

TROCHANTERIC BURSTITIS/GREATER TROCHANTER PAIN SYNDROME

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What is it?

A bursa is a fluid-filled sac that provides cushioning and reduces the friction from tendons and muscles rubbing on underlying bones. One of these is located on the outer side of the thigh bone (the femur) near the hip, in a specific area called the greater trochanter. This can be a source of pain as the result of a direct injury or from overuse. Pain can also result from injury to the tendons that attach to the greater trochanter. Inflammation of the bursa mentioned above is called "trochanteric bursitis." Trochanteric bursitis occurs more often in women, people ages 30-50, and runners.

Risk Factors

- Quick increase in training
- Weakness of the muscles around the greater trochanter
- Tightness of the iliotibial (IT) band (a long tendon that crosses the trochanter as it runs outside the thigh from the hip to the knee)

Symptoms

Trochanteric bursitis causes pain on the outer aspect of the hip and thigh. It hurts more when lying on the side and with activity. Sometimes there is a snapping sensation as well.

Sports Medicine Evaluation and Treatment

A sports medicine physician will determine if the pain is caused by trochanteric bursitis by pressing on the area of the greater trochanter, measuring range of motion and strength of the hip, and performing other specific exam tests. X-rays may be done to rule out other causes of hip pain. However, in the case of trochanteric bursitis, x-rays are usually normal. An in-office ultrasound can help determine if the pain is caused by bursitis or irritation of the tendons. A swollen bursa in trochanteric bursitis may be seen on ultrasound. A sports medicine physician will also want to determine why the condition developed. Some causes include the development of tight iliotibial band, a change in running form, or poor bike fit. In addition to correcting the underlying cause, other treatment options include a period of rest, ice, non-steroidal anti-inflammatory drugs ("NSAIDs"), stretching exercises, and physical therapy. A cortisone injection can be done for relief in cases of severe pain.





Injury Prevention

Trochanteric bursitis can be prevented by avoiding overuse and overtraining. Ensuring flexibility of the iliotibial band with stretching exercises may also be helpful. Strengthening of the muscles around the greater trochanter is important. Proper technique and a healthy training schedule may decrease the risk of developing this.

Return to Play

An athlete who experiences trochanteric bursitis can return to play when the pain is no longer severe and does not interfere with his or her performance. Pain from trochanteric bursitis can last for 6 months or more. Early diagnosis of trochanteric bursitis, identification of why it occurred, and correction of the underlying problem can ensure that an athlete is able to return as soon as possible.

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References

Shbeeb MI, Matteson EL. Trochanteric bursitis (greater trochanter pain syndrome). *Mayo Clin Proc.* 1996 Jun;71(6):565-9.