact us**

If you have any questions or concerns about your problem, please contact the St George's University Hospital NHS

Foundation Trust Physiotherapy department on 020 8725 3014 or email [MSKphysioenquiries@stgeorges.nhs.uk](mailto:MSKphysioenquiries@stgeorges.nhs.uk).

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)



### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** [www.nhs.uk](http://www.nhs.uk)

### NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.