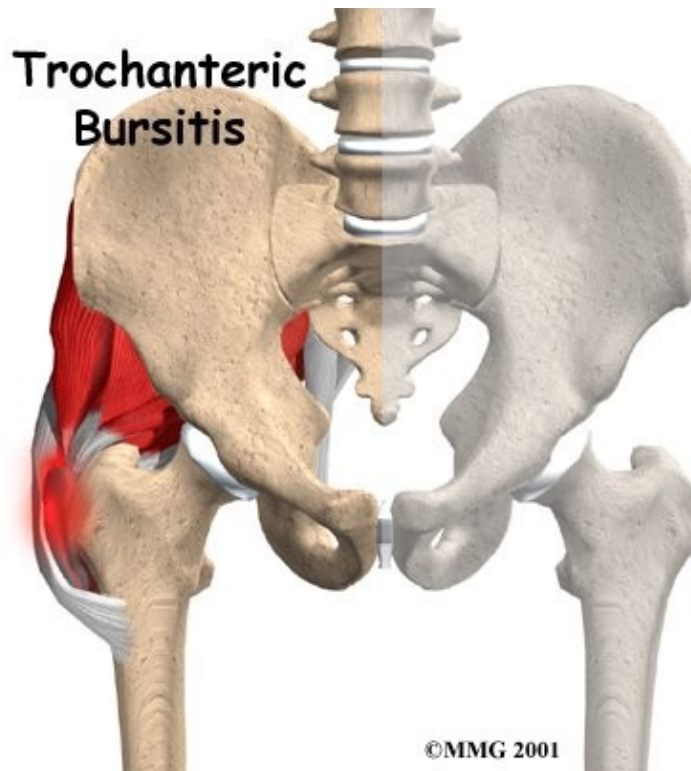


Trochanteric Bursitis of the Hip

Introduction

Physical Therapy in Newburgh and Orange County New York for Hip



Welcome to Peak Physical Therapy's patient resource about Trochanteric Bursitis of the Hip.

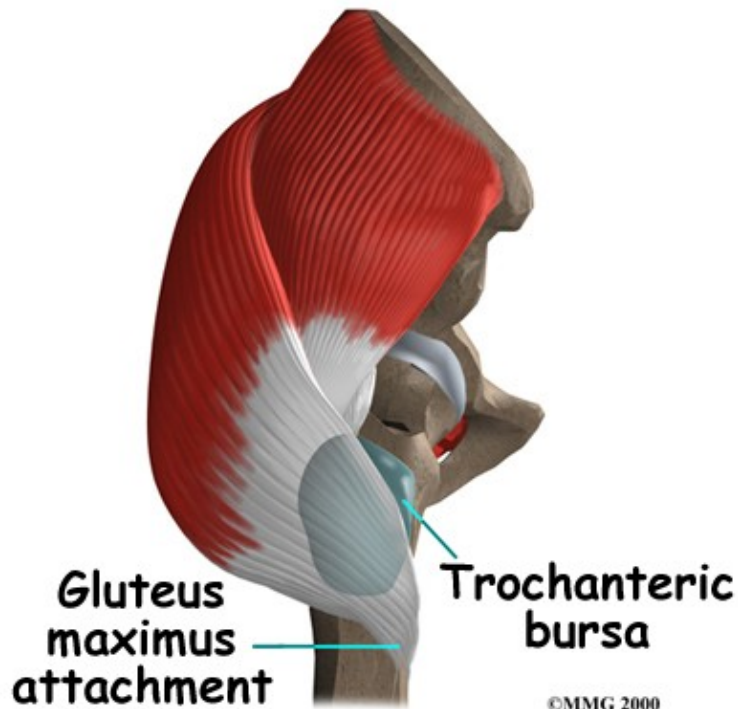
A common spot for *bursitis* is on the side of the hip. Here a large tendon passes over the bony bump on the side of the hip. The bony bump is called the *greater trochanter*. Inflammation in the bursa between the tendon and the greater trochanter is called *trochanteric bursitis*. This problem is common in older individuals. It may also occur in younger patients who are extremely active in exercises such as walking, running, or biking.

This guide will help you understand the following:

- how trochanteric bursitis develops
- how doctors diagnose the condition
- what treatments are available

Anatomy

Where is the trochanteric bursa, and what does it do?



