Tyneside Integrated Musculoskeletal Service

Information for Patients

www.tims.nhs.uk

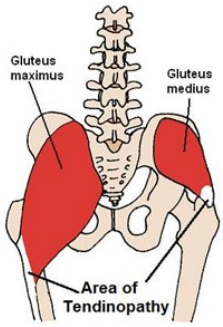
Training start date 16/08/2024

Greater Trochanteric Pain Syndrome

Introduction

This leaflet aims to help you understand what Greater Trochanteric Pain Syndrome (GTPS) is and to advise you how you can help yourself to try and alleviate your symptoms.

If you have any questions that have not been answered in this leaflet, please do not hesitate to ask your physiotherapist.



What is Greater Trochanteric Pain Syndrome (aka GTPS)?

Greater trochanteric pain syndrome (GTPS) is a common condition characterised by pain along the outer side of your hip, thigh and buttock. This is usually caused by an injury or repetitive irritation to the soft tissue structures (muscles/tendons/bursa) that lie over the top of your outer thigh bone. Sometimes different terms are used to describe this including Gluteal Tendinitis/Tendinopathy or Bursitis but really these are just different names for the same condition.

How Common Is The Condition?

It’s quite common- between 20-25% of the population will have it at some point in their lives and it can often persist for quite some time.

You are more likely to develop GTPS if:

- You are female (3-4 times as many women get GTPS than men)
- You are aged between 40-60 years old
- You Suffer from Lower Back pain (Up to 35% of people with lower back pain will also have GTPS)

What Causes The Condition?

There are a number of different factors that can contribute towards developing GTPS. These will vary from person to person but common causes are:

- A fall on to your hip
- Excessive/sudden increase in physical activity or repetitive movements
- Crossing your legs
- Sitting for long periods
- Sitting in chairs that are too low
- Standing/weight bearing more through one leg for longer periods
- Reduced strength of the muscles around your hip
- Secondary to osteoarthritis of the hip/knee
- Having low back pain
- Morphology (Shape) of the pelvis
- Being overweight
- An inactive lifestyle

There is also evidence of an increased prevalence of GTPS in post-menopausal women, suggesting that deficits in the female sex hormone may have an impact on tendon health. Combined with increased weight and a less active lifestyle, these factors may come together to overload the tissues causing pain.

Load V's Capacity

It is believed that combinations of the factors above lead to an **imbalance** between the amount of load or strain going through the area and the amount of load or strain the tissues are happy coping with (their 'Capacity'). When the **Load is bigger than the capacity,** GTPS can develop as tissues become overworked and sore. Repetitive friction, compression and excessive force through the gluteal muscles, tendons and bursa irritates them and results in pain.

Being overweight, especially with excess tummy fat, when combined with any of the above factors can further contribute towards GTPS. Weight loss can therefore be a very important aspect of improving symptoms in many people.

For further information on weight loss go to
www.nhs.uk/livewell/loseweight/Pages/Loseweighthome.aspx

What Are The Symptoms?

The most common symptom is pain that is typically felt on the outside of your hip/thigh/buttock area.

Aggravating activities can vary for different individuals but you may commonly experience pain with one or more of the following:

- Lying on your side
- When you are walking
- Climbing the stairs
- When you are standing on the affected leg for prolonged periods
- After longer periods sitting
- When you stand up after sitting
- Crossing your legs
- With a smaller amount of physical exercise or activity than you are normally able to do

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What Can Help With The Condition?

GTPS is a condition that often responds slowly to treatment. On average it can take 6 - 9 months and, in some cases, longer for your symptoms to improve. You need to have patience and ensure that you consider the steps outlined below.

As GTPS is caused by an imbalance between **'load'** and **'capacity',** the first and most effective approach to treating it involves modifying or reducing the loads going through the tissues on the outside of your hip. By reducing the frequency and length of time that you spend doing activities that compress or overload this area you can help things to start to settle. This doesn't necessarily mean stopping them, just reducing or modifying things. This can be frustrating and takes trial and error but is vital to recovery.

Many things we do every day automatically without realising can be important to address. Some things to think about include:

- **avoiding crossing legs** - avoid sitting for too long on low seats- try to **change positions frequently** throughout the day
- putting a **pillow between your knees** when lying in bed .
- reduce hill walking where possible; walk on flat ground if walking for exercise
- reduce the number of times you go up the **stairs** in a day

Its important to remember that this doesnt mean becoming inactive, just trying to reduce the things that make it worse.

