

Greater Trochanteric Pain Syndrome (GTPS)

Clinical Rehabilitation & Patient Management | Author: PT Ahmad Al Hariri

Greater Trochanteric Pain Syndrome (GTPS) encompasses lateral hip pain involving the trochanteric bursa, gluteus medius/minimus tendons, and the iliotibial band (ITB). Physical therapy focuses on progressive tendon loading, biomechanical control, and load management without invading medical or surgical domains.



Figure 1: Lateral Hip Architecture & Gluteal Tendon Insertion
Highlighting Greater Trochanter, Bursa, and Gluteal Tendon Complex

Clinical Presentation & Presentation Assessment

Patients typically present with tenderness over the lateral aspect of the hip, exacerbated by weight-bearing tasks such as walking, stair climbing, or prolonged side-lying on the affected side.

Assessment Parameter	Clinical Finding	PT Action / Focus
Palpation	Point tenderness at greater trochanter	Map tissue sensitivity & monitor irritability
Single-Leg Stance	Lateral pelvic drop / Trendelenburg sign	Assess dynamic hip abductor control
Load Tolerance	Pain during resisted hip abduction	Guide baseline isometric loading dosage

Important Scope Notice: This protocol is designed strictly for physical therapy rehabilitation and conservative movement education. It does not replace medical diagnosis, pharmacological intervention, or surgical management. Consult your physician for any medical concerns.

Staged Rehabilitation Progression

Effective physical therapy recovery follows a graded exposure model, transitioning from pain-calming isometric holds to dynamic strength and stability.

Phase 1: Early Loading (Isometrics)

- Perform submaximal isometric side-press or wall bridge holds.
- Hold for 5 seconds per repetition; 3–5 sets daily.
- Aims to reduce pain modulation and calm hyperactive tendons.

Phase 2: Progressive Strengthening

- Introduce controlled side-lying abduction with pillows.
- Progress to standing step-ups and functional balance drills.
- Monitor pain response using a 0–10 visual scale (keep ≤ 3).

Daily Activity Modifications & Pacing

- **Sleeping Position:** Place a supportive pillow between your knees when side-lying to minimize sustained adduction tension across the lateral hip.
- **Sitting Habits:** Avoid crossing your legs while seated, as this compresses the trochanteric bursa and gluteal tendon insertions.
- **Walking & Pacing:** Opt for shorter, more frequent walking bouts rather than prolonged continuous distance if higher mileage provokes symptoms.
- **Cool-Down:** Apply ice over the greater trochanter region for 5–10 minutes following exercise routines if localized warmth or minor flare occurs.