

## FACT SHEET — PERIPHERAL / HIP

# Greater Trochanteric Pain Syndrome

*Lateral hip pain from gluteal tendinopathy — a very common and frequently misdiagnosed condition*

Greater trochanteric pain syndrome (GTPS) — previously called trochanteric bursitis — is pain over the outer hip at the greater trochanter (the bony prominence on the outer upper thigh). It is caused primarily by gluteal tendinopathy (degeneration and irritation of the gluteal tendons) rather than bursitis as was previously thought. It is extremely common, particularly in women over 40, and is frequently misdiagnosed as hip osteoarthritis or lumbar radiculopathy.

## Symptoms

- Pain over the outer hip, worsened by lying on that side at night
- Pain with walking, particularly up slopes or stairs
- Pain with sustained standing on one leg
- Tenderness directly over the greater trochanter on palpation
- Pain with crossing legs (adduction provocation)
- Often radiates down the outer thigh — can mimic L5 radiculopathy

## Why it is commonly misdiagnosed

The pain distribution of GTPS can extend down the outer thigh and even to the knee, mimicking L5 nerve root pain. Unlike true radiculopathy, there are no neurological changes (no weakness, no reflex change, no dermatomal sensory change). The key distinguishing feature is that compression of the lateral hip (lying on it, crossing legs) reproduces the pain, whereas spinal nerve root pain is reproduced by dural tension signs (SLR, slump test).

## Treatment

|                                 |                                                                                                                                                                                           |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Load management</b>          | Avoiding compressive loading of the greater trochanter: no crossing legs, no sitting with legs adducted, sleeping with a pillow between the knees, avoiding hip adduction during walking. |
| <b>Tendon rehabilitation</b>    | Progressive loading of the gluteal tendons through isometric and isotonic exercises. This is the most evidence-based treatment. A physiotherapist or osteopath can guide this.            |
| <b>Corticosteroid injection</b> | Provides short-term pain relief but does not address the underlying tendinopathy. Best used to allow commencement of rehabilitation.                                                      |
| <b>Shockwave therapy</b>        | Extracorporeal shockwave therapy has good evidence for gluteal tendinopathy. Available from physiotherapy and sports medicine clinics.                                                    |

## Related fact sheets

|                            |                                                                      |
|----------------------------|----------------------------------------------------------------------|
| <b>Sciatica</b>            | True spinal nerve root pain versus GTPS-referred lateral thigh pain. |
| <b>Hip osteoarthritis</b>  | Hip OA that can coexist with GTPS.                                   |
| <b>Piriformis syndrome</b> | Another lateral hip and thigh pain source.                           |

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