Trochanteric Bursitis

**What is trochanteric bursitis?**

Trochanteric bursitis is inflammation of the bursa (fluid-filled sac near a joint) at the outside (lateral) point of the hip known as the greater trochanter. When this bursa becomes irritated or inflamed, it causes pain in the hip. This is a common cause of hip pain.

**What are the symptoms of trochanteric bursitis?**

Trochanteric bursitis typically causes the following symptoms:

- Pain on the outside of the hip and thigh or in the buttock.
- Pain when lying on the affected side.
- Pain when you press in on the outside of the hip.
- Pain that gets worse during activities such as getting up from a deep chair or getting out of a car.
- Pain with walking up stairs.

**What causes trochanteric bursitis?**

Trochanteric bursitis can result from one or more of the following events:

- **Injury to the point of the hip.** This can include falling onto the hip, bumping the hip into an object, or lying on one side of the body for an extended period.

- **Play or work activities that cause overuse or injury to the joint areas.** Such activities might include running up stairs, climbing, or standing for long periods of time.

- **Incorrect posture.** This condition can be caused by scoliosis, arthritis of the lumbar (lower) spine, and other spine problems.

- **Stress on the soft tissues** as a result of an abnormal or poorly positioned joint or bone (such as leg length differences or arthritis in a joint).

- **Other diseases or conditions.** These may include rheumatoid arthritis, gout, psoriasis, thyroid disease or an unusual drug reaction. In rare cases, bursitis can result from infection.

- **Previous surgery** around the hip or prosthetic implants in the hip.

- **Hip bone spurs or calcium deposits** in the tendons that attach to the trochanter.

Bursitis is more common in women and in middle-aged or elderly people. Beyond the situations mentioned above, in many cases, the cause of trochanteric bursitis is unknown.

**How is trochanteric bursitis treated?**

Treatment goals include reducing pain and inflammation, preserving mobility, and preventing disability and recurrence.

Treatment recommendations may include a combination of rest, splints, heat, and cold application. More advanced treatment options include:
• Nonsteroidal anti-inflammatory drugs, such as ibuprofen or naproxen
• Corticosteroid injections given by your health care provider. Injections work quickly to decrease the inflammation and pain.
• Physical therapy that includes range of motion exercises and splinting. This can be very beneficial.
• Surgery, when other treatments are not effective.

When should you seek medical advice?
Most cases of bursitis improve without any treatment over a few weeks. See your health care provider if you have any of the following signs or symptoms:

• You experience pain that interferes with your normal day-to-day activities or have soreness that doesn’t improve despite self-care measures.
• You have recurrence of bursitis.
• You have a fever or the area affected appears red, swollen or warm.

In addition, see your doctor if you have other medical conditions that may increase your risk of an infection, or if you take medications that increase your risk of infection, such as corticosteroids or immunosuppressants.

How do you prevent trochanteric bursitis?
Because most cases of bursitis are caused by overuse, the best treatment is prevention. It is important to avoid or modify the activities that cause the problem. Underlying conditions such as leg length differences, improper posture, or poor technique in sports or work must be corrected.

Apply these basic rules when performing activities:

• Take it slow at first and gradually build up your activity level.
• Use limited force and limited repetitions.
• Stop if unusual pain occurs.

Some tips:

• Avoid repetitive activities that put stress on the hips.
• Lose weight if you need to.
• Get a properly fitting shoe insert for leg length differences.
• Maintain strength and flexibility of the hip muscles.
• Use a walking cane or crutches for a week or more when needed.

References