Other important factors include:

- Medications to manage the pain if it is severe - this needs to be done with support from your GP/Pharmacist
- Balance your physical activity levels at work and at home
- Modify your day to day activities and avoid repetitive (provocative) movements
- Do exercises to strengthen the muscles of your hip
- Maintain a healthy body weight
- Manage other health conditions that you have

Building More Capacity through Exercise

Modifying the load using the measures above is only the first step. It is then important to build up the 'capacity' of the tissues so that they can cope better with the loads placed on them every day. This involves targeted exercises to make the muscles and tendons stronger and more robust.

General exercise in a gym or class can be good, as long as it is at a level suitable for your fitness and load tolerance level. If you are already doing this you may just need to change the frequency or intensity of the exercise to allow things to recover between session and ensure that you aren't doing too much. Some of the following exercises are aimed at targeting the muscles and tendons on the outside of the hip.

How Much to Do?

When starting them, make sure you start small and gradually build up the number of repetitions over time. A good rule of thumb to help guide you with finding the appropriate starting point and is to use the 'rule of 5':

Tendons can sometimes REACT if we do too much too soon causing an increase in pain. However it is OK to have SOME pain when exercising. A basic rule is if the pain reaches **greater than 5/10 on a scale of 0-10 where 10 is the worst pain ever imaginable and 0 is no pain** - either **at the time of activity or within the first 24 hours** afterwards - then this may be too much and try making the exercise easier.

When you have found a level that is acceptable, stick at this for 1-2 weeks and then see if you can make it a little harder by either increasing the amount of resistance/weight for the exercise, or increasing the amount of time that you spend doing the activity such as walking/cycling etc. **Use the rule of 5 again** to determine if this level is appropriate, and if it is stick at it again for 1-2 weeks. If you get a REACTION with unacceptable pain (more than 5/10) at the time or within the first 24hrs then back off, rest for 48 hours and try again using a reduced the load until you find a level you can manage.

Try doing 2-3 sets of each exercise once every other day to start with.

Take a look at the YouTube link below as you may find this helpful in explaining the principle of 'load' and 'capacity' how and the importance of gradually increasing load over time.
YouTube: load versus capacity
https://www.youtube.com/watch?v=H1rp_v4Dr3g

Isometric Hip Abduction

Stand tall, sideways close to a wall with your painful leg bent and supported against the wall.

Press the knee against the wall while keeping the hip, knee and 2nd toe of the leg you are standing on aligned. Don't let the knee of the leg you are standing on rotate inwards.

Press and hold that position for at least 10 seconds and up to 30 seconds. You are better starting with a shorter period and building up as weeks go by. Rest for 1 minute and repeat.

Repeat 3 times.

Bridge

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Lie on your back with legs bent.

Squeeze your buttocks, roll your pelvis off the floor and straighten your hips. Hold for a count of 3 seconds and in a controlled manner return to the starting position.

Repeat 8 - 15 times. Start with a smaller number if you need to and build up as it starts to feel stronger.

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Static Wall Squat

Stand tall and lean your back against a wall and move your feet forwards, so that when you squat down your knees stay over or behind your ankles. Keep a nice big gap between your knees and feet (dont have feet too close together).

Squat down and stop when there is around a 45 degree angle at your hip and your knee. Hold the position for 10-15 seconds. Push back up to starting position.

Repeat 5 times.

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Isotonic Squat

Stand in front of a table or chair holding on to the support with both hands.

Slowly crouch keeping your back straight and heels on the floor. Keep a good space between your knees at all times. Stay down for a slow count of 3 seconds secs and then slowly return to the starting position.

Repeat 8 - 12 times. Start with a smaller number if you need to and build up as it starts to feel stronger.

For further information

If you dont feel that the exercises and advice in this leaflet are helping to improve or manage your problem then contact the TIMS service either via the website at **www.tims.nhs.uk** or via telephone on **0191 2138800** for further support**.** You can also e-mail using **ghnt.newcastlegatesheadtims@nhs.net** for further queries**.**

The NHS website also provides trusted online information and guidance on all aspects of health and healthcare to help you manage your condition and/or inform your choices about your health: **www.nhs.uk.**

Useful links

The Patient Advice and Liaison Service (PALS) can offer on-the-spot advice and information about the NHS. You can contact them on freephone **0800 032 02 02** or e-mail **northoftynepals@nhct.nhs.uk.**

Tyneside Integrated Musculoskeletal Service

TIMS is a partnership between Newcastle upon Tyne Hospitals NHS Foundation Trust and Gateshead Health NHS Foundation Trust

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Review Date: June 2026