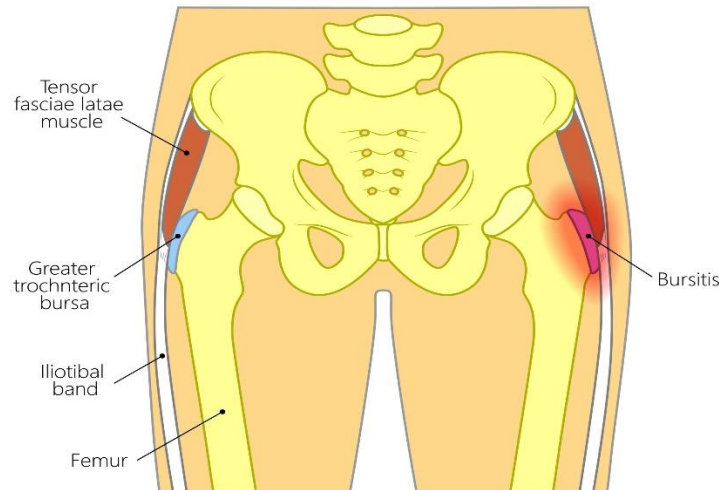


Greater trochanter pain syndrome (Trochanteric Bursitis)

Patient information factsheet



What is greater trochanter pain syndrome?

- Greater trochanteric pain syndrome (also known as trochanteric bursitis) is a condition that causes pain over the outside of your 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 a lot of pain and difficulty with walking.
- The pain is usually caused by injury, prolonged pressure or repetitive movements.
- People that run a lot may have this problem. People who have had surgery to their hip can also have this type of pain.

How common is greater trochanteric 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.

What are the symptoms?

- The most common symptom of greater trochanteric pain syndrome is outer thigh and hip pain.
- Many people find it to be a deep aching or burning pain that may become worse over time.
- It can feel worse when you are lying on your side, especially at night.
- Exercise can make it feel worse.
- You may find that you walk with a limp. Greater trochanteric pain syndrome often goes away (resolves) on its own, over time.

What causes greater trochanteric pain syndrome?

- Most cases of greater trochanteric pain syndrome are due to minor injury or inflammation to tissues in your upper, outer thigh area.
- Your hip area includes the ball and socket hip joint (you can find out more details in our leaflet called Hip Problems) as well as the muscles, nerves and tough connective tissue around it (such as tendons and fascia).

Other causes

- Injury such as a fall on to the side of your hip area.
- Repetitive movements involving your hip area, such as excessive running or walking.
- Longterm or a lot of pressure to your hip area (for example, sitting in bucket car seats may aggravate the problem).
- Some infections (tuberculosis) and some diseases (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 your leg length.

Is greater trochanteric pain syndrome 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 (a small, fluid filled sac which helps to allow smooth movement between joints) that lies over the greater trochanter.
- Newer research evidence shows us that this is an uncommon cause and that in most cases the pain is due to minor tendon tears or damage to the nearby muscles or fascia.
- So now we prefer to use the term 'greater trochanteric pain syndrome'.

How is greater trochanteric pain syndrome diagnosed?

- The diagnosis is usually made based on your symptoms and an examination by a Doctor.
- Your Doctor will usually examine your hip and legs. You may find it be to be very tender when your Doctor presses over the area of the greater trochanter.
- Tests are not normally needed. However, tests might be necessary if your Doctor suspects that infection of the fluid-filled sac (bursa) is the cause (but this is rare).
- Tests may also be necessary if the diagnosis is not clear. For example, an X-ray of your hip or an MRI scan may be needed

What is the treatment for greater trochanteric pain syndrome?

- Greater trochanteric pain syndrome will usually sort itself out without any specific treatment.
- However, it often takes several weeks or more and for some unlucky people, 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 your symptoms.
- **Pain relief:** taking paracetamol or non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen may help to reduce the pain.
- **Lose weight.** If you are overweight or obese then losing some weight is likely to improve your symptoms.
- **Physiotherapy** is often used and is often very effective.
- Finally, if the above measures do not help, an injection of a **steroid and local anaesthetic** may help.

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 three 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.

If the condition gets worse or continues then you may be referred to a specialist for advice regarding further treatment. Occasionally an operation is offered.

What is the outlook?

- Over 90% of people with greater trochanteric pain syndrome recover fully with treatments 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 period of pain, great limitation of movement of the hip, greater loss of function and older age.

Contact our service

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Contact our Trust

If you have a compliment, complaint or concern, please contact our Patient advice and liaison service (PALS) on **020 7288 5551** or whh-tr.PALS@nhs.net.

If you need a large print, audio or translated copy of this leaflet, please email whh-tr.patient-information@nhs.net. We will try our best to meet your needs.

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