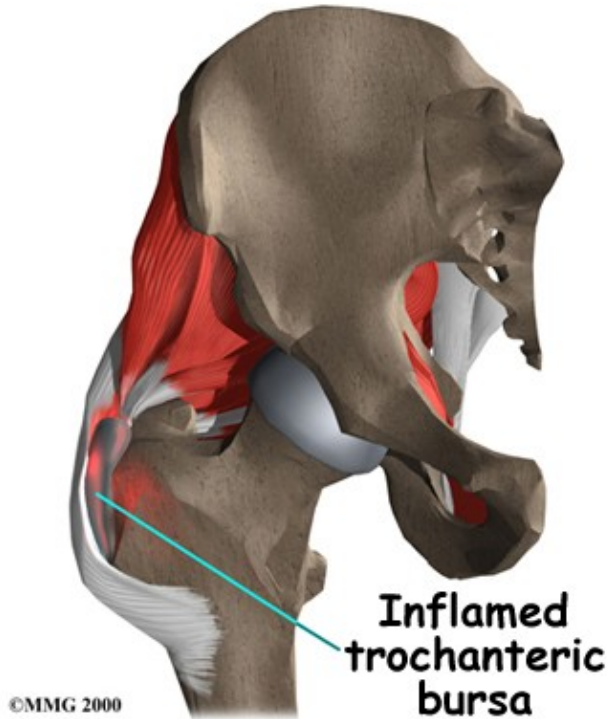
The hip joint is one of the true ball-and-socket joints of the body. The hip socket is called the *acetabulum* and forms a deep cup that surrounds the ball of the upper thigh bone (*femur*), or *femoral head*. Thick muscles of the buttock at the back and the thick muscles of the thigh in the front surround the hip.

The greater trochanter is the large bump on the outside of the upper end of the femur. This bump is the point where the large buttock muscles that move the hip connect to the femur. The *gluteus maximus* is the largest of these muscles. It attaches lower down on the femur.

Where friction occurs between muscles, tendons, and bones, there is usually a structure called a bursa. A bursa is a thin sac of tissue that contains fluid to lubricate the area and reduce friction. The bursa is a normal structure. The body will even produce a bursa in response to friction.

Related Document: [A Guide to Hip Anatomy](#)

Causes



Why do I have this problem?

Sometimes a bursa can become inflamed (swollen and irritated) because of too much friction or because of an injury to the bursa. An inflamed bursa can cause pain because movement makes the structures around the bursa rub against it.

Friction can build in the bursa during walking if the long tendon on the side of the thigh is tight. It is unclear what causes this tightening of the tendon.

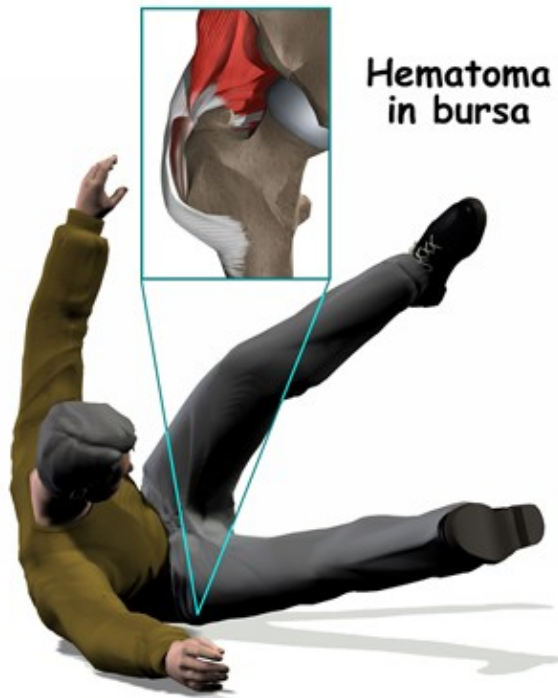
The gluteus maximus attaches to this long tendon. As you walk, the gluteus maximus pulls this tendon over the greater trochanter with each step. When the tendon is tight, it rubs against the bursa.

The rubbing causes friction to build in the bursa, leading to irritation and inflammation. Friction can also start if the outer hip muscle (*gluteus medius*) is weak, if one leg is longer than the other, or if you run on banked (slanted) surfaces.

Animation of rubbing on the bursa

Most cases of trochanteric bursitis appear gradually with no obvious underlying injury or cause. Trochanteric bursitis can occur after artificial replacement of the hip joint or other types of hip surgery. The cause may be a combination of changes in the way the hip works, the way it is aligned, or the way scar tissue has formed from the healing incision.

A fall on the hip can cause bleeding into the bursa, forming a *hematoma*. The bleeding is not serious, but the bursa may react to the blood by becoming inflamed. The inflammation causes the bursa to become thickened over time. This thickening, constant irritation, and inflammation may result in the condition becoming chronic, or long lasting.



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Symptoms

What does the condition feel like?

The first symptom of trochanteric bursitis is usually pain. The pain can be felt in the area of the hip right over the bump that forms the greater trochanter. Eventually the pain may radiate down the outside of the thigh. As the problem progresses, the symptoms produce a limp when walking and stiffness in the hip joint. Eventually, the pain will also be present at rest and may even cause a problem with sleeping.



Pain area in trochanteric bursitis

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Diagnosis

At Peak Physical Therapy, diagnosis of trochanteric bursitis begins with a history and physical examination. The physical examination will be done to determine how much stiffness you have in the hip and if you have a limp. Further physical tests may be done to rule out other causes of your hip pain. Our Physical Therapist will also want to know when the pain began and which motions cause the pain.

Some patients may be referred to a doctor for further diagnosis. Once your diagnostic examination is complete, the Physical Therapists at Peak Physical Therapy have treatment options that will help speed your recovery, so that you can more quickly return to your active lifestyle.

Related Document: [Osteoarthritis of the Hip](#)

Peak Physical Therapy provides services for Physical Therapy in Newburgh and Orange County New York.

