The Newcastle upon Tyne Hospitals NHS
NHS Foundation Trust

Greater Trochanteric Pain Syndrome (GTPS)

Staff Information Leaflet

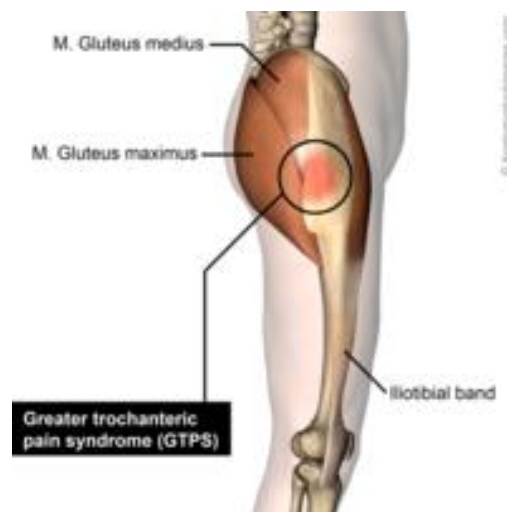
This leaflet is designed to give you an understanding of Greater Trochanteric Pain Syndrome (GTPS), the treatment that may be beneficial and some advice on what you can do to help yourself. If your symptoms persist you should seek advice from your GP or occupational health service.

Healthcare at its very best - with a personal touch

Introduction

The gluteal tendons originate at the back of your pelvis and insert into the greater trochanter (the bony part at the side of your hip). A tight structure known as the Iliotibial band (ITB) stretches from your pelvis, down the outside of your thigh to your knee and covers the gluteal tendons and trochanteric bursa. When the hip is flexed and adducted the structures below are compressed by the greater trochanter and the ITB. This is thought to cause some irritation and pain at the outer hip in some individuals.

Greater Trochanteric Pain Syndrome (GTPS) is defined as chronic intermittent lateral hip/thigh/buttock pain. Pain around the outer hip and buttocks is unlikely to be coming from the hip joint itself and more likely to be GTPS or referred lower back pain.



Causes

Although the exact cause of GTPS is unknown it is thought that repetitive friction between the ITB and greater trochanter can cause irritation to the structures around the greater trochanter. The reason more friction occurs between the structures is thought to be due to biomechanics (the way an individuals joints work together to produce movement).

GTPS occurs less frequently in individuals who take part in endurance sports such as running or cycling.

There are a number of known risk factors, for example:

- Females aged 40-60 – peri-menopausal/menopausal/post-menopausal.
- 2 out of 3 people with GTPS also have hip osteoarthritis or lower back pain.
- High BMI.
- Sudden increase in activity/load.

Other factors that can predispose you to GTPS are:

- Joint stiffness (particularly hips and lower back)
- muscle tightness
- poor biomechanics
- poor foot posture (i.e. flat feet or high arches)
- inappropriate footwear
- inadequate warm up
- muscle weakness
- poor proprioception or core stability
- being overweight

Symptoms

- Pain after prolonged walking or standing
- Pain lying on effected side
- Also painful lying on unaffected side
- Unable to stand on 1 leg
- Walking with a limp Painful to touch lateral hip

What can I do to help my symptoms?

90% of cases of GTPS improve with conservative management. This includes: Pain relief, physiotherapy to address any muscle imbalance, exercises to work on stretching and strengthening structures around the lower back and hips, rest and activity modification, and ice therapy (20 minutes three times a day).

More persistent cases may be given a corticosteroid injection from their GP or specialist.

Pain relief

Simple analgesia such as Paracetamol and an anti-inflammatory such as Ibuprofen can be very effective for the treatment of GTPS. You can obtain advice regarding medication from your local pharmacist or GP but remember to read the packet; and do not take over the recommended dosage.

Activity

Complete rest can be a bad thing. Prolonged rest will cause the muscles and tendons to weaken, prolonging the symptoms.

Relative rest is encouraged. Temporarily reducing or even stopping the activity that has caused your problem is advisable. It is often beneficial to avoid high impact activities,

such as running or jumping when the symptoms are present. Recreational exercise can be restarted as your pain allows.

Footwear

If your hip is particularly sore when walking around and doing everyday things, then try wearing more supportive footwear. A laced sports shoe rather is likely to be more comfortable. Avoid old or worn shoes which may not provide adequate support.

Exercises

These exercises have been selected by the Newcastle OHS Physiotherapy team. If performed correctly and regularly they will aid your recovery and help prevent reoccurrences.

Do not continue the exercises if they significantly increase your pain. If this were to occur, please see your GP / Physiotherapist for further advice.

Exercise 1: Knee rolls

Figure 1 Start Position

Lie on your back with your knees bent up and feet flat on the surface beneath you (e.g. floor or bed).

Keep your knees together and roll them from side to side as per figures 2 and 3. Repeat for 1 minute.

Figure 2 End Position 1

Figure 1 End Position 2

Exercise 2: Pelvic tilt

Figure 2 Start Position

Figure 2 End Position

Lie on your back with your knees bent up and feet flat on the surface beneath you (e.g. floor or bed).

Now press the small of your back down into the surface and tuck your bottom under. If you place your hand under your lower back (as per figure 2) you should feel your hand getting squashed.

Hold for 5 seconds then return to the starting position. Repeat 10 times.

Exercise 3: Bridge

Figure 3 Start Position

Figure 2 End Position

Lie on your back with your knees bent up and feet flat on the surface beneath you (e.g. floor or bed).

Lift your pelvis and lower back (gradually vertebra by vertebra) off the floor. Hold the position for 5 seconds. Lower down slowly returning to starting position.

Repeat 5 to 10 times.

Exercise 4: Hip abduction

Stand straight holding on to a support (e.g. chair)

Lift your leg sideways and bring it back keeping your trunk straight throughout the exercise.

Repeat 10 times.

What about work?

Maintaining all normal activities including work improves your chance of recovery by keeping you moving. This helps you keep your 'work fitness' and prevents your knee getting weak, which can prolong your pain.

Remember: You do not have to be pain free to return to or remain at work.

It may be necessary to do temporary lighter or modified duties. This should be discussed with your line manager initially. If further clarification is needed your Occupational Health advisor can identify more specific role modifications

What should I do if I am still experiencing problems?

If you are unable to agree on restricted roles with you manager or you are still having problems (despite following this advice): your Occupational Health team can help. The Occupational Health team can advise you on how to bridge the gap to help you return to

normal activities. You can also gain access to the Occupational Health physiotherapy team by:

Self-referral

The Occupational Health Physiotherapy team can assist in the management of musculoskeletal problems that affect your ability to work. Staff are able to self-refer to physiotherapy via the trusts Occupational health internet page.

https://www.newcastle-hospitals.nhs.uk/services/newcastle-occupational-health-service/

Management referral

If you feel your symptoms are having a significant effect on your ability to carry out your role, discuss this with your manager and request a referral to the Occupational Health Service.

For more information on hip problems please follow the links below:

https://www.tims.nhs.uk/self-care/hip/

Tyneside Integrated
Musculoskeletal Service

https://www.nhs.uk/conditions/hip-pain/

NewcastleOHS

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