



Trochanteric Bursitis

What is trochanteric bursitis?

Trochanteric bursitis is a condition characterized by inflammation of the trochanteric bursa (a small fluid filled sac located at the outer aspect of the hip) causing lateral hip pain.

The femur (thigh bone) has a bony process at the top of the bone known as the greater trochanter. This bony prominence is a point of attachment of several gluteal muscles and forms the outer most point of the hip. The gluteal muscles originate from the pelvis and insert into the top of the femur overlying the greater trochanter. Between the gluteal muscles and the greater trochanter lies a bursa known as the trochanteric bursa. A bursa is a small sac filled with lubricating fluid and is designed to reduce friction between adjacent soft tissue layers.

The gluteal muscles are primarily responsible for moving the hip and stabilizing the pelvis during activity and are particularly active during running, jumping, climbing stairs and squatting. During contraction of the gluteals, friction is placed on the trochanteric bursa. Pressure may also be placed on the trochanteric bursa following a direct impact. When these forces are excessive due to too much repetition or high force, irritation and inflammation of the bursa may occur. This condition is known as trochanteric bursitis.

Causes of trochanteric bursitis

Trochanteric bursitis most commonly occurs due to repetitive or prolonged activities placing strain on the trochanteric bursa. This typically occurs due to repetitive running, jumping, walking activities (placing strain on the bursa via the gluteals) or due to prolonged pressure on the bursa (such as excessive side-lying particularly on hard surfaces). Occasionally, the condition may occur suddenly due a direct blow to the point of the hip (such as a fall onto a hard surface).

Signs and symptoms of trochanteric bursitis

Patients with this condition typically experience pain in the outer aspect of the hip. Pain may also radiate down the outer aspect of the thigh as far as the knee. In less severe cases, patients may only experience an ache or stiffness in the hip that increases with rest following activities that place a strain on the bursa. These activities typically include side lying excessively (especially on hard surfaces), running, jumping, climbing stairs, sitting cross legged, getting in and out of the car or walking excessively (especially up hills or on uneven surfaces).

As the condition progresses, patients may experience symptoms that increase during sport or activity, affecting performance. Patients with trochanteric bursitis typically experience pain on firmly touching the trochanteric bursa. Occasionally, a feeling of lower limb weakness may also be present particularly when attempting to climb stairs, perform a squat or accelerate while running.

Diagnosis of trochanteric bursitis

The diagnosis of hip bursitis is made most reliably with the history and physical examination.

An x-ray is often obtained to ensure there are no bone spurs or calcifications that could be contributing to the problem. Occasionally, your doctor may obtain other studies i.e. Ultrasound or MRI if the diagnosis is unclear or if the problem does not resolve with treatment.

Prognosis of trochanteric bursitis

Most patients with this condition heal well with conservative management and will be able to return to normal function in a number of weeks. Occasionally, recovery can take longer and may take many months in those who have had their condition for a long period of time.

Treatment for trochanteric bursitis

The success rate of treatment for this condition is largely dictated by patient compliance. One of the key components of treatment is that the patient rests from ANY activity that increases their pain until they are symptom free. This allows the body to begin the healing process and prevents further injury. Once the patient can perform these activities pain free, a gradual return to these activities is recommended provided there is no increase in symptoms.

Ignoring symptoms or adopting a 'no pain, no gain' attitude is likely to lead to the condition becoming chronic. Immediate treatment of trochanteric bursitis is essential to ensure a speedy recovery. Once the bursitis is chronic, healing slows resulting in increased recovery times and an increased likelihood of future recurrence.

The best treatment for hip bursitis, or any form of bursitis, is aimed at controlling the inflammation caused by this condition. The general treatment of hip bursitis consists of:

Rest: This usually means a period of time not participating in sports or activities that aggravate your symptoms. As a general rule of thumb, any activity that causes hip bursitis pain should be avoided--this only contributes to inflammation of the bursa.

Anti-inflammatory Medications: Anti-inflammatory medications (e.g. Motrin, Aleve, Naprosyn, etc.) will help control the inflammation associated with hip bursitis. These medications are helpful for the pain as well as diminishing inflammation.

