

Informational Guide to Greater Trochanteric Bursitis

Introduction

The greater trochanter is the large bump at the outside edge of the top of the femur (thigh bone). The three large buttock muscles are attached to this bony prominence.

Bursas, or fluid-filled sacs, are naturally found in areas of the body where there increased friction due to the rubbing of tissues against each other. The bursa between the gluteal muscles and the greater trochanter is called the greater trochanteric bursa. Inflammation of the bursa is called bursitis.

Tightness at the gluteal tendons will increase the friction at the femur. This friction can cause irritation and further inflammation. Increased friction can also be caused by leg muscle weakness and/or leg length discrepancies.

Symptoms

Typically, greater trochanteric bursitis has a gradual onset and occurs without an incident or injury. Symptoms will generally start as a pain or irritation at the tissue immediately surrounding the greater trochanter. This localized pain will then spread down the outside of the thigh. As symptoms progress, a limp or other form of walking compensation may be seen due to pain.

It is also common for pain to be felt while lying on the affected side during sleeping.

Diagnosis

Trochanteric bursitis is typically diagnosed by taking a thorough history and physical examination. X-rays may be taken to rule-out other dysfunctions or abnormalities at the hip such as osteoarthritis.

A physician may also choose to inject an anesthetic medication into the affected bursa. If the symptoms immediately get better, it is likely that bursitis exists.

Treatment

Non-surgical treatment of greater trochanteric bursitis, including physical therapy, initially consists of decreasing the amount of stress/strain at the affected extremity. Your physician may prescribe anti-inflammatories in an attempt to decrease the surrounding joint irritation.

Muscular imbalances of the lower extremities will be addressed with the use of a home exercise program. It is important to treat what is causing the irritation at the bursa and surrounding tissues rather than to simply treat the symptoms.

If conservative measures are not adequately decreasing the pain and swelling as well as increasing your overall function, a cortisone injection (steroid anti-inflammatory to reduce inflammation) may be administered by your physician.

Surgical procedures are avoided if possible in the case of trochanteric bursitis. If needed, the bursa may be removed along with any existing bone spurring/formation at or near the joint. The gluteus maximus muscle may also be lengthened to limit the friction over the bursa.

Rehabilitation

The goals of greater trochanteric bursitis rehab include decreasing pain and swelling, as well as regaining flexibility, strength and muscle balance at the affected hip.

A physical therapist will help with proper instruction of a home exercise program designed to provide strength, stability and muscle balance throughout the affected complex.

The use of soft tissue massage, heat, ice, ultrasound, electrical stimulation and other modalities may be used to decrease symptoms of pain and swelling.

More Information...

For more information please contact any of our three clinics in Roseville, Spring Lake Park, or Blaine where a knowledgeable therapist will be happy to assist you with your recovery needs.