

Greater trochanteric pain syndrome

Trochanteric Bursitis

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Last updated 13 Jan 2025

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Est. **5 min** reading time

Greater trochanteric pain syndrome is a condition that causes pain over the outside of the upper thigh (or both thighs) and hip. The cause is usually due to inflammation or injury to some of the tissues that lie over the bony prominence (the greater trochanter) at the top of the thigh bone (femur).

Greater trochanteric pain syndrome can sometimes cause significant pain and also difficulty with walking. The pain is usually caused by injury, prolonged pressure or repetitive movements. Runners or people who have had surgery to their hip can have this type of pain.

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What is greater trochanteric pain syndrome?

Greater trochanteric pain syndrome (GTPS), also known as trochanteric bursitis, is a condition that causes pain and tenderness over the greater trochanter, which is the bony prominence on the outer side of the hip.

Is GTPS the same as trochanteric bursitis?

Greater trochanteric pain syndrome used to be called trochanteric bursitis. This was because the pain was thought to be due to inflammation of the bursa that lies over the greater trochanter. A bursa is a small sac filled with fluid which helps to allow smooth movement between two uneven surfaces. There are various bursae in the body and they can become inflamed for a variety of reasons.

However, research now suggests that most cases of greater trochanteric pain syndrome are due to minor tendon tears or damage to the nearby muscles or fascia, so that an inflamed bursa is a less common cause. So, the term "greater trochanteric pain syndrome" is now preferred.

Symptoms of greater trochanteric pain syndrome

The most common symptom of greater trochanteric pain syndrome is outer thigh and hip pain.

Many people describe:

- A deep pain which may be aching or burning.
- That the pain may become worse over time.
- That the pain may be worse when lying on one's side, especially at night.
- That the pain may also be made worse by doing any exercise.

The pain may cause a limp.

Greater trochanteric pain syndrome often goes away on its own over time.



Causes of greater trochanteric pain syndrome

Most cases of greater trochanteric pain syndrome are due to minor injury or inflammation to tissues in the upper, outer thigh area. These tissues include the muscles, nerves and tough connective tissue around it (such as tendons and fascia).

Other causes of GTPS

These may include:

- Injury such as a fall on to the side of the hip area.
- Repetitive movements involving the hip area, such as excessive running or walking.
- Prolonged or excessive pressure to the hip area (for example, sitting in bucket car seats may aggravate the problem).
- Some infections (for example, **tuberculosis**) and some diseases (for example, **gout** and **arthritis**) can be associated with an inflamed fluid-filled sac (bursa).
- The presence of surgical wire, implants or scar tissue in the hip area (for example, after hip surgery).
- Having a difference in the length of each leg.

How common is greater trochanteric pain syndrome?

Greater trochanteric pain syndrome affects about 1 in 300 people each year. It is most common in women between 40–60 years of age. It can occur in younger people, especially runners, footballers and dancers.

How is greater trochanteric pain syndrome diagnosed?

The diagnosis for greater trochanteric pain syndrome is usually made based on symptoms and an examination by a clinician. A clinician will usually examine the hip and legs. It may be very tender when the doctor presses over the area of the greater trochanter.

Tests are not normally needed. They might be necessary if there is a suspicion that infection of the fluid-filled sac (bursa) is the cause. This would be rare. Tests may also be necessary if the diagnosis is not clear. For example, an **X-ray of your hip** or



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an **MRI scan** may be needed.

Treatment for greater trochanteric pain syndrome

Greater trochanteric pain syndrome will usually resolve without any specific treatment. However, it often takes several weeks or more and, occasionally, may last months or even longer.

Reducing or avoiding activity (such as running or excessive walking) for a while, may help to speed recovery.

In addition, the following may be useful:

- Early on, applying an ice pack (wrapped in a towel) for 10–20 minutes several times a day may improve symptoms.
- **Pain relief (analgesia)**: taking **paracetamol** or **non-steroidal anti-inflammatory drugs (NSAIDs)** such as **ibuprofen** may help to reduce the pain.
- Lose weight. In people who are overweight or obese then **losing some weight** is likely to improve symptoms.
- Physiotherapy is often used and is often very effective.
- **Injection of steroid and local anaesthetic**. If the above measures do not help, then an injection into the painful area may be beneficial.
- If the condition is severe or persistent then a referral to a specialist may be needed for advice regarding further treatment. Occasionally an operation may be offered.

Joint (intra-articular) steroid injection

A steroid injection into the outer hip (peri-trochanteric corticosteroid injection) can help to reduce pain and inflammation. There is strong evidence for a short-term benefit that might last up to 3 months, with the greatest effect at 6 weeks. However, it is common for the pain to come back in the longer term.

Peri-trochanteric corticosteroid injections may be most useful if used for pain relief in the short term to enable physiotherapy which will improve the long-term outlook (prognosis).



What is the outlook for GTPS?

Over 90% of people with greater trochanteric pain syndrome recover fully with conservative treatment such as: rest, pain relief, physiotherapy and corticosteroid injection.

Risk factors for a poorer outcome include:

- Greater pain at the beginning of the condition.
- A longer duration of pain.
- Great limitation of movement of the hip.
- Greater loss of function.
- Older age.
- Previous episodes of pain.
- Depression and anxiety.

How long does greater trochanteric pain syndrome last?

In most people, greater trochanteric pain syndrome lasts for a few weeks. It can last for several months in some people.

Further reading and references

- **Pianka MA, Serino J, DeFroda SF, et al** http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Abstract&list_uids=34158938; Greater trochanteric pain syndrome: Evaluation and management of a wide spectrum of pathology. SAGE Open Med. 2021 Jun 3;9:20503121211022582. doi: 10.1177/20503121211022582. eCollection 2021.
- **Bicket L, Cooke J, Knott I, et al** http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Abstract&list_uids=34930192; The natural history of greater trochanteric pain syndrome: an 11-year follow-up study. BMC Musculoskelet Disord. 2021 Dec 20;22(1):1048. doi: 10.1186/s12891-021-04935-w.



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- **Greater trochanteric pain syndrome** [\[https://cks.nice.org.uk/topics/greater-trochanteric-pain-syndrome/\]](https://cks.nice.org.uk/topics/greater-trochanteric-pain-syndrome/); NICE CKS, September 2023 (UK access only)

Article history

The information on this page is written and peer reviewed by qualified clinicians.

• Next review due: 12 Jan 2028

• **13 Jan 2025 | Latest version**

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