Greater Trochanteric Pain Syndrome

**What is Greater Trochanteric Pain Syndrome (outer hip pain)?**

Greater trochanteric pain syndrome (or outer hip pain) is a painful condition caused by irritation to the soft tissues of the outer thigh and hip area. These can include tendons, muscles or bursae (fluid-filled sacs that help smooth movement between muscles, tendons and the hip bone).

It is most common in women between the ages of 40-60.

**How is it caused?**

Many factors may contribute to pain development of outer hip pain. These include:

* a change in activity load, frequency or duration of compared to what you are used to.
* weakness of the hip and thigh muscles that support the knee function.
* a direct fall on outside edge of hip.
* prolonged or excessive pressure to your hip area such as sitting on a soft sofa or sleeping on your affected side.

**How is it diagnosed?**

Diagnosis is generally made clinically following a history taking and physical examination. If diagnosis is unclear or if your symptoms are not improving as expected then further investigations such as an Ultrasound Scan or MRI scan may be required.

**What are the symptoms?**

* Pain on the outside of your hip sometimes spreading down the outside of the thigh towards the knee.
* Worse when going up and/or down stairs.
* Worse lying on the painful side (and sometimes on the other side).
* Worse when crossing legs.

**What can I do?**

Progressive Exercise

Exercise is an essential part of your recovery. Research tells us that exercise combined with advice provides better long term outcomes when compared to having a steroid injection or doing nothing.

This should be done as pain allows, with some discomfort being acceptable. If a sharp shooting pain is provoked then ease off. As your pain reduces consider progressing to the more difficult exercises.

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Activity modification

* Decrease aggravating activities, such as running, excessive walking or stair climbing.

Nutrition and weight

Being overweight can increase the physical strain on the body and also contribute to inflammation in your body. Make sure you eat a balanced diet. Adult weight management services are available free to Essex residents here: <https://acelifestyle.org/weight-management>

Medication

Sometimes patients may trial non steroidal anti inflammatories such as ibuprofen which can be obtained without prescription. Follow recommended doses and always discuss with your GP or Pharmacist if you unsure.

**Factors influencing pain and recovery**

During your recovery a number of other factors can influence your pain levels. Keep the following factors in mind to help move the healing process along:

Look after yourself

Pain is not usually simply a physical problem. Your general well-being can make you vulnerable to pain and your wellbeing can also be made worse by pain. Looking after your general health and well-being will help recovery. There is helpful advice on this website: [https://www.nhs.uk/oneyou](https://www.nhs.uk/oneyou/)

Reduce stress and anxiety

It is normal for people with pain to have stress, anxiety and change in mood. This may affect your ability to cope with the pain and may influence your pain levels. Help is available if you are being affected by stress, anxiety or low mood – see the links below or discuss with your practitioner.

It is important that your whole nervous system is in a healthy state to aid recovery. If your brain is stressed or overworked this may slow recovery. Relaxation is an important part of your recovery. Simple relaxation techniques may help manage pain and stress. Try to set aside some time each day to relax – you can use relaxation techniques as linked below, or simply an activity you enjoy – reading, deep breathing, sitting in the garden, singing – whatever relaxes you. Find help and support here: <https://www.nhs.uk/oneyou/every-mind-matters/>; <https://www.northessexiapt.nhs.uk/west-essex>

Physical Activity

Exercise improves fitness, confidence with movement and strength. It can also help reduce your stress and tension and improve your mood and quality of sleep, helping support you to return to normal activities. Perhaps you could simply start by trying to walk for 10 minutes per day.

Alcohol

Avoid alcohol in the early stages of healing (first three days). Evidence has shown this can slow down recovery and increase the chances of re-injury. <https://www.drinkaware.co.uk/>

Sleep

Sleep is very important for your wellbeing. Poor sleep quality, and lack of sleep can make managing pain more difficult. Consistently getting 6-9 hours is recommended. Get help and tips here:

<https://www.nhs.uk/live-well/sleep-and-tiredness/>

Smoking

Smoking is also linked with an increased susceptibility to back pain and slower healing. For help with stopping smoking <https://www.essexlifestyleservice.org.uk/stop-smoking/> <https://www.nhs.uk/better-health/quit-smoking/>

**How long will it last?**

In most cases symptoms should show signs of improvement following this advice over a period of 6 to 12 weeks, however full recovery can sometimes take between 6 to 9 months.

It is also common to experience flare ups during your recovery as you start to build up your activity levels. If you do experience a flare up, consider reducing the intensity of your exercise until your pain settles and then try building up again as you can tolerate.

You may need the guidance of a physiotherapist to help you return to normal activity if your symptoms have shown some improvement but have still persisted despite following the advice and exercise provided in this leaflet.

If you require 1:1 physiotherapy treatment please fill out a self-referral form which can found at <https://eput.nhs.uk/our-services/essex/west-essex-community-health-services/adults/rehabilitation/musculo-skeletal-physiotherapy> and send to epunft.mskphysio@nhs.net

**Is there anything I should avoid?**

* Avoid sleeping on the aggravated side. If sleeping on the opposite hip, try placing a pillow between your knees to stop your painful leg crossing over.
* Avoid sitting with your legs crossed.
* Avoid leaning on one hip when standing up and keep your weight evenly through both feet.

**What other options are there?**

In some instances where there hasn’t been an improvement with initial treatments, a steroid injection may be considered. In general, steroid injections have a short acting effect with some research showing this may last between 3-6 months. However, their effectiveness can be influenced by other factors such as whether you also have existing problems with your lower back or knee.