

Greater Trochanteric Bursitis

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What is it?

Greater trochanteric bursitis is an inflammation of the greater trochanteric bursa. The greater trochanter is a bony prominence on the outside aspect of the femur. It is covered with a bursa which is a closed sac containing fluid usually found or formed in areas subject to friction. Inflammation may occur secondary to friction or trauma. The iliotibial band overlies the bursa and a tight iliotibial band may often compress the bursa or cause irritation as it slides over the greater trochanter. Other biomechanical factors including broad pelvis, leg length discrepancy, training errors and excessive pronation of the foot may contribute to the irritation.

How does it present?

Pain is usually localized over the greater trochanter. Patients may have night pain preventing them from sleeping on their affected side. The pain may increase when rising from a seated position or after prolonged walking. Pain may radiate to the thigh, knee or buttocks.

How do we evaluate it?

Evaluation of greater trochanteric bursitis is based upon history and physical examination. The patient will be tender to palpation over the greater trochanter. Iliotibial band tightness and flexibility are evaluated. Biomechanics of the hip, knee, ankle and leg length discrepancies are evaluated which may all be contributing to the pain. Further investigations (xrays, CT, Bone Scan, MRI) are usually not necessary to make the diagnosis but can help exclude other causes of hip pain including stress fracture and arthritis.

Treatment?

Treatment of greater trochanteric bursitis includes the use of NSAIDS, ice, activity modification, and physical therapy. Patients may be prescribed a home exercise program to help stretch both hamstrings, hip flexors, external rotators and the iliotibial band. Custom orthotics may be helpful if there are any biomechanical abnormalities found. Training may need to be modified to assist with treatment. Sometimes a corticosteroid injection into the bursa can help relieve symptoms by decreasing inflammation over and around the bursa. Rarely surgery is indicated for treatment.