

Rehabilitation Protocol: Trochanteric Pain Syndrome – Non-Operative

Lateral hip pain (greater trochanteric pain syndrome) is driven largely by **compression** of the gluteal tendons and bursa under the IT band, especially in hip adduction. **Education on load modification plus progressive abductor strengthening.** Typical course: 8–12 weeks. Please contact our office with any questions or concerns.

Pain rule: strengthening may cause pain up to 5/10 if it does not worsen that night or the next day; functional and daily activities should not increase pain.

Avoid (compressive positions): crossing legs or knees together when sitting; standing “hanging” on one hip; low seats; side-lying on the painful side, or on the other side without a pillow between the knees; aggressive or sustained IT band stretches pulling the leg across the midline while symptomatic; foam rolling directly over the painful trochanter.

☐ Phase I – Education and Pain Relief (Weeks 0–2)

- **Education:** Compression and load management; sleeping (pillow between knees), sitting and standing posture; pace walking and stairs
- **Isometrics:** Hip abduction isometrics in neutral (supine or standing against a wall), e.g., 5 × 30–45 second holds, daily, for pain relief
- **Early exercise:** Bridges, glute sets, transversus abdominis activation; weight shifting with level pelvis
- **Soft tissue:** Gentle soft tissue work or foam rolling to the TFL, lateral quadriceps and gluteals (not over the trochanter); begin the Stage 1 stretches (see Home Stretching Program)
- **Pain management:** Ice, NSAIDs per our office; image-guided corticosteroid injection may be considered if pain limits exercise – contact our office
- **Criteria to Progress:** Pain settling with daily activities and sleep; able to perform isometrics with level pelvis

☐ Phase II – Progressive Strengthening (Weeks 2–8)

- **Abductor loading (progress by difficulty and load):** Side-lying hip abduction with a pillow under the knee to start (avoid adduction), progressing to straight leg and ankle weights; standing abduction with band; banded side steps and monster walks; clamshells
- **Functional strength:** Squats, step-ups and lateral step-ups, single-leg stance, split squats and single-leg bridges – keep the pelvis level and the knee from collapsing inward (control dynamic adduction)
- **Other:** Core strengthening; hip extensor and quadriceps strengthening; low-impact cardio (bike, swimming)
- **Criteria to Progress:** Pain-free walking and stairs; single-leg stance ≥30 seconds with level pelvis; abductor strength improving toward the other side

☐ Phase III – Return to Activity (Weeks 8+)

- **Treatment:** Progress single-leg strength and load (single-leg squat, step-downs, side plank progressions); hopping and agility as needed for sport
- **Runners:** Gradual return; slightly increase cadence (5–10%); avoid crossover gait, cambered roads and excessive downhill early; increase volume before speed or hills
- **Return to Activity:** Pain-free daily activities and sleep; good pelvic control with single-leg tasks; tolerating sport-specific loading
- **Maintenance:** Continue abductor strengthening 2–3× per week

Contact Our Office

- No improvement after 8–12 weeks of consistent rehab, night pain, new weakness or a limp (possible abductor tear)



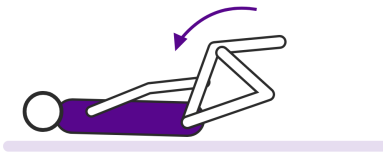
Nicole Rynecki Baker, MD

Assistant Professor of Orthopedic Surgery
Division of Sports Medicine
Tel: (561) 209-6900

Home Stretching Program

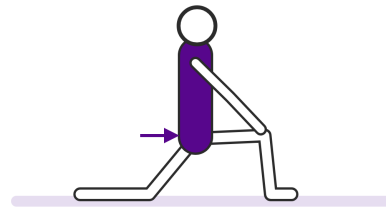
- Hold each stretch **30 seconds, 3 times, once or twice daily**. Stretch to mild tension only – stop any stretch that reproduces pain on the outside of the hip.
- **Stage 1** (stretches 1–4) can start right away. **Stage 2** (stretch 5) begins once pain has settled, typically after week 4–6.

1. Figure-4 Stretch



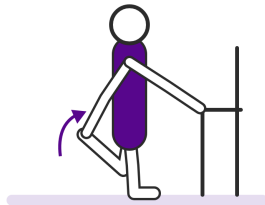
Lie on your back. Cross the ankle of the painful leg over the opposite knee. Gently pull the bottom thigh toward your chest until you feel a stretch in the buttock.

2. Hip Flexor Stretch



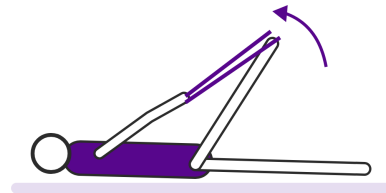
Kneel on the painful side with the other foot forward. Squeeze the buttock of the back leg and shift your hips forward without arching your low back.

3. Quadriceps Stretch



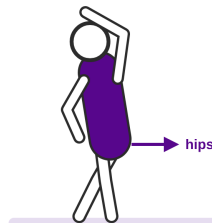
Hold a chair for balance. Bend the knee and pull your heel toward your buttock, keeping the knees together. May also be done lying on the other side with a pillow between the knees.

4. Hamstring Stretch



Lie on your back with a strap around your foot. Keeping the knee straight, raise the leg until you feel a gentle stretch behind the thigh.

5. IT Band Stretch (Stage 2)



Cross the painful leg behind the other. Reach the arm on the painful side overhead and lean away while gently pushing the hips toward the painful side. Short holds, only if pain-free.