Greater Trochanteric Pain Syndrome Cheat Sheet

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GTPS

- Collection of conditions that causes lateral-sided hip pain
- GT Bursitis
- ITB syndrome
- Strain/tendinopathy of hip abductor muscles (more common)

Causes

- Painful inflammed bursa (GT bursa - inbetween ITB and GT) by acute traum and or repetitive mechanical overloading
- TFL + ITB tightness - excessive lateral hip compression
- Hip abductor weakness, foot hyperpronation, pes planus, leg length inequality
- Glut med weakness allows contralateral pelvis to drop during loading
- Causes excessive thigh adduction and medial rotation

Kinematic chain disruption

Increased tension on ITB and compression of GT bursa

Risk Factors

- Can occur at any age, but more common in middle aged - elderly population
- Both active and sedentary populations
- Common in females
- Can present bilaterally

Presentation

- Chronic, persistent pain in the lateral hip, buttock and proximal thigh
- Provoked by prolonged sitting (legs crossed), transitioning to a standing position, climbing stairs, prolonged standing, high impact activities (running)
- Limits activity
- May have an antalgic gait
- Sleep disturbances - lying on affected side
- TTP of GT - if TTP in posterior aspect of GT, think glut med. If anterior to GT, think Glut min
- Hypertonic hip adductors, psoas, TFL, Gluteal and lx muscles
- PROM painful on adduction or external rotation
- RROM painful on abduction if glut med tendon involvement (can rule out bursitis)
- +ve Thomas , Obers test, _ve Trendelenberg, -ve FABER (SI problems)

Imaging

- Only needed if diagnosis cannot be confirmed clinically ruling out trauma, AVN , OA, osseous FAI

DDx

- Hip OA
- FAI
- Lx radiculopathy
- AVN
- Stress f#
- Avulsion F#
- Neoplasm
- Osteoid osteoma
- Metastasis
- SCFE
- LCP
- Infection
- Labral injury/tear
- Iliopsoas tendinopathy/tendinits
- Chronic mechanical LBP
- SI dysfunction
- Meralgia Parasthetica
- Piriformis syndrome
- Rheumatologic disease
- Fibromyalgia
- Viscerosomatic referral - GI/GU

Management

- Rest, activity modification and pain relief
- Ice, US, electrical stimulation, shockwave therapy
- Stretching and myofascial release of TFL, ITB, external hip rotations, flexors, glut max, quads, hip abductors
- Foam roller
- Strengthening of hip abductors and external rotators
- Proper squatting and hip hinge techniques
- Orthotics for pronation
- Check for joint restrictions in Lx, hip and pelvis - SMT/mobilisation
- Overweight patients should consider weight loss reduction programs
- NSAIDs

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