Whittington Health **NHS** 

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Further advice, self management videos and information leaflets can be found on our website. <u>www.whittington.nhs.uk/msk</u>

Resources

https://patient.info/health/greater-trochanteric-pain-syndrome

https://cks.nice.org.uk/greater-trochanteric-pain-syndrometrochanteric-bursitis Lateral hip pain: Greater trochanteric pain syndrome (formerly trochanteric bursitis)

A patient's guide

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#### Introduction

Greater trochanteric pain syndrome (trochanteric bursitis), is a painful condition affecting the outer thigh and hip area. This is most commonly caused by minor injury or inflammation of the tissue.

### What is it?

Greater trochanteric pain syndrome occurs when the tissues, muscles or tendons which lie over the upper part of your thigh bone become damaged.

Occasionally the pain can be caused from an inflamed bursa, which is a small fluid filled sac that helps to allow smooth movement between your muscles, tendons and tissues.

### Pelvis and hips

#### Detail of right hip



2b. If you do not own a foam roller – try working the ITB by standing next to a wall with the side to be stretched closest. Now cross the leg to be stretched over the other and lean your hips in towards the wall – taking support from the wall. Hold for 5-10seconds and stop if the pain gets worse



Notes



#### **Exercises**

1. Bridging exercise - this exercise helps strengthen your buttock muscles and can help your pain. It should not be painful.

Lying on your back in this position, squeeze your buttocks then lift your hips a few centimetres off the bed. Keep your buttocks squeezed as you lower back down to rest. This exercise should not reproduce your pain, please discontinue if it does.

Repeat this until your buttock feels tired, rest for three minutes then repeat again. Try searching on the internet for bridging exercise videos.



You can also try squeezing your buttocks when you are standing or sitting.

## Is it common?

Greater trochanteric pain syndrome is a common condition which is more common in women than in men. It most often occurs in people over fifty however, it can occur in younger people, especially runners.

The exact number of people expected to develop the condition is unknown. One US study of 3026 people aged between 50 and 79, found that greater trochanteric pain syndrome was present in nearly 1 in 4 women and nearly 1 in 10 men.

# What causes greater trochanteric pain syndrome?

Causes include:

- A direct fall onto the side of your hip.
- Excessive running which results in friction from repetitive movements involving your hip area.
- Prolonged or excessive pressure to your hip area (for example, sitting in bucket car seats or sleeping on your affected side may aggravate the problem)
- A difference in your leg length resulting in excessive loading of the hip area.



#### What are the symptoms?

- Pain in your outer thigh and hip area.
- Deep pain which may be aching or burning.
- This may become worse over time.
- The pain may be more intense when you are lying on your side, especially at night.
- It may become worse with exercise and
- You may walk with a limp.

### How is it diagnosed?

This is usually based on your symptoms and an examination by your physiotherapist. Your therapist will usually examine your hip and legs. You may find it to be very tender when your physiotherapist presses over the trochanter area.

Investigations are not normally needed as most people (including those without hip pain) have some signs of wear and tear in these structures when seen on MRI or ultrasound.

### What is the treatment?

Greater trochanteric pain syndrome usually goes away on its own in time. Symptoms can persist for a few months and longer in a small proportion of cases. However, this does not mean that there is a serious underlying condition or that the hip joint is damaged.

Decreasing activity such as running or excessive walking for a while may help to speed up recovery. There are other ways of coping and reducing the pain.

- Applying an ice pack (wrapped in a towel) for 10-20 minutes several times a day may improve your symptoms.
- Taking Paracetamol or non-steroidal anti-inflammatory medications (NSAIDs) such as Ibuprofen may help to reduce the pain as prescribed by your pharmacist or GP.
- When you are standing still, avoid hanging on one hip and keep your weight evenly through both feet. This avoids overstraining your hip.
- Do not sleep on that side
- Don't sit with legs crossed as this can increase tension on the affected area.
- Losing weight. If you are overweight or obese then losing some weight is likely to improve your symptoms.
- Physiotherapy. Our physiotherapists will be able to give you advice on improving your flexibility and strengthening your muscles.
- Injection of steroid and local anaesthetic. If the above measures do not help then an injection into the painful area may occasionally be beneficial.