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Educational Guidelines for the Rehabilitation of Individuals with Greater Trochanteric Pain Syndrome

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ABSTRACT

Greater trochanteric syndrome is a term used to describe the specificity of a synovial tissue located between the gluteus medius tendon and the greater trochanter of the femur. However, three pathologies may coexist: lateral snapping hip, trochanteric bursitis, and gluteal tendinopathy. It frequently affects women over forty years of age and presents as persistent chronic pain that worsens during activities of daily living. It is believed that the mechanism of action occurs through a combination of tension and stress that results in shear and friction when the hip moves in adduction, leading the iliotibial complex to compress the tendons over the greater trochanter of the femur. The objective of this article is to discuss the educational approach, its beneficial effects for the rehabilitation of GTPS, and to offer educational guidelines for cases of conservative treatment of GTPS. Educational guidelines were developed for patients with gluteal tendinopathy based on recent studies that used this practice to reduce irritability of the peritrochanteric tissues and improve pain and functionality in patients with GTPS. The PubMed, EmBase, Cochrane, and PEDro databases were searched. Six articles addressing the management of conservative pathology were included. The studies affirm that an educational approach is a cost-effective strategy that contributes to patient self-efficacy, as it is important for reducing tissue irritability and not delaying tendon healing, and should be considered a relevant rehabilitation strategy.

Keywords

Greater Trochanteric Pain Syndrome (GTPS), Gluteal Tendinopathy, Patient Education, Conservative Management.

Introduction

Greater trochanteric pain syndrome (GTPS) is a term used to describe inflammation of a synovial tissue located between the gluteus medius tendon and the greater trochanter of the femur [1,2]. However, three pathologies may coexist: lateral snapping hip, trochanteric bursitis, and gluteal tendinopathy [1,2,3]. It frequently affects women over forty years of age and presents as persistent chronic pain that worsens during daily activities and at night when lying on the affected hip [1- 4]. The incidence ranges from 1.82 to 5.63 per 1000/year, and prevalence varies between 10 and 25% in the general population [1-5]. It affects the tendons of the gluteus medius and minimus, which become thicker and have reduced energy storage capacity [1,2]. The gluteus medius is the largest of the hip abductors, has a fan shape and is frequently functionally subdivided into three sets of fibers: anterior, middle, and posterior. It has two consistent insertion points on the greater trochanter of the femur: one on the lateral surface and the other on the posterosuperior surface. Anterior to the insertion of the gluteus medius, on the anterior surface of the greater trochanter of the femur, lies the tendon of the gluteus minimus [3,4,5,8,9].

The injury mechanism occurs through a combination of tension and compression that results in shear and friction when the hip moves into adduction, causing the iliotibial complex to compress the tendons over the greater trochanter of the femur. Furthermore, weakness of the hip abductors, hypertrophy of the tensor fasciae latae, and overuse are considered to contribute to the injury mechanism [6-10]. In an upright posture, such as walking,

weakness of the hip abductor muscles results in lateral pelvic tilt and hip adduction, which contributes to compression of the tendons between the greater trochanter of the femur and the thick fascia of the iliotibial tract [4]. Studies indicate that there is an increase in subligamentous forces from 4 newtons to 106 newtons during the variation of 0° to 40° in hip adduction and that the combination of flexion and adduction forces can further increase this compressive load on the gluteal tendons [1,3,7,8,9].

Studies reinforce the need to minimize sustained, repetitive, or loaded hip adduction due to the high compressive forces on the greater trochanter. They indicate that an important rehabilitation strategy involves educating the patient to minimize the compressive load on the tendons, and that educational guidance offered to individuals affected by this pathology becomes essential, since activities that increase the compressive load on the gluteal tendons maintain tissue irritability and delay healing [6-12].

Therefore, recent literature recommends using an educational approach to avoid exercises and positions that combine tension and compression of the tendons, as these are related to the injury mechanism [4-12]. The aim of this article is to discuss an educational approach to avoid movements and positions that compress the gluteus medius and minimus tendons and to report beneficial effects for the rehabilitation of individuals with gluteal tendinopathy.

