Non-Operative Greater Trochanteric Pain Syndrome Treatment Protocol

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Purpose & Philosophy

Greater trochanteric pain syndrome (often referred to as trochanteric bursitis) is most commonly related to gluteus medius and minimus tendinopathy with secondary bursal irritation rather than isolated bursal inflammation. Successful non-operative treatment focuses on load modification, progressive hip abductor strengthening, and correction of contributing biomechanics.

Appropriate Candidates

Patients with lateral hip pain localized over the greater trochanter, pain with side-lying, walking, or stair climbing, and no advanced hip osteoarthritis or acute tendon rupture.

Phase 1: Pain Control & Load Modification (Weeks 0–3)

Goals include pain reduction and reduction of compressive load across the lateral hip. Patients are advised to avoid prolonged side-lying on the affected side and excessive hip adduction positions. Initial exercises emphasize isometric hip abductor activation and gentle mobility. Pain control includes acetaminophen and ice; NSAIDs may be used selectively if appropriate.

Phase 2: Strength Restoration & Movement Quality (Weeks 3–6)

Focus shifts to restoring hip abductor and external rotator strength. Progressive strengthening of the gluteus medius and minimus is emphasized. Pelvic control during gait and functional tasks is addressed to reduce lateral hip overload.

Phase 3: Advanced Strengthening & Load Progression (Weeks 6–10)

Goals include improving load tolerance and dynamic pelvic stability. Single-leg strengthening, closed-chain exercises, and neuromuscular training are introduced. Attention is paid to frontal-plane control and avoidance of excessive hip adduction.

Phase 4: Return to Activity or Sport (Weeks 10–14+)

Gradual return to walking, running, or sport-specific activities is initiated. Progression is symptom-guided with emphasis on maintaining hip strength and pelvic control.

Adjunct Treatments

Adjuncts may include physical therapy, activity modification, shockwave therapy, or image-guided injections. Corticosteroid injections may provide short-term relief; PRP may be considered in select chronic cases.

Return-to-Activity Criteria

Minimal or no lateral hip pain with daily activities; symmetric hip abductor strength; ability to tolerate single-leg loading without symptom flare.

Failure of Non-Operative Treatment

Persistent pain despite an adequate course of rehabilitation should prompt reassessment for gluteal tendon pathology or alternative sources of lateral hip pain.

Key Principles

Trochanteric pain is primarily a tendon load-management problem. Avoiding excessive compression and restoring hip abductor strength are central to durable symptom relief.

Key References

Fearon AM et al. Greater trochanteric pain syndrome. Br J Sports Med. 2017.

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Rompe JD et al. Shock wave therapy for trochanteric pain syndrome. Am J Sports Med. 2009.

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