Hip Pain

Dry Needling Versus Cortisone Injections

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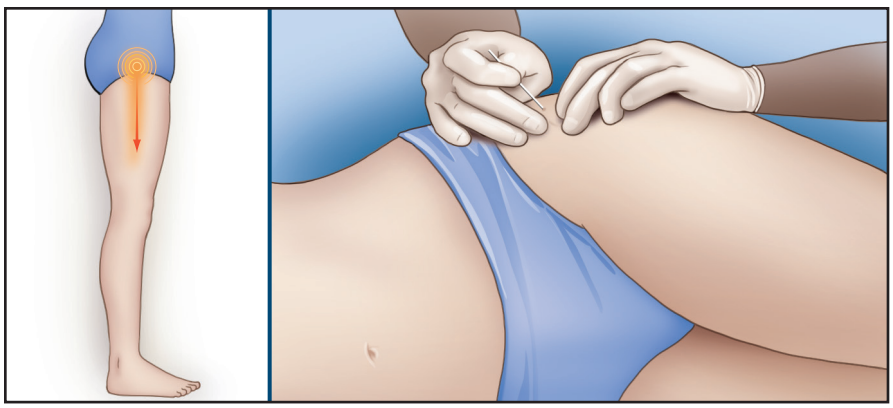
Greater trochanteric pain syndrome (GTPS) is chronic, intermittent pain and tenderness on the outside of the hip. Older names for this condition are greater trochanteric bursitis or subgluteal bursitis. The medical community once thought that a swollen hip bursa—a fluid-filled sac that acts as a gliding surface to reduce friction between moving tissues in this joint—was the source of such pain. This conclusion led to the use of corticosteroid injections to the bursa to help decrease swelling and pain. However, researchers now believe that injuries to the muscles and tendons around the hip are the actual cause of this pain, and that inflammation is often not involved. A study published in the April 2017 issue of *JOSPT* explores dry needling as an alternative to cortisone injections to reduce pain and improve function in patients with GTPS.



HIP PAIN AND DRY NEEDLING. Evidence indicates that greater trochanteric pain syndrome, chronic pain and tenderness on the outside of the hip (shown in orange), can be treated effectively with physical therapy, and specifically with dry needling to this area. Dry needling is as effective as cortisone injection in reducing pain and improving movement problems caused by this condition.

This *JOSPT* Perspectives for Patients is based on an article by Brennan et al, titled "Dry Needling Versus Cortisone Injection in the Treatment of Greater Trochanteric Pain Syndrome: A Noninferiority Randomized Clinical Trial" (*J Orthop Sports Phys Ther 2017;47(4):232-239. doi: 10.2519/jospt.2017.6994*).

This Perspectives article was written by a team of *JOSPT*'s editorial board and staff. Deydre S. Teyhen, PT, PhD, Editor, and Jeanne Robertson, Illustrator.

NEW INSIGHTS

An estimated 10% to 25% of people are diagnosed with GTPS. The goal of this study was to determine whether dry needling was as helpful as a corticosteroid injection for patients with this kind of hip pain. The researchers treated 50 painful hips. Patients were randomly assigned to receive either the injection or dry needling. During the 6-week study, the researchers measured the amount of pain medication taken by both groups. No other forms of treatment were provided. At the end of the study, patients in both groups had the same results for pain relief, ability to move and perform daily activities, and medication use. Patients who went to physical therapy for dry needling had the same outcomes as those who received an injection.

PRACTICAL ADVICE

Patients often ask if they might try physical therapy before receiving other treatments. The results of this study show that patients with GTPS can get similar results from dry needling as from a corticosteroid injection. Both groups experienced a decrease in pain and an improved ability to move and complete daily activities. Because the outcomes were similar, dry needling may be a good option for those worried about the potential side effects and risks of a steroid injection, or who want to try a lower-risk treatment. If you have been diagnosed with this condition, physical therapy has evidence-based treatment options to help you recover from it.

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