



Trochanteric Bursitis

Exercises:
10 seconds
10 times
1 time per day

DESCRIPTION

The iliotibial band (ITB) is the tendon attachment of hip muscles into the upper part of the lower leg bone (tibia) just below the knee at the outer side of the front of the leg. Where the tendon passes the outer hip, the bony bump of the greater trochanter marks the point where a bursa sac lies between the bone and the tendon. This tendon moves over the bump at the hip with hip motion. The bursa is like a water balloon that functions to reduce friction and wear of the tendon against the bony bump. In trochanteric bursitis, overuse causes excessive friction at this bump and results in inflammation and pain of the bursa (bursitis), tendon (tendinitis), or both.

COMMON SIGNS AND SYMPTOMS

- Pain, tenderness, swelling, warmth, and redness may occur over the ITB at the outer hip, although symptoms may occur at several points up the thigh or down the lower leg.
- Pain may initially be present at the beginning of an exercise and may lessen once the extremity is warmed up. Eventually the pain persists throughout the activity and worsens as the activity continues.
- Pain and tenderness may occur when lying on the hip or when the hip is touched.
- Crepitation (crackling sounds) may be present when the tendon or bursa is moved or touched.

CAUSES

Excessive friction of the ITB and underlying bursa may result from repetitive hip motion, especially when the hip muscles are weak or tight. Trochanteric bursitis is an overuse injury, although direct trauma to the outer hip may cause the bursa to become inflamed.

FACTORS THAT INCREASE RISK

- Weak hip muscles
- Tight hip muscles
- Sports in which falling on the side of the hip is possible, especially when padding is not used
- Ballet, cycling, running
- Incorrect training techniques, including sudden changes in the amount, frequency, or intensity of training
- Inadequate rest between workouts
- Poor physical conditioning (strength, flexibility), especially with a tight ITB and weak hip muscles
- Inadequate warm-up prior to practice or play

PREVENTIVE MEASURES

- Warm up and stretch appropriately before practice and competition.
- Allow for adequate rest and recovery between practices and competition.
- Conditioning should include hip flexibility, especially the ITB; muscle strength, particularly the hip abductors; and endurance training and cardiovascular fitness.
- Wear appropriate padding for sports in which falling on the side of the hip is likely.

EXPECTED OUTCOME

Trochanteric bursitis is curable within 6 weeks with rest and appropriate conservative treatment.

POSSIBLE COMPLICATIONS

- Healing time will be prolonged if the injury is not appropriately treated, or if the hip is not given adequate time to heal.
- A chronically inflamed tendon and inflamed bursa may cause persistent pain with activity that may progress to constant pain.
- Symptoms may recur if return to activity is too soon, with overuse or a direct blow, or with poor training technique.
- You may be unable to train or compete.

GENERAL TREATMENT CONSIDERATIONS

Initial treatment consists of medication and ice to relieve pain; stretching and strengthening exercises, particularly for the hip abductors and the ITB; and modifying the activity that initially caused the problem. These can be done at home or with a physical therapist. Oral antiinflammatory medications may be beneficial, and an injection of cortisone into the bursa may be recommended. Surgery to remove the inflamed bursa and part of the scarred or inflamed ITB is rarely needed and is usually only considered after at least 6 months of conservative treatment.

MEDICATION

- Nonsteroidal antiinflammatory medications, such as aspirin and ibuprofen (do not take if surgery is planned within 7 days), or other over-the-counter pain relievers, such as acetaminophen, are often recommended. Take these as directed, and contact your doctor if any bleeding, stomach upset, or an allergic reaction occurs.
- Cortisone injections may be given to reduce inflammation.

HEAT AND COLD

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. It should be applied for 20 minutes every 2 to 3 hours as needed and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used prior to performing stretching and strengthening activities. Use a heat pack or a warm soak.

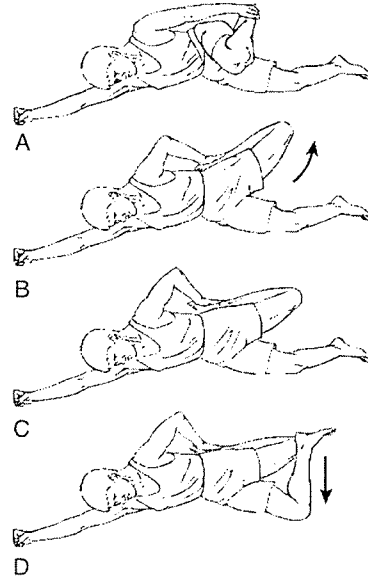
WHEN TO CALL YOUR DOCTOR

- Symptoms get worse or do not improve in 2 to 4 weeks despite treatment.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

RANGE OF MOTION AND STRETCHING EXERCISES Trochanteric Bursitis

These are some of the *initial* exercises you may use to start your rehabilitation program, until you see your physician, physical therapist, or athletic trainer again, or until your symptoms resolve. Please remember:

- Flexible tissue is more tolerant of the stresses placed on it.
- A *gentle* stretching sensation should be felt.