Ice the Injury: Icing the area of hip bursitis often helps to alleviate the symptoms of hip bursitis. Especially after exercise, ice can control inflammation, and stimulate blood flow to the injured area.

Corticosteroid Injection (commonly called a "cortisone shot"): A "cortisone injection" may also be given into the bursa in patients with pain. The cortisone injection is helpful because it can be both diagnostic and therapeutic.

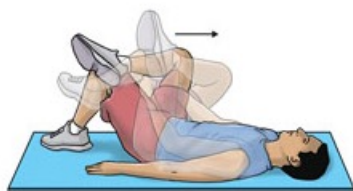
Elevation: Lying on the opposite side with a pillow between the knees will reduce the friction or pressure on the bursa.

Rehabilitation: Patients should also undergo a graduated flexibility and strengthening program of the surrounding muscles to ensure an optimal outcome. (See Below)

Trochanteric Bursitis Rehabilitation Exercises

Begin by performing the stretching the muscles that around the hip. When the sharp pain decreases you can begin the strengthening exercises.

Stretching exercises



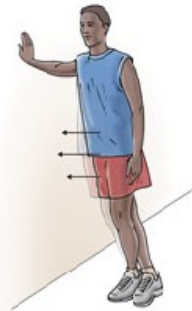
Gluteal stretch

Gluteal stretch: Lying on your back with both knees bent, rest the ankle of one leg over the knee of your other leg. Grasp the thigh of the bottom leg and pull that knee toward your chest. You will feel a stretch along the buttocks and possibly along the outside of your hip on the top leg. Hold this for 15 to 30 seconds. Repeat 3 times.



Iliotibial band stretch (standing)

Iliotibial band stretch: Standing: Cross one leg in front of the other leg and bend down and touch your toes. You can move your hands across the floor toward the front leg and you will feel more stretch on the outside of your thigh on the other side. Hold this position for 15 to 30 seconds. Return to the starting position. Repeat 3 times. Reverse the positions of your legs and repeat.



Iliotibial band stretch (side-leaning)

Iliotibial band stretch: Side-leaning: Stand sideways near a wall. Place one hand on the wall for support. Cross the leg farthest from the wall over the other leg, keeping the foot closest to the wall flat on the floor. Lean your hips into the wall. Hold the stretch for 15 seconds, repeat 3 times, and then switch legs and repeat the exercise another 3 times.



Prone hip extension

Prone hip extension: Lie on your stomach with your legs straight out behind you. Tighten the buttocks and thigh muscles of your injured leg and lift it off the floor about 8 inches. Keep your knee straight. Hold for 5 seconds. Then lower your leg and relax. Do 3 sets of 10.

Strengthening exercises



Side-lying leg lift

Side-lying leg lift: Lying on your uninjured side, tighten the front thigh muscles on your top leg and lift that leg 8 to 10 inches away from the other leg. Keep the leg straight and lower slowly. Do 3 sets of 10.



Wall squat with a ball

Wall squat with a ball: Stand with your back, shoulders, and head against a wall and look straight ahead. Keep your shoulders relaxed and your feet 2 feet away from the wall and a shoulder's width apart. Place a soccer or basketball-sized ball behind your back. Keeping your back upright, slowly squat down to a 45-degree angle. Your thighs will not yet be parallel to the floor. Hold this position for 10 seconds and then slowly slide back up the wall. Repeat 10 times. Build up to 3 sets of 10.



Straight leg raise

Straight leg raise: Lie on your back with your legs straight out in front of you. Bend the knee on your uninjured side and place the foot flat on the floor. Tighten the thigh muscle of the other leg and lift it about 8 inches off the floor, keeping the thigh muscle tight throughout. Slowly lower your leg back down to the floor. Do 3 sets of 10.

IT Band Stretch with foam roller:

Begin with a foam roller just below the hip joint on your side.
Use opposite leg crossed in front of you for support.
Support the weight of your body on your hands and opposite leg.
Keep body perpendicular to the ground.
Slowly roll to just above the knee.
Repeat 4 to 7 times.
Reverse legs and repeat steps for opposite leg.

