



[◀ Back](#)

The bursa is a sac of lubricating fluid that helps to separate skin, ligaments, tendons and muscles from bones. Bursitis is an inflammation of the bursa caused by excess stress or friction. Greater trochanteric bursitis is the most common form of bursitis of the hip.

The trochanteric bursa comprise two major and one minor bursa. These bursa are located on the outer aspect of the hip. Trochanteric bursitis can be caused by chronic irritation, infection, gout or acute trauma. Females who have wide hips have a greater occurrence of bursitis since the hip bursa is more prone to getting irritated. Runners who have a crossing stride cause excess friction on the bursa. Leg length discrepancy, excessive foot flattening or pronation and poor running surfaces can also contribute to hip bursitis. Individuals who have trochanteric bursitis often complain of pain and possibly "snapping" when getting out of a car or when climbing stairs. Pain can occur with touching the hip, lying on the hip or with walking long distances. Patients often describe the pain as an ache on the outer aspect of the hip and thigh which can radiate down to the knee or up to the low back. Pain is often worse at night especially when lying on the affected side. The pain can be so intense that it can wake the individual. Trochanteric bursitis can look like nerve pain and can be confused with irritation of a nerve.

Diagnosis of trochanteric bursitis is made based on an individual's history and an examination. Muscle testing of the hip muscles will often reproduce the patient's hip pain. Palpation over the outer aspect of the hip produces pinpoint pain over the bursa. X-rays of the hip usually do not reveal anything unless the bursa has become calcified. Calcification is caused by long standing irritation or trauma to the bursa which can make treatment more difficult.

Treatment of trochanteric bursitis initially consists of rest and focuses on decreasing irritation and inflammation to the bursa using various means such as ice, medications or supplements. Arranging pillows in bed to avoid rolling over on the affected hip helps decrease irritation to the hip. Placing a pillow between the thighs when lying on the unaffected side helps to decrease the pain in the affected hip and helps the patient sleep more comfortably. A patient should initially avoid stair climbing, long walks and running. Orthotics can correct overpronation of the foot and a leg length discrepancy. Ultrasound can be helpful in reducing the pain of calcific bursitis by decreasing inflammation. Stretching the tensor fascia latae muscle (outside hip muscles) and glutei muscles (muscles of the behind) and performing Active Release Techniques to these muscles helps to restore their normal function, relieve tissue irritation and stimulate the healing process. Strengthening of the hip musculature is vital to treating and preventing recurrence of trochanteric bursitis. A cortisone injection to the bursa can

reduce the inflammation and pain, but should be combined with a rehabilitation program. Rarely is surgery considered for trochanteric bursitis.

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