**ROBERT PETTIT, MD**
*Restoring Function. Maximizing Performance.*
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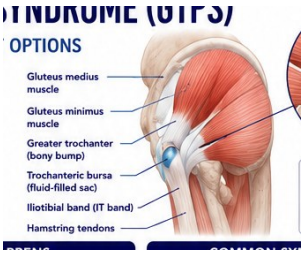
HIP CONDITION

# Trochanteric Bursitis

*Greater Trochanteric Pain Syndrome — Patient Condition Guide*



The greater trochanter and trochanteric bursa on the outer hip · for education; your anatomy may differ

## OVERVIEW

Trochanteric bursitis is inflammation of the bursa (a fluid-filled cushion) over the outer hip bone, causing pain on the side of the hip. It's often related to repetitive activity, hip muscle imbalance, or irritation from nearby tendons.

## ANATOMY

The bursa sits between the greater trochanter (the bony prominence of the femur) and the overlying gluteal tendons and iliotibial band, reducing friction with hip movement. This condition is frequently linked to underlying gluteal tendon irritation.

## SYMPTOMS

- Pain on the outer side of the hip
- Tenderness directly over the bony prominence
- Pain that worsens with lying on the affected side
- Discomfort with climbing stairs or prolonged walking

## DIAGNOSIS

Diagnosis is largely based on history and exam, with tenderness localized over the greater trochanter. MRI or ultrasound may be used for persistent symptoms to evaluate the bursa and nearby gluteal tendons.

## TREATMENT OPTIONS

Most cases improve with activity modification, physical therapy targeting hip strength and mechanics, anti-inflammatory measures, and sometimes a targeted injection. Rarely, cases that don't respond to conservative care may be treated with bursal debridement.

## RECOVERY TIMELINE

- Weeks 0–4: activity modification and initial therapy
- Weeks 4–12: continued strengthening and mechanics work

- Most patients see significant improvement within 2–3 months
- Ongoing hip-strengthening helps prevent recurrence

## FAQS

**Q Why does my hip hurt more at night?**

Lying on the affected side puts direct pressure on the inflamed bursa, which often makes symptoms worse at night.

**Q Will I need an injection?**

Many patients improve with therapy and activity changes alone; an injection is a reasonable option if symptoms persist.

**SCAN FOR THE LATEST VERSION ONLINE**

robertpettitmd.com/handouts/trochanteric-bursitis.pdf

*This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.*

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HOME EXERCISE PROGRAM

# Hip Bursitis: Exercises & Strengthening

*Gluteal strengthening is the definitive treatment — the bursa calms down when the tendons beneath it get stronger.*

*Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.*

## Clamshells

**3 sets of 15 per side, daily**

Side-lying with knees bent and feet together, lift the top knee like a clamshell opening while keeping the pelvis still.

## Side-Lying Leg Raise

**3 sets of 12, daily**

Side-lying with the top leg straight and in line with your body, lift it toward the ceiling, then lower slowly.

## Glute Bridge

**3 sets of 12, daily**

On your back with knees bent, squeeze the buttocks and lift the hips until the body forms a straight line, then lower slowly.

## Figure-4 Glute Stretch

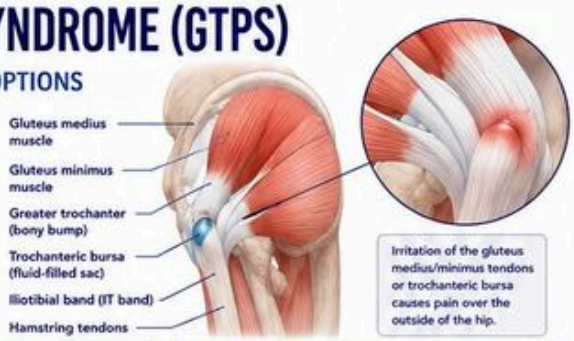
**3 × 30-second holds per side, daily**

Seated or lying down, cross the ankle over the opposite knee and gently pull the legs toward the chest until the outer hip stretches.

# GREATER TROCHANTERIC PAIN SYNDROME (GTPS)

## UNDERSTANDING YOUR CONDITION & TREATMENT OPTIONS

Greater trochanteric pain syndrome (GTPS) is a common cause of hip pain. It involves irritation of the tendons and bursae on the outside (lateral side) of your hip. It is not caused by arthritis 'wear and tear" inside the joint. The good news is that most people improve with the right treatment.




### ANATOMY

The gluteus medius and minimus muscles attach to the top of the femur at the greater trochanter. These tendons and the trochanteric bursa can become irritated from overuse, compression, or weakness.


### HOW IT HAPPENS

Repetitive stress or direct pressure on the outside of the hip can lead to tendon irritation or bursa inflammation.

- Overuse from walking, running, or cycling
- Weak hip muscles or improper biomechanics
- Prolonged sitting or pressure on the outside of hip
- Climbing stairs or uneven surfaces

### COMMON SYMPTOMS

- Pain on the outside of the hip
- Tenderness when lying on the affected side
- Pain with walking, especially up hills or stairs
- Pain after sitting for a long time or when getting up
- Pain may radiate down the side of the thigh (not below knee)

### DIAGNOSIS

Your doctor will perform a physical exam and may order imaging to rule out other causes and confirm the diagnosis.

- **Physical Exam** — Tenderness over the greater trochanter
- **X-ray** — Rules out arthritis or other bone problems
- **Ultrasound or MRI** — May show tendon irritation or bursal inflammation

### RISK FACTORS

- Age 40–60 years (most common)
- Female gender
- Overuse / repetitive activity
- Weakness of hip abductor muscles
- Leg length difference
- Tight IT band
- High body mass index
- Diabetes or other inflammatory conditions

### WHO IS AT RISK?

- Runners, walkers, and cyclists
- People who sleep on their side
- Those with desk jobs or prolonged sitting
- People with weak hip muscles or poor biomechanics
- Individuals with higher body weight

### TREATMENT OPTIONS

#### 1. NON-SURGICAL TREATMENT (FIRST LINE)

- Activity modification (Avoid aggravating activities)
- Physical therapy – focusing on hip abductor strengthening, stretching, and biomechanics
- Ice or heat as needed
- NSAIDs (anti-inflammatory medications)
- Weight management if needed
- Supportive shoes and orthotics

**GOAL:** Reduce pain, improve hip strength and movement, and return to activities.

#### 2. INJECTIONS (IF NEEDED)

Corticosteroid injection into the trochanteric bursa can reduce pain and inflammation.

**GOAL:** Reduce inflammation and pain to allow participation in therapy and activity.

#### 3. SURGICAL TREATMENT (RARE)

Surgery is considered only for persistent symptoms that do not improve after 6–12 months of non-surgical treatment.

- Endoscopic bursectomy
- Gluteus medius/minimus tendon repair (if tear present)

**GOAL:** Remove source of irritation and restore tendon function.

### EXERCISES THAT CAN HELP (ASK YOUR THERAPIST FOR A PERSONALIZED PROGRAM)

CLAMSHELLS | SIDE-LYING HIP ABDUCTION | STANDING HIP ABDUCTION | BRIDGE | MONSTER WALKS | STRETCH: IT BAND

### PREVENTION TIPS

- Maintain strong hip muscles
- Avoid prolonged pressure on the outside of the hip
- Use proper footwear
- Gradually increase activity intensity
- Maintain healthy body weight

### WHEN TO SEEK MEDICAL CARE

- Pain that lasts more than a few weeks
- Pain that limits daily activities or sleep
- Pain that does not improve with rest or treatment
- Weakness, numbness, or pain below the knee

Scan for exercise videos and more information about GTPS.

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