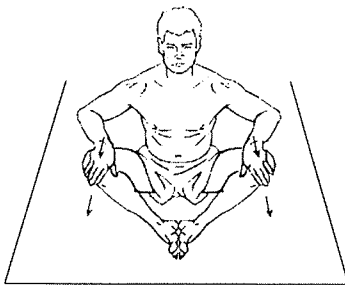
FLEXIBILITY • Iliotibial Band Stretch

1. Lie on your side as shown. The muscle and ITB to be stretched should be on top.
2. Grasp your ankle and pull your heel to your buttocks; bend your hip so that your knee is pointing forward as in the top drawing.
3. Rotate your hip up, so that your thigh is away from your body and in line with your body as shown. Keep your heel to your buttocks.
4. Bring your thigh back down and behind your body. Do not bend at the waist, and keep your heel pressed to your buttocks.
5. Place the heel of your opposite foot on top of your knee, and pull your thigh down farther. You should feel a stretch on the outside of your thigh near your kneecap.
6. Hold this position for ____ seconds, and slowly return to the starting position.
7. Repeat this exercise ____ times, ____ times per day.



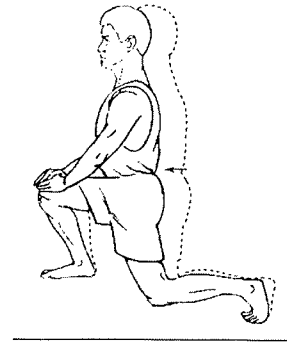
FLEXIBILITY • Hip Rotation

1. Lie on your back, and bend your hip and knee up as shown, grasping them with your hands.
2. Pull your knee toward your opposite shoulder. You will feel a stretch on the outside of your hip near your buttocks.
3. Hold this position for ____ seconds, and *slowly* return to the starting position.
4. Repeat this exercise ____ times, ____ times per day.



FLEXIBILITY • Hip Adduction

1. Sit on the floor with the soles of your feet together as shown. Keep your heels as close to your body as you comfortably can.
2. Place your hand on top of your knees, and push your knees down toward the floor. You will feel a stretch in your groin.
3. Hold this position for ____ seconds, and slowly return to the starting position.
4. Repeat this exercise ____ times, ____ times per day.



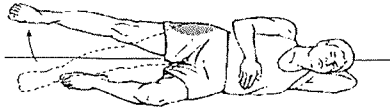
FLEXIBILITY • Hip Flexion

1. Assume the position shown.
2. Lunge forward, leading with your hips. Do not bend forward at the waist, and keep your chest upright.
3. Hold this position for ____ seconds, and *slowly* return to the starting position.
4. Repeat this exercise ____ times, ____ times per day.

STRENGTHENING EXERCISES
Trochanteric Bursitis

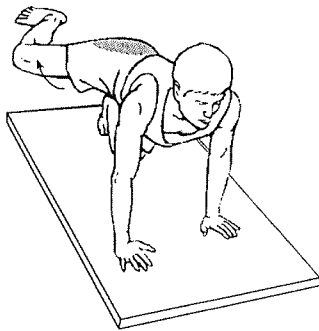
These are some of the *initial* exercises you may use to start your rehabilitation program, until you see your physician, physical therapist, or athletic trainer again, or until your symptoms resolve. Please remember:

- Strong muscles with good endurance tolerate stress better.
- Do the exercises as *initially* prescribed by your physician, physical therapist, or athletic trainer. Progress slowly with each exercise under their guidance, gradually increasing the number of repetitions and weight used.



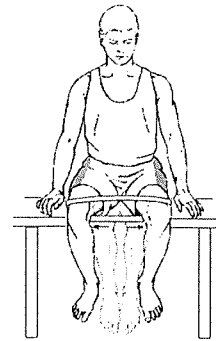
STRENGTH • Hip Abduction

1. Lie on your side as shown with your injured leg on top.
2. Bend your bottom knee slightly for balance, and roll your top hip slightly forward.
3. Lift your top leg straight up, leading with your heel. Do not let your leg come forward.
4. Hold this position for ____ seconds, and slowly return to the starting position.
5. Repeat this exercise ____ times, ____ times per day.



STRENGTH • Hip Abduction in Quadruped

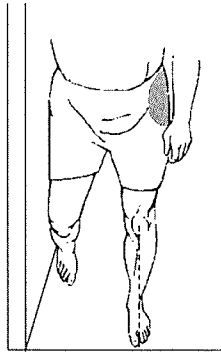
1. Position yourself on your hands and knees as shown.
2. Keeping your knee bent, lift it up and out to the side from your hip.
3. Hold this position for ____ seconds, and slowly return to the starting position.
4. Repeat this exercise ____ times, ____ times per day.



STRENGTH • Hip Abduction

1. Sit on a chair or table as shown.
2. Place a rubber tubing/band around your thighs just above your knees.
3. Spread your legs as widely as possible, and hold this position for ____ seconds.
4. *Slowly* return to the starting position.
5. Repeat this exercise ____ times, ____ times per day.

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STRENGTH • Hip Abduction, Standing

1. Stand next to a wall with the knee of your uninjured leg bent to 90 degrees. Place your uninjured leg against the wall as shown, making sure that the kneecap is in line with your toes.
2. Push the bent knee of the leg that is against the wall into the wall.
3. Do not let your body move away from the wall. To do this the hip muscles of the injured leg (shaded area) will have to contract.
4. Hold this position for ____ seconds, and slowly return to the starting position.
5. Repeat this exercise ____ times, ____ times per day.