

# 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?

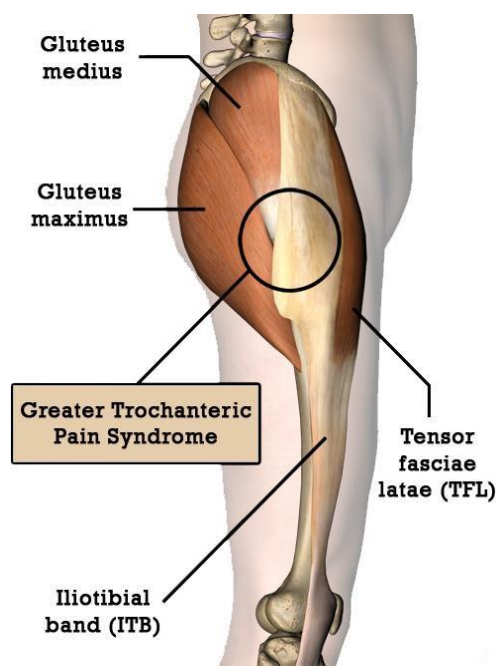
GTPS is a common hip condition that causes pain over the outside of the hip or upper thigh. It usually occurs when the tissues that lie over the greater trochanter (bony prominence on the outside of the hip) become irritated. A combination of the factors below with repetitive friction / stress and weight through the gluteal muscles, tendons and bursa can all lead to GTPS.

## What are the signs and symptoms?

Clinical examination can be sufficient to diagnose GTPS. In addition, an ultrasound can be completed over the outside of the hip or upper thigh to confirm the diagnosis but it is not always necessary.

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
- Reduced strength at your hip muscles
- Prolonged sitting in crossed leg position.



## What treatments are available?

### Physiotherapy

If referred to physiotherapy, a qualified therapist will assess your hip to determine diagnosis. If GTPS has been suspected, your physiotherapist will advise you to complete certain exercises to facilitate your recovery and rehabilitation, educating and advising different management techniques for your symptoms. It is important you listen to the physiotherapist's advice to have the best chance of recovery. Physiotherapy is not always necessary for GTPS and it may resolve in its own time.

## Load Management

Activity modification to reduce the load on the hip is very important to help you manage your pain and reduce pain flare ups. This **DOES NOT** mean stopping all activity, it **DOES** mean continuing with your normal regime but modifying certain activities such as taking a quick 5-minute seat during a long walk, changing your sitting position so it is more comfortable for your hip or using cushions to support your hips.

If modifying your activity is not possible, avoiding certain positions or activities that aggravate your pain may be temporarily beneficial. Everyone is slightly different, so having an awareness and understanding of what aggravated your pain will help with your injury management.

## 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 medication with your GP or a pharmacist.

Alternatively, using an ice pack or frozen peas wrapped in a tea towel can be helpful. You can leave this over the painful area for up to 15-20 minutes at a time throughout the day. Be careful to monitor your skin if using ice as ice skin burns are common.

## 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 always an adjunct alongside physiotherapy.

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 set by your physiotherapist will help to keep the hip moving, strengthen muscles and train your hip to tolerate more activity over time. If you are awaiting a physiotherapy appointment, completing simple exercises will not cause damage to your hip therefore 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, avoid lying on your affected hip and avoid 'hanging' on your hip, standing with equal weight distributed through both hips.

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 exercise 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, approx. 1cm, hold for 15-45 seconds, and then lower back down to the starting position. Ensure your toes are pointing forwards, NOT towards the ceiling.
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 leaning against a wall, with your unaffected leg one step in front with weight going through your heel.
2. Slowly bend your affected leg to bend/squat 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.



## 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 advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

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

### NHS UK

The NHS 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.

