Information and Guidance for Patients suffering with

Trochanteric bursitis

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please contact Southern Health Communications

☎ 023 8087 4666

@Southern_NHSFT  Southern Health

www.southernhealth.nhs.uk

Quality care, when and where you need it
**Trochanteric bursitis**

More commonly being referred to as Greater trochanteric pain syndrome, there are several features that play a part in pain in this area, inflammation of the bursa (rare), degenerative tears of its close tendons, weakness of the buttock muscles and apparent tightness of the iliotibial band.

It is common in menopausal women who may be overweight, or may have suddenly increased their activity levels, or in runners and cyclists.

**Symptoms**

- Pain on stairs, or on standing from sitting.
- Pain when laying or pressing on the affected side.
- Your doctor may choose to put an injection into the bursa.

It is likely you will need to a referral to physiotherapy. A physiotherapist will can help identify whether the pain is coming from the hip joint, the hip tendons or bursa, or from the back. They will also look at what habits you have developed that may be putting a strain over that area of the hip.

If your foot position is abnormal, then a referral to podiatry for insoles may help correct the foot position and reduce the strain around the hip.

Losing weight and increasing your fitness may be recommended if both are not already good.

**Treatment**

Firstly you should try avoiding the painful activity and take anti-inflammatory medication as prescribed by your GP. An ice pack applied daily over the painful area can help, but make sure the bag of ice is wrapped in a damp cloth and that your skin goes pink after a minute. Skin going pale can indicate frostbite, and is not helpful.

Ensure you do not stand with most of your weight on one leg with your hip pushed out, or sit with your legs crossed. Avoid low seats, and when you stand up from a seat, ensure you keep your knees apart.

An exercise that used to be used for this problem was ‘the clam’, but evidence has shown this can irritate the problem. Avoid this one.

You may wish to start the exercise below. Your physiotherapist will progress you to harder exercises when you are ready.

**Exercise1**: lay on your side with the painful hip uppermost, a fat pillow between your knees and the leg in a straight line with your body. The knee can be held bent to help you balance. Raise the leg from the pillow ensuring you feel the muscle behind the pain tighten, not the one in front of it. The exercise may feel hard to do, but should not be painful. Hold the position for ten seconds. Attempt to build up to 10 x 10 second holds.