

# Greater Trochanteric Pain Syndrome

Fact Sheet & Advice for GPs and referrers to use with patients

*-usually no requirement for Orthopaedic referral*

GTPS/lateral hip pain is a common presentation - most patients do not need an Orthopaedic consultation/intervention to treat the problem.

- The most common CAUSE of lateral hip pain is tendinopathy of the abductor muscles (specifically gluteus medius and gluteus minimus)
- The most common AGE GROUP is post -menopausal females but can occur in males, younger post-partum females, especially runners, those with hip dysplasia (a pelvic A-P XR is useful) and following hip replacement
- DIAGNOSIS can be confidently made with:
  - Pain on palpation of the greater trochanter
  - **Plus:** Pain on resisted abduction
  - **Plus:** Pain on 30 sec single leg stance
- PATHOLOGY is commonly seen in asymptomatic individuals and MRI findings are a *poor* predictor of symptoms, and as such are *not* helpful in general.
- EXERCISES/TREATMENTS:
  - Early treatment with *exercise* and *education* is indicated to prevent chronicity – referral to physiotherapy is indicated
  - Weightbearing exercises are recommended. (The clam exercise may be provocative due to friction and compression forces across the greater trochanter)
  - Stretching of the ITB is NOT likely to help and more likely to provoke pain due to compression forces
  - Exercise and education provide superior short & long term relief than corticosteroid injections. Injections should be avoided as first line intervention, and *only* used to facilitate rehabilitation exercises
- Over 90% of people recover with nonoperative treatments
- Surgery is *rarely, if ever* needed even in the presence of significant full thickness tears
- **RECOMMENDATION FOR MANAGEMENT:**
  - **Refer to Physiotherapy via SCI Gateway for gluteal muscle strengthening and management advice**



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