Our Treatment

Non-surgical Rehabilitation

At Peak Physical Therapy, treatment of trochanteric bursitis usually begins with simple measures used to calm inflammation, and may include heat or ice applications. Our Physical Therapist uses hands-on treatment and stretching to help restore your full hip range of motion. Improving strength and coordination in the buttock and hip muscles enables the femur to move in the socket smoothly and can help reduce friction on the bursa. Time required for recovery and rehabilitation varies for each patient, but as a guideline, you may expect to attend Physical Therapy sessions for four to six weeks before full motion and function return.

Younger patients who have this condition because of overuse can usually be treated by reducing their activities or changing the way they do their activities. Decreased activity, combined with our exercise Physical Therapy program of stretching and strengthening, and perhaps a brief course of anti-inflammatory medications, will usually resolve the problem. Patients may also want to consult with their doctor or pharmacist regarding the use of pain relief or anti-inflammatory medication.

Although the vast majority of our patients with trochanteric bursitis never require surgery, if you do, the Physical Therapists at Peak Physical Therapy can provide a personalized post-surgical Physical Therapy program to help speed your recovery so that you can more quickly return to your active lifestyle.

Post-surgical Rehabilitation

If you have surgery, your hip will be bandaged with a well-padded dressing. Although the amount of Physical Therapy a patient needs relates to his or her own speed of recovery, as a general rule, you may expect to attend Physical Therapy sessions at Peak Physical Therapy for up to two months after surgery.

Our first few treatment sessions will focus on controlling the pain and swelling after surgery. We will then have you begin exercises that gradually stretch and strengthen the muscles around the hip joint. Our Physical Therapist will help you retrain these muscles to keep the ball of the femur moving smoothly in the socket. We will also provide you with tips on ways to do your activities without straining the hip joint.

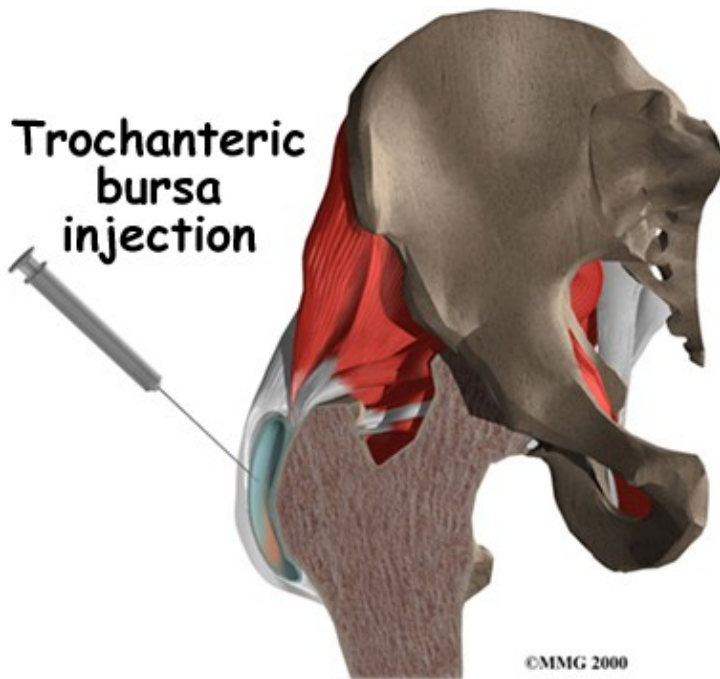
At Peak Physical Therapy, our goal is to help speed your recovery so that you can more quickly return to your everyday activities. When your recovery is well under way, regular visits to our office will end. Although we will continue to be a resource, you will be in charge of doing your exercises as part of an ongoing home program.

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Physician Review

Your physician may order X-rays to make sure that there are no other abnormalities in the hip. X-rays will usually not show trochanteric bursitis. If X-rays are suggested, they are to rule out other problems that may be causing your hip pain. Sometimes it is difficult to tell whether the pain you are suffering is from trochanteric bursitis or underlying arthritis of the hip joint. An X-ray may give more information about the condition of the hip joint itself.

An injection of a local anesthetic into the bursa can also help your doctor diagnose trochanteric bursitis. If the injection removes the pain immediately, then the diagnosis is probably trochanteric bursitis. Most physicians will also add a bit of cortisone medication to the novocaine to help treat the condition at the same time. Cortisone is a powerful anti-inflammatory medication. It can reduce swelling and pain when injected directly into the bursa. The injection will probably not cure the problem. But it may control the symptoms for months.



Surgery

Surgery is rarely needed to treat trochanteric bursitis. When all else fails and the pain is disabling, your doctor may recommend surgery. Several types of surgical procedures are available to treat trochanteric bursitis.

The primary goal of all procedures designed to treat this condition is to remove the thickened bursa, to remove any bone spurs that may have formed on the greater trochanter, and to relax the large tendon of the gluteus maximus. Some surgeons prefer to simply lengthen the tendon a bit, and some prefer to remove a section of the tendon that rubs directly on the greater trochanter. Both procedures give good results.

Related Document: [A Guide to Trochanteric Bursitis Surgery](#)

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