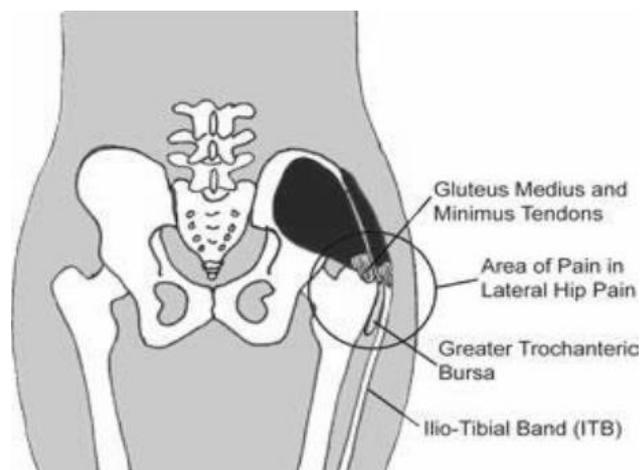


Patient Information leaflet

Greater Trochanteric Pain Syndrome



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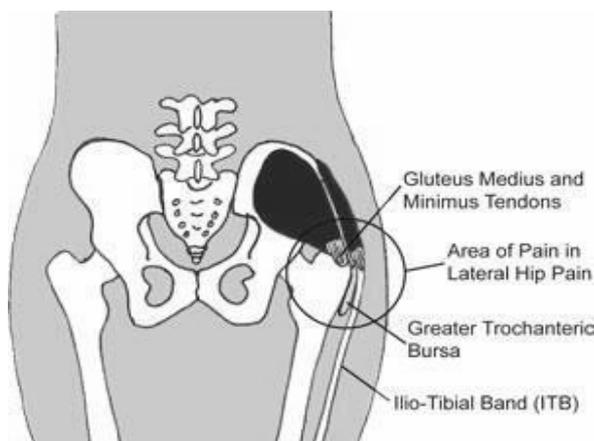
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Greater trochanteric pain syndrome is a condition where you have pain on the outer side of your upper thigh. This pain can run down from the side of your thigh to your knee. It is also known as lateral hip pain and trochanteric Bursitis.

You will find less reference is made to trochanteric bursitis (inflammation of the bursae) as it plays a smaller role than previously thought and inflammation is not always present. Trochanteric pain syndrome is the inclusive term used. The Syndrome is commonly caused by inflammation of the tissues that lie over a bony prominence called the greater trochanter at the top of the thigh bone (femur). This can be muscles, tendons, fascia, or bursae (NICE, 2016).



Who is affected?

It is a common condition that affects more women than men especially between 40-60 years of age. It is more often seen in combination with Low back pain and osteoarthritis. However you will be pleased to know, it is estimated that greater trochanteric pain syndrome resolves in over 90% of people with conservative treatment [National institute for Health and Care Excellence 2016].

What Causes Greater Trochanteric Pain Syndrome

- A fall onto the side of your hip.
- Repetitive movements and loading, for example excessive running or walking.
- Prolonged pressure on the outer thigh.
- Deconditioned muscles around the hip and pelvis.
- Secondary conditions such as osteoarthritis, low back pain, leg length discrepancy.(NICE, 2016)

If the outer surface of the hip becomes sensitive it is likely that the tendons are irritable and compressed on the greater trochanter (bony prominence on the side of the hip).

Signs and Symptoms

- Pain (deep, aching, burning) on the outer surface of the hip that can radiate down the side of the thigh.
- Gradual onset.
- Usually aggravated by physical activity.
- Pain on the affected side at night (directly lying on side or indirectly).
- Pain after prolonged sitting then raising from a low seat.
- Every day activities can become painful, stairs, prolonged standing, inclines, carrying loads.
- Sitting with legs crossed.

How is it diagnosed?

The diagnosis is usually made based on your symptoms and on examination. It is common to be very tender on pressing your outer thigh. Tests (investigations) are not normally needed. However, tests may be necessary if the diagnosis is not clear.

So how do we treat Greater Trochanteric Pain Syndrome?

Greater Trochanteric Pain Syndrome is self-limiting. Symptoms can take several weeks to settle but it is not uncommon for them to persist for several months and longer. Persistence however, does not mean you are damaging your hip further.

Activity modification

Try to avoid positions where your hip moves inwards across your body For example,

- When lying on your side, place a pillow between your knees to keep your thighs parallel to each other.
- Lie on an extra duvet cover if you are lying on affected side.
- Avoid sitting with your legs crossed or with feet wide apart and knees together.
- Avoid low or saggy chairs.
- When standing, do not stand with your legs crossed or your hip pushed out to one side.
- Avoid large hills or over-striding.
- While climbing stairs, hold handrail on opposite side for support.

Pain relief

1. Simple pain killers advised by your GP like paracetamol or anti-inflammatory medication to control pain and inflammation.
2. Applying Ice (wrapped in a towel) for 10-20 minutes several times a day (NICE, 2016)

Physiotherapy

Your Physiotherapist will guide you regarding which exercises should be performed depending on your symptoms. The exercises may be mildly uncomfortable and aim to strengthen your hip musculature.

Starting exercises



1. Stand with non-affected leg bent and knee pressing the wall. Push into wall with knee hold for 45 seconds 10x3 daily.



2. Dressing gown cord or resistance band placed around ankles. Push out against band hold for 45 seconds 10 x 3.

Cortisone injections

If the above measures fail to improve symptoms then a steroid injection can be considered. This can be done in primary care with sufficient training.

Outcomes of Conservative treatment

It is estimated that greater trochanteric pain syndrome resolves in over 90% of people with conservative measures (Reid, 2015)

As soon as you are cleared by your physiotherapist, you can return to your activity, but take it easy for a while.

- Don't start at the same level as from before your injury. Build back to your previous level slowly, and seek guidance if it hurts.
- Continue your exercises given by the Physiotherapist.
- It may take 3-4 months to fully rehabilitate.
- Be patient, and stick with your treatment. If you start using the affected muscles too soon, it can lead to further delay in your rehabilitation time.
- If you have any concerns please seek the advice of your Physiotherapist.



**This leaflet is available in large print
and other formats and languages.**

Contact: Administrator

Tel: 01752 432233

Useful Information

NICE guidelines 2016: Greater Trochanteric Pain

Syndrome Patient.co.uk: Greater Trochanteric Pain Syndrome

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