Methodology

Educational guidelines were developed for patients with gluteal tendinopathy based on recent studies that used this practice to reduce irritability of the peritrochanteric tissues and improve pain and functionality in patients with GTPS. This is a brief literature review article. The PubMed, EmBase, Cochrane, and PEDro databases were searched. The search strategy used was gluteal tendinopathy or hip injuries or tendinopathy and education or physiotherapy. Studies from the last 10 years and in English, Portuguese, and Spanish that dealt with the conservative management of gluteal tendinopathy were included.

Results

12 articles addressing the management of conservative pathology were included. Studies that analyzed the effect of education on the treatment of greater trochanteric pain syndrome and gluteal tendinopathy were included.

Discussion

Clinical guidelines for gluteal tendinopathy and greater trochanteric pain syndrome recommend that corrective interventions should be performed on sitting, lying, and standing postures [9]. This guideline reinforces that activities and exercises that cause tendon compression maintain tissue irritability and delay tissue healing. Therefore, they emphasize the importance of professionals guiding patients on these corrections during activities of daily living [9].

In the study by Ganderton et al., an educational booklet was provided to all participants, advising them to avoid activities that overload and compress the tendons. The authors indicate that education was largely responsible for changes within the groups and that further studies should be conducted with a design that evaluates the educational strategy in parallel with no intervention, in order to verify whether the improvement is not attributable solely to the natural history of the disease. The activities to be avoided were detailed in standing, sitting, and lying-sitting positions [10].

Studies indicate that when lying down, one should avoid lying on the affected hip and use a pillow between the legs in the lateral decubitus position in order to reduce compression of the gluteal tendons on the greater trochanter of the femur by reducing hip adduction (Figure 1). When sitting, avoid sitting on one leg and avoid crossing your legs (Figure 2). When standing, avoid crossing your legs and support yourself only on one leg (Figure 3) [6,7,8,9,11].

The authors Grimald and Fearon also addressed educational guidelines as a management strategy for gluteal tendinopathy and state that in clinical practice they observed that tendon care and position modifications bring great benefits to patients. They also advise avoiding stretching of the abductor muscles and positions with adduction above the midline of the hip while standing, sitting, and lying down (Figure 4) [7].

The study by Mellor et al. addressed educational interventions and highlighted the importance of tendon care to prevent compression; however, it used an educational approach combined with exercises. During 14 physiotherapy sessions, participants received educational guidance on tendon care and resistance exercises with progressive loading. The study concluded that for gluteal tendinopathy, education plus exercise performed better than the use of corticosteroid injections during the 52 weeks of follow-up, and that these results support education as an effective management approach for gluteal tendinopathy [6].

In the systematic review study by Bremer et al., patient education was also addressed as a key element in the results. Exercise and education have moderate strength evidence of a medium effect on pain in the short term with small effects in the medium and long term. The 11 studies analyzed cited specific information on behavioral change, such as avoiding compressive and tensile forces on the gluteus medialis tendon and proper load management for daily activities, as well as education about the condition and its treatment [11].

The study by Bremer et al., individualised education on anatomy and function, which patients could relate to in terms of their own story, was reported as a key component of the intervention. Education extended to addressing postural issues, to reduce tendon compression in everyday life, avoiding single leg standing and ‘hanging off one hip’. In terms of pedagogy, education was seen as an ongoing evolving intervention throughout the patients’ journey [12].

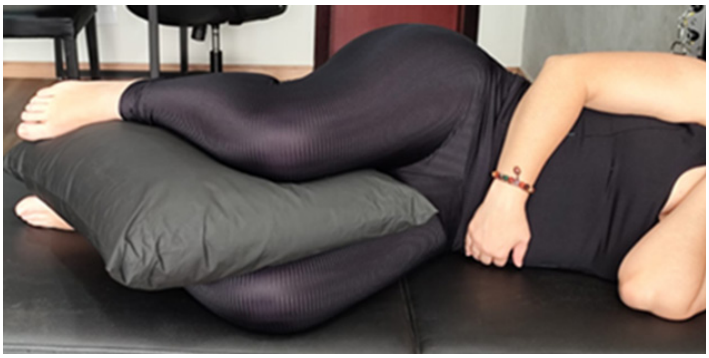

Figure 1: Correct position in lateral decubitus.
Image by the author.

