Trochanteric Bursitis or Gluteus Medius Tendinopathy

Published 27 September 2011 www.burleighphysio.com.au

Trochanteric bursitis is inflammation of the trochanteric bursa which sits over the outside of the hip bone (trochanter). The bursa provides lubrication and cushioning to allow the muscles to flex and extend over the trochanter without damaging the muscles. It also cushions the tendon before the attachment of the gluteus medius and minimus muscles.

Occasionally, this bursa can become inflamed and clinically painful and tender – this is called trochanteric bursitis.

More often the lateral (outer) hip pain is caused by changes within the gluteal tendons (tendinopathy) which may secondarily inflame the bursa. Tendinopathy at the hip is an overuse of the gluteus medius muscle at its insertion to the trochanter. This results in a breakdown in the structure of the tendon and pain is produced when the muscle is used (such as with walking), this is most common in middle-aged women.

It can be difficult to distinguish between trochanteric bursitis and gluteus medius tendinopathy due to their proximity. Gluteus medius tendinopathys is usually tender to palpate (touch) just above the greater trochanter, your physiotherapist will be able to differentiate between the two conditions for you.

What does it feel like?

The symptoms are commonly an aching pain in the outside of the hip region that is exacerbated on walking, prolonged standing, lying on the same side, stair climbing, or running. In runners, it is commonly the result of overuse rather than direct trauma. Although the classic symptom is lateral (outer) hip pain, it may radiate to the
groin, or, in approximately one third of patients, pain will radiate into the lateral thigh.

**What causes Trochanteric Bursitis?**

This condition can arise after an injury (often resulting from a twisting motion or from overuse), but sometimes arises for no obviously definable cause. Some factors which may contribute to developing gluteal tendinopathy or trochanteric bursitis include:

- Leg length discrepancy (usually a difference of 3cm or more is clinically significant)
- **Gluteal weakness** often causing a "hip drop"
- Inappropriate foot wear
- Poor biomechanics - e.g. excessive pronation (or having flat feet)
- Increase in exercise program - e.g. increasing distance, adding hills or stairs, increasing speed or change in terrain (grass vs sand vs road)
- Rheumatoid arthritis

These conditions lead to increased pressure of the muscles against the bursa and trochanter—with resultant inflammation or overuse (tendinopathy) of the gluteus medius muscle.

**What can I do to treat the problem?**

- Ice – you can apply crushed ice wrapped in a wet cloth to the affected area for 10-15 minutes daily to help reduce the inflammation. Try to apply ice 2-3 times a day.
- Strength – Starting some gentle eccentric gluteal strengthening, your physio can help you with this.
- Stretch – Start some gluteal stretching e.g. pulling your knee up towards the opposite shoulder or put the ankle on opposite knee and pull up towards your chest.
- Correct any leg length difference – eg with a heel raise in your shoe, you physiotherapist or podiatrist can assist you with how high your heel raise should be.

**When should I seek further help?**

Gluteal tendinopathy and trochanteric bursitis do not usually resolve on its own as the contributing factors which lead to the condition occurring have not been dealt with. Start with some initial management of ice and rest from aggravating activities then see you physiotherapist to find out what other factors are contributing to your injury and what you can do to counteract them.