

# Greater Trochanteric Pain Syndrome

## RISK FACTORS

- Gender: women > men. It has been reported that the prevalence of unilateral GTPS was 15% for women and 6.6% for men, that is over 2x more common in women than men (Segal et al, 2007).
- Pre-post menopausal women - a reduction in estrogen in pre and post-menopausal women further increases the deterioration in muscles and tendons furthermore resulting in results in a reduction of the capacity of muscles and tendons to tolerate increases in load (Ganderton et al, 2019).
- Age - older > younger. It is normal for the Gluteus medius and minimus to atrophy (decreased in size) and dysfunction with healthy ageing (Ganderton et al, 2019).
- Rapid increase in activity - e.g. walking or stair climbing.
- Increase in compressive load e.g. lying on side prolonged after operation.
- Overweight, obese, or having a higher-than-average BMI.

## IMAGING

- X-ray useful to assess hip joint integrity- gives no information regarding gluteal tendons or greater trochanteric bursa.
- Ultrasound is considered a first-line investigation due to its availability, low cost, dynamic nature and ability to guide treatments such as steroid injections. MRI however is the gold standard and is appropriate where there is diagnostic uncertainty as to the cause of lateral hip pain (Chowdhury et al, 2013)

## MANAGEMENT OPTIONS

- Physiotherapy: involving education and progressive strengthening exercises specific to the gluteal musculature has been shown to have good long term success (Ganderton et al, 2018)  
Education includes simple modifications which can be implemented immediately to reduce compressive load and thus reduced symptoms of GTPS:
  - Reduce climbing stairs, walking up hills, and hip adduction across midline.
  - Avoid sitting with legs or ankles crossed or hips positioned higher than knees.
  - Equal weight-bearing through legs when standing.
  - Avoid side lying on affected side, if lying on opposite side position a pillow between knees to keep legs in a more neutral position (Ganderton et al, 2018).
- Corticosteroid injection: evidence suggests short term pain reduction at one month follow up but at 15 month follow up exercise therapy was much more beneficial to pain and function (Rompe et al, 2009)

## WHO TO SEE @ ALCHEMY



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