Figure 2: Incorrect sitting positions.
Image by the author.

Figure 3: Incorrect posture while standing.
Images by the author.

Figure 4: Avoid stretching the glutes and piriformis muscles.
Images by the author.

Conclusion

This study synthesized the main educational guidelines used by current studies for the treatment of greater trochanteric pain syndrome and gluteal tendinopathy. Studies suggest that an educational approach is a cost-effective strategy that contributes to pain self-efficacy in patients, as it is important for reducing tissue irritability and not delaying tendon healing. However, studies have verified the effect of this strategy combined with progressive load exercise, and therefore, it is important that further studies be conducted to measure the isolated effect of education for the rehabilitation of gluteal tendinopathy and Greater trochanteric syndrome.

Conflicts of interest

None.

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References

1. Barratt PA, Brookes N, Newson A. Conservative treatments for greater trochanteric pain syndrome: A systematic review. Br J Sports Med. 2017; 51: 97-104. https://doi.org/10.1136/bjsports-2015-095858
2. CastroKMSde,SilvaENdeO.Evaluationandphysiotherapeutic management of the grater major trochanteric pain syndrome: integrative review. Brazilian J Pain. 2020;3(2):170–6. https://doi.org/10.5935/2595-0118.20200031
3. Pianka MA, Serino J, DeFroda SF, Bodendorfer BM. Greater trochanteric pain syndrome: Evaluation and management of a wide spectrum of pathology. SAGE Open Med. 2021. https://doi.org/10.1177/20503121211022582
4. Bicket L, Cooke J, Knott I, Fearon A. The natural history of greater trochanteric pain syndrome: an 11-year follow-up

study. BMC Musculoskelet Disord. 2021;22(1):1–10. https://doi.org/10.1186/s12891-021-04935-w.

5. Plinsinga ML, Ross MH, Coombes BK, Vicenzino B. Physical findings differ between individuals with greater trochanteric pain syndrome and healthy controls: A systematic review with meta-analysis. Musculoskelet Sci Pract. 2019 Oct 1.43:83–90. https://doi.org/10.1016/j.msksp.2019.07.009
6. Mellor R, Bennell K, Grimaldi A, et al. Education plus exercise versus corticosteroid injection use versus a wait and see approach on global outcome and pain from gluteal tendinopathy: Prospective, single blinded, randomised clinical trial. Br J Sports Med. 2018; 52: 1464-1472. https://doi.org/10.1136/bmj.k1662
7. Grimaldi A, Fearon A. Gluteal Tendinopathy: Integrating Pathomechanics and Clinical Features in Its Management. J Orthop Sports Phys Ther. 2015; 45: 910-922. http://www.jospt.org/doi/abs/10.2519/jospt.2015.
8. Kenanidis E, Kyriakopoulos G, Kaila R, et al. Lesions of the abductors in the hip. EFORT Open Rev. 2020; 5: 464-476. https://doi.org/10.1302/2058-5241.5.190094
9. Ann-Marie Walters, Robin A Sopher, Kuczynski, et al. Greater Trochanteric Pain Syndrome Clinical Practice Guideline. Ohio State Univ, Wexner Med Cent. 2017.
10. Ganderton C, Semciw A, Jill Cook, et al. Gluteal Loading Versus Sham Exercises to Improve Pain and Dysfunction in Postmenopausal Women with Greater Trochanteric Pain Syndrome: A Randomized Controlled Trial. J Womens Health. 2018; 27: 815-829. https://doi.org/10.1089/jwh.2017.6729
11. Bremer Tobias, Nicklen Peter, Fearon Angie, et al. The efficacy of gluteal tendinopathy treatments: A systematic review. ClinRehabil. 2025; 39: 600-617. https://doi.org/10.1177/02692155251327298
12. Bremer T, Lack S, Fearon A, et al. Best practice for patients with gluteal tendinopathy: A qualitative exploration of expert clinical reasoning and management. Physiotherapy. 2025. https://doi.org/10.1016/j.physio.2025.101871