



How to manage my lateral hip pain

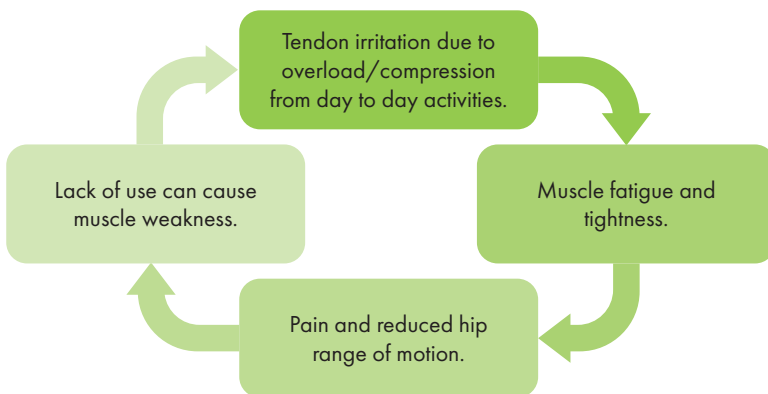
*Greater Trochanteric Pain
Syndrome (GTPS)*

How to manage my lateral hip pain

Greater Trochanteric Pain Syndrome (GTPS)

This is an umbrella term used to describe pain, aching or burning discomfort which is on or around the bone on the outside of your hip and can spread down the outside of the thigh. This pain is usually caused by the tendons of the gluteal muscles (such as gluteus medius and minimus) attaching to the bone on the outside of your hip, or the bursa – a fluid filled pocket sitting between or over the tendons.

The pain can be made worse with activities that compress the structures on the side of the hip. This causes changes in the tendons which lead to pain, weakness and reduced activities levels.



Investigations

In most cases diagnosis is usually made by the presenting symptoms and physical examination, therefore there is usually no need for a scan.

Methods to reduce pain

- A short course of analgesia (i.e. paracetamol).
- Non-steroidal anti-inflammatory drugs (NSAIDS) such as ibuprofen are recommended for pain relief.
- It is advisable to seek advice from your pharmacist or GP to check which is best for you and your health.

A research project called the **'Leap Study'** published in the British Medical Journal in 2018 reported (Mellor et al 2018):

- A targeted exercise program resulted in 77% improvement after 8 weeks.
- A single cortico-steroid injection resulted in 58% improvement after 8 weeks.
- A wait and see approach resulted in 29% improvement after 8 weeks.

Exercise and physiotherapy



There is a lot of evidence to support a targeted muscle activation and strength programme to improve your muscle and tendon function. A physiotherapist can also provide other treatments to help reduce pain and compliment your exercise program.

A major factor causing the pain is that the muscle and tendon are weak but are asked to do more than they can manage. They tire more quickly, and can't manage as heavy loads as they used to. This leads to more pain, and increasing weakness so they are even more likely to have pain doing normal activities such as walking, or going up stairs. This cycle can continue to cause pain and weakness and loss of function.

The good news is that gradual, slow build-up of exercise can reduce pain, and improve tendon strength and fatigue resistance, giving you tools that can help to improve your pain, improve your function and get you back to normal life.

Recommended exercises:

RPE = Rate of perceived exertion (out of 10)

EXERCISE	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
 <p>LATERAL HIP SIDELEYE</p>	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:
 <p>BRIDGE</p>	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:
 <p>SQUAT</p>	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:
 <p>OFFSET SQUAT</p>	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:
 <p>SIDESTEPPING</p>	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:	Reps/ sets: RPE: Pain:

Factors that can compress the hip tendons and ways to change:

	To avoid	Tips
Sitting	<ul style="list-style-type: none"> ✗ Avoid sitting with the legs crossed or with knees closely together. ✗ Avoid low chairs- sit on a wedge or higher chair. 	<ul style="list-style-type: none"> ✓ Regularly change position and don't spend long periods in one posture. ✓ Keep hips and feet in line during sitting.
Sleeping	<ul style="list-style-type: none"> ✗ Lying on your side can be painful. 	<ul style="list-style-type: none"> ✓ It is advisable to try to place a pillows between your knees to avoid knee dropping lower than your hip.
Walking	<ul style="list-style-type: none"> ✗ Try to avoid narrow walking with feet close together e.g. imagine walking on double yellow lines. 	<ul style="list-style-type: none"> ✓ Shorter steps.
Stairs	<ul style="list-style-type: none"> ✗ Avoid placing your foot directly in front of your belly button 	<ul style="list-style-type: none"> ✓ Foot placement directly underneath hip.
Standing	<ul style="list-style-type: none"> ✗ Avoid standing in hip 'hinge' position – with weight mainly on one foot. ✗ Avoid carrying children on hip. 	<ul style="list-style-type: none"> ✓ Stand with weight evenly between feet.
Running	<ul style="list-style-type: none"> ✗ Avoid running with your feet in line with each other or a crossing over gait (one foot crosses in front of the other). ✗ Avoid hill training during rehab. ✗ Avoid sudden increase in training "load" – intensity, duration, change in surface or hills. 	<ul style="list-style-type: none"> ✓ Foot placement as if you are running on double yellow lines, or one foot either side of a line. ✓ Shorter runs more frequently is better (e.g 3-4 times/ week) is better than longer runs 2 or less times per week to enable the tendons to adapt to activity. ✓ A gradual build up of running is needed to return to running.

What else you can do to help - lifestyle choices

- ✓ Being a healthy weight is very important to reduce the likelihood of further flare ups.
- ✓ Maintaining a healthy diet as per the NHS eat well plate is recommended.
- ✓ Maintain a level of physical exercise that you are able to manage with tolerable pain eg low impact cardio vascular fitness such as aqua walking.
- ✓ Smoking has been shown to adversely affect the health of tendons and their ability to heal – stopping smoking will definitely help.
- ✓ High cholesterol levels also have been shown to affect tendon health so maintain a healthy diet low in cholesterol and saturated fat is very important.

Prognosis – will it get better?

Two thirds of people with trochanteric pain syndrome should see symptoms resolve within a year. There is a small percentage of people who may develop a tear to the gluteal muscles may take longer to rehabilitate and reduce symptom levels. It is advisable to maintain the advice and recommendations little and often when needed.

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