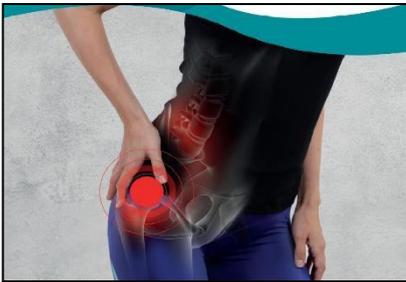


Greater trochanteric pain syndrome

Greater trochanteric pain syndrome is a condition that causes pain along the outside of your upper thigh on one or both thighs. The causes could include inflammation or injury to the tissues that lie over the bony prominence (the greater trochanter) on the lateral aspect of the hip. The term 'trochanteric bursitis' was previously used for what is now known as the 'greater trochanteric pain syndrome' and is preferred as the trochanteric bursa is found to play a smaller role than was previously thought and inflammation is not always present.



Causes:

- An injury such as fall on to the side of your hip area
- Repetitive movements involving your hip area, such as excessive running or walking
- Prolonged or excessive pressure to your hip area (for example; prolonged sitting in hard sitting surfaces, bucket car seats, etc.)
- Some underlying diseases; for example- gout, arthritis, inflammation of trochanteric bursa (fluid-filled sac)
- Presence of surgical wire, implants or scar tissue in the hip area following hip surgeries
- Having a difference in your leg length

Signs and Symptoms:

Greater trochanteric pain syndrome is most common in women between 40-60 years of age. It can also occur in younger people involved in highly physical activities such as runners, footballers and dancers. The most common symptom is pain in your outer thigh and hip area which is mostly described as deep aching or burning pain. The pain may become worse over time.

- Pain may radiate down the outside of your thigh as far as the knee
- Pain may be worse when you are lying on your side, especially at night

- Going up and down the stairs, standing for too long and walking may all worsen the pain
- Pain may be worse with doing any exercise

Treatment options:

Greater trochanteric pain syndrome often resolves on its own over time. Over 90% of people with this condition recover fully with conservative treatment which includes:

- Ice pack (wrapped in a towel) for 10-20 minutes two to three times a day
- Paracetamol or non-steroidal anti-inflammatory drugs such as ibuprofen taken after advice from pharmacist or prescribing clinician may help to reduce the pain
- Losing weight is likely to improve your symptoms
- Physiotherapy in the form of exercises, advice and therapeutic ultrasound are often very effective
- Injection of steroid and local anaesthetic if above intervention do not prove to be beneficial can be considered
- If the condition is severe or persistent then you may be referred to a specialist for advice regarding further treatment
- Using a lift in your shoe if one leg is markedly different in length than the other

Diagnosis:

The diagnosis of this condition is made on clinical grounds based on your symptoms. Your doctor or physiotherapist will suggest further referral for an investigation if deemed necessary.

Exercise considerations:

- Do all the exercises within pain free limits, stretch pain is common with exercises and that should ease off within 30 minutes-1 hour after having done the exercises
- Post exercise soreness is quite common and could be felt up to 48 hours after having done the exercise regime. This should get better as you continue with the regime over time
- If any exercise worsens your symptoms, stop that exercise and seek advice from your physiotherapist.