

Trochanteric (Hip) Bursitis



Relationship of trochanteric bursa between the iliotibial band and the greater trochanter.

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Bursitis is caused by inflammation of a bursa, a small jelly-like sac that usually contains a small amount of fluid. Bursae are located throughout the body, most importantly around the shoulder, elbow, hip, knee, and heel. They act as cushions between bones and the overlying soft tissues, and help reduce friction between the gliding muscles and the bone.

The bony point of the hip is called the greater trochanter. It is an attachment point for muscles that move the hip joint. The trochanter has a fairly large bursa overlying it that occasionally becomes irritated, resulting in hip bursitis (trochanteric bursitis).

Symptoms

- Pain at the point of the hip, extends to thigh area
- Initially sharp pain; later, it may feel aching and spread out.
- Worsening of pain at night
- Pain after getting up from a chair after being seated for a while
- Pain prolonged walking, stair climbing, or squatting

Risk Factors

Hip bursitis can affect anyone, but is more common in women and middleaged or elderly people. It is less common in younger people and in men.

- **Repetitive stress (overuse) injury:** This can occur when running, stair climbing, bicycling, or standing for long periods of time.
- **Hip injury:** An injury to the point of your hip can occur when you fall onto your hip, bump your hip on the edge of a table, or lie on one side of your body for an extended period of time.
- **Spine disease:** This includes scoliosis, arthritis of the lumbar (lower) spine, and other spine problems.
- **Leg-length inequality:** When one leg is shorter than the other by a significant amount, it affects the way you walk and can lead to irritation of a hip bursa.
- **Rheumatoid arthritis:** This makes the bursae more likely to become inflamed.
- **Previous surgery:** Surgery around the hip or prosthetic implants in the hip can irritate bursae and cause bursitis.
- **Bone spurs or calcium deposits:** These can develop within the tendons that attach to the trochanter. They can irritate the bursa and cause inflammation.

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The doctor examines the greater trochanter with the patient lying on his/her side.

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Diagnosis

- Comprehensive physical exam
- Evaluation of motion
- Additional tests may be necessary (X-ray, MRI, bone scan)

Nonsurgical Treatment

The initial treatment for hip bursitis does not involve surgery. Many people with hip bursitis can experience relief with simple lifestyle changes, including:

- Modification of activities – avoiding the activities that worsen symptoms
- Medication: NSAIDs
- Use of a walking cane or crutches for a week or more when needed

Physical therapy is important to treat hip bursitis. The doctor may ask a physical therapist to teach you how to stretch your hip muscles. Other treatments such as ice, heat, or ultrasound may be used.

Injection of a corticosteroid along with a local anesthetic may also be helpful in relieving symptoms of hip bursitis. This is a simple and effective treatment that can be done in the doctor's office. It involves a single injection into the bursa. The injection typically provides permanent relief. If pain and inflammation return, another injection or two may be needed.

Surgical Treatment

Surgery is rarely needed for hip bursitis. If the bursa remains inflamed and painful after all nonsurgical treatments have been tried, your doctor may recommend surgical removal of the bursa. Removal of the bursa does not hurt the hip, and the hip can actually function normally without it.

A newer technique that is gaining popularity is arthroscopic removal of the bursa. In this technique, the bursa is removed through a small (1/4-inch) incision over the hip. A tiny camera, or arthroscope, is placed in a second incision so the doctor can guide the surgical instruments and cut out the bursa. This surgery is much less invasive, and recovery is quicker and less painful. Early studies show arthroscopic removal of the bursa to be quite effective, but this is still currently being studied.

Rehabilitation

- Use of cane or crutches for short time may be indicated
- Soreness usually disappears after a few days
- Avoid repetitive activities that put stress on the hips
- Lose weight if indicated
- Shoe inserts may be indicated for leg-length discrepancies
- Maintain strength and flexibility of hip muscles

Adapted from American Academy of Orthopaedic Surgeons. For more information, see orthoinfo.aaos.org

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