Patient Education Series

Greater Trochanteric Pain Syndrome (GTPS)

Exploring the what, why and how with STRIVE Sport & Exercise Medicine

What is Greater Trochanteric Pain Syndrome?

GTPS can be described as pain over the lateral hip. There is a bony prominence at the lateral hip called the greater trochanter, which serves as the attachment site of some of the muscles of the buttocks. Overloading of these muscles can lead to GTPS. It can also occur from irritation to the bursa. Bursas are fluid-filled sacs located between muscles and bones that minimize friction and act as a shock absorber. Patients who have GTPS may experience some of the following symptoms: pain when lying/sleeping on the affected side, pain with walking that worsens going up and down stairs, pain during prolonged sitting that worsens sitting cross-legged, and pain that can refer from the lateral hip to the knee.

Why did I get this?

GTPS can develop through overloading. Overloading means exposing the body to excess loads by increasing activity duration, intensity or frequency without giving the body adequate time to adapt and recover. Several factors may increase the likelihood of developing GTPS. Females over the age of 40 tend to be at a higher risk. Variations in hip (pelvis) and thigh bone (femur) alignment can predispose to increased stress on the tendons and bursa at the lateral hip. In addition, poor control of the pelvis and leg during movement can also cause the leg to collapse inwards which places stress over the lateral hip.

How can I get better?

Two key aspects of GTPS rehabilitation are exercise and activity modification. Exercise is focused on progressively loading the tendons and correcting any muscular imbalances. Activity modification will initially include reducing activities that cause stress to the area such as avoiding sleeping on the affected side or sitting cross-legged. Once adequate strength and pain control have been achieved, you can begin to reintroduce your sport or exercise activities. It is important to gradually increase your intensity, frequency and duration. Flare ups are normal as you return to activity. It is important to rest when these occur in order to allow symptoms to settle before continuing activity.

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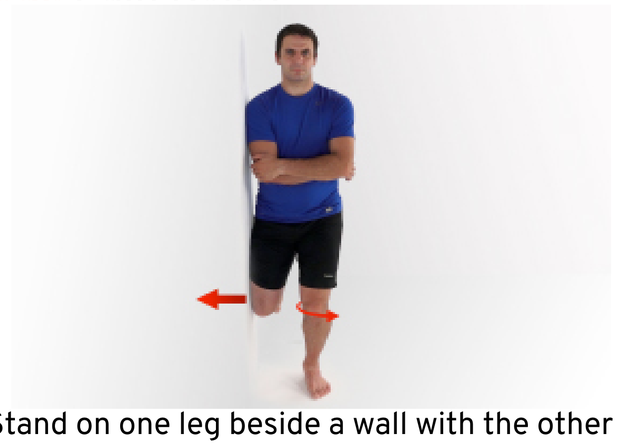
Exercises for you - Acute Phase

Exercise: Isometric Hip Abduction
Goal: Pain Relief



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1. Stand on one leg beside a wall with the other leg bent and touching the wall .
2. Have the standing foot facing forward and your knee cap aligned with your second toe.
3. Push your other knee against the wall while you perform a small squat on the standing leg.
Keep the knee cap of the standing leg aligned with your second toe at all times.

Parameters: Hold for 45 seconds. Repeat 6 times. Perform once per day, every day.

Exercise: Standing Leg Slide Outs
Goal: Strength

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1. Attach a miniband just above the ankle (as shown in the picture).
2. Keeping your knee straight, raise the leg out without turning your foot out. Although you are raising the unaffected leg, the leg working harder is actually the leg on the ground keeping you stable!
3. Return to the start position.
4. You can use a support for balance.

Parameters: 3 sets of 10 repetitions. Perform once every other day.

Exercise: Squat
Goal: Stability

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1. First develop a "tripod" stance. Create three points of contact with the ground: your heel, the base of the first toe, and the base of the 5th toe. To learn this, you can raise your toes off the ground. This helps cue you to raise your arch and maintain the tripod stance.
2. Now perform a squat. Use a chair or rail for support. Sit back as if you are going to sit in a chair. Maintain a tripod stance and avoid leaning forward. Lower down as tolerated, but no further than a 90 degree knee bend. Keep your knees in line with your second toes.
3. To progress, relax your toes while maintaining the tripod stance and repeat. You can remove the chair as support as a further progression.

Parameters: 3 sets of 10 repetitions. Perform once per day, every day.

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