Greater Trochanteric Bursa Debridement

Physical Therapy Protocol · Bursectomy with or without Iliotibial Band Release

Synthesized from the Hospital for Special Surgery (Nwachukwu) trochanteric bursectomy rehabilitation guideline and the Panorama Orthopedics post-operative protocol; surgical technique and early rehab principles per Mitchell et al. (Arthroscopy Techniques, 2016).

AT A GLANCE

TIMELINE	12-16+ weeks; symptom- and criterion-guided progression
WEIGHT BEARING	WBAT with crutches from day 1 (some surgeons prefer ~50% PWB x 2 weeks if gluteal tissue was debrided); wean crutches once gait is non-antalgic
KEY MILESTONES	Crutch-free normalized gait by ~2-4 weeks; full ROM and double-leg strength by week 8; single-leg strength and balance by week 12
RETURN TO ACTIVITY	Run/walk progression from ~12 weeks; sport-specific and plyometric training 16+ weeks with MMT within 10% of the uninvolved side

KEY PRECAUTIONS

- Avoid repetitive or resisted hip abduction and aggressive ITB tensioning for the first 4-6 weeks to protect the debrided lateral tissues.
- Side-lying precautions: avoid direct pressure over the incision/lateral hip early; when side-lying, place a pillow between the knees to prevent adduction-flexion ITB compression across the trochanter.
- Progress ROM gradually (PROM, then AAROM, then AROM); watch for hip flexor tendonitis, recurrent bursal irritation, or synovitis with overly aggressive progression.
- Perform regular scar and soft tissue mobilization once healed to prevent adhesions and symptom recurrence.

PHASED REHABILITATION

PHASE 1 — PROTECTION & EARLY MOBILITY — Weeks 0-4

GOALS	• Control pain and swelling • Prevent atrophy and stiffness • Restore pain-free gait
INTERVENTIONS	• WBAT with crutches; discontinue when gait normalizes (per surgeon; ~50% PWB x 2 weeks if tissue quality warrants) • PROM progressing to AAROM/AROM as tolerated; avoid repetitive hip abduction • Quad and glute sets, hip isometrics, pelvic tilts, bridging progression • Seated knee extension, mini squats • Stationary bike without resistance • Cryotherapy and positioning for lateral hip comfort
CRITERIA TO ADVANCE	• Non-antalgic gait without crutches • Pain controlled with ADLs • Incision healed

PHASE 2 — PROGRESSIVE STRENGTHENING — Weeks 4-8

GOALS	• Full hip ROM • Progress double-leg closed-chain strength • Initiate progressive abductor strengthening and core stabilization
INTERVENTIONS	• Soft tissue and scar mobilization over the lateral hip • Clamshells; graded resistance added to hip abduction, adduction, and extension • Leg press, TRX/supported squats and lunges, prone hamstring curls • Dead bugs, planks and side planks (side plank on involved side once tolerated) • Stationary bike with light resistance
CRITERIA TO ADVANCE	• Full, pain-free hip ROM • Pain-free progressive abductor loading • Good pelvic control with double-leg tasks

Guideline only — individualize per intraoperative findings and patient response. Questions: contact Dr. Pettit's office.

PHASE 3 — SINGLE-LEG STRENGTH, BALANCE & PROPRIOCEPTION	Weeks 8-12
GOALS	• Open- and closed-chain single-leg strength • Restore balance and proprioception • Frontal-plane pelvic control
INTERVENTIONS	• Resisted side steps and retro steps with bands; steps over mini hurdles • Single-leg bridges and single-leg squat progression • Step-ups, forward and side lunges, BOSU squats • Stationary bike with increasing resistance; elliptical • Advance only with demonstrated control (no Trendelenburg or compensations)
CRITERIA TO ADVANCE	• Single-leg stance with level pelvis • Pain-free single-leg strength work • No lateral hip symptoms after sessions

PHASE 4 — RETURN TO ACTIVITY & SPORT	Weeks 12-16+
GOALS	• Restore neuromuscular endurance • Run/walk progression • Return to sport or full recreational activity
INTERVENTIONS	• Run/walk progression from ~12 weeks once single-leg control is sound • Single-leg Romanian deadlifts, split squats, ladder agility drills • 16+ weeks: plyometrics, jump squats, and sport-specific training • Treadmill side-stepping and endurance-focused abductor work
CRITERIA TO ADVANCE	• Manual muscle testing within ~10% of the uninvolved limb • Single-leg hop testing >85% where sport demands warrant • Pain-free running progression • Surgeon clearance for unrestricted activity

GUIDING PRINCIPLES

This protocol follows criterion-based progression over rigid time-based advancement; phased rehabilitation balancing tissue healing with controlled stress application; objective milestones (ROM, strength LSI, functional testing) to guide phase transitions; individualization based on surgical findings, tissue quality, and patient factors; and ongoing surgeon–therapist communication throughout recovery.

REFERENCES

1. Nwachukwu BU. Post-Operative Rehabilitation Guidelines for Trochanteric Bursectomy. Hospital for Special Surgery. https://manhattansportsdoc.com/post-operative-rehabilitation-guidelines-for-trochanteric-bursectomy-gluteus-medius-patch-augmentation/

2. Panorama Orthopedics & Spine Center. Trochanteric Bursectomy Post-Operative Physical Therapy Protocol. https://www.panoramaortho.com/wp-content/uploads/2015/02/Hip_Trochanteric_Bursectomy_PT_Protocol.pdf

3. Mitchell JJ, Chahla J, Vap AR, et al. Endoscopic Trochanteric Bursectomy and Iliotibial Band Release for Persistent Trochanteric Bursitis. Arthrosc Tech. 2016;5(5):e1185-e1189.

For clinical use by licensed physical therapists treating patients of Robert Pettit, MD. This document is a rehabilitation guideline, not a substitute for clinical judgment. Progression must be individualized based on intraoperative findings, tissue quality, and patient response. Scan the QR code for the current version of this protocol.