

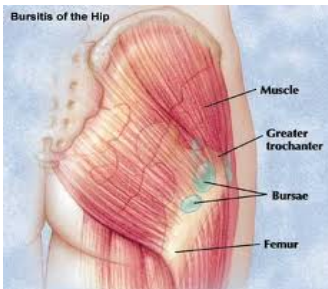
Hip Pain

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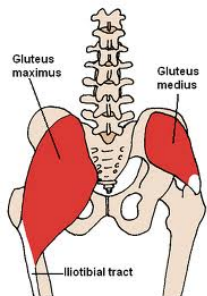
‘Trochanteric Bursitis’

The term 'trochanteric bursitis' is used to describe pain on the outside of the hip or upper thigh, over the bone called the greater trochanter. Occasionally, the pain spreads to the side or front of the thigh, and even into the knee. Most people describe the pain as being worse at night, particularly when lying on the involved side. It is often aggravated by prolonged walking, going up stairs, and prolonged sitting in the car or on low seats.



A *bursa* is a sac of fluid, normally between a tendon and a bone, which acts to reduce

friction or pressure between the bone & tendon. 'Bursitis' is inflammation of the bursa. For decades, it was assumed that pain on the outside of the hip was due to bursitis, & the bursa was frequently injected with cortisone to help settle this inflammation. Sometimes it was even surgically removed. However treatment has changed, and the term trochanteric bursitis has been replaced by 'trochanteric pain syndrome'. This is because studies have shown that less than 15% of affected people have an inflamed or swollen bursa. Even when the bursa is inflamed, it is probably secondary to other problems.



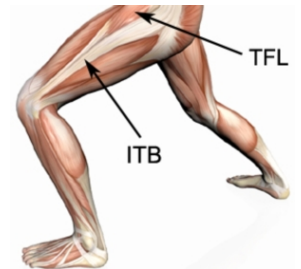
It is now known that the pain arises from tissues other than the bursa. The main ones are:

1. The tendons which attach into the greater trochanter. 'Tendinopathy', particularly of the

gluteus medius tendon (the outside 'glute'), is wearing & possible tearing of the tendon at the point where it attaches onto the bone.

2 Compression of soft tissues between the bone and the overlying iliotibial band (ITB). The ITB is a tough inelastic band that runs from the outside of the pelvis to the knee. In some people it is tight and more likely to cause problems.

3 Muscle pain can arise due to repetitive or sudden overload. This is most common in the glutes, tensor fascia lata (TFL), and piriformis. Muscles develop knots or 'trigger points' which can become very painful. This can occur in either weak or over-active muscles.



Cause of Trochanteric Pain Syndrome:

Above are some of the main *sources* of the pain. The *cause* can be multi-factorial. Possibilities include muscle tightness or weakness, poor posture, past injuries, bad habits, and poor control of balance or movement. Low back dysfunction is also an important and common cause. A 1991 study found that gluteus medius tendinopathy was present in 20% to 35% of people with low back pain.

There are two main groups of patients affected:

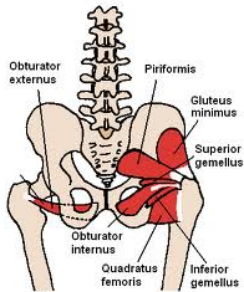
1. Middle aged & older patients, with women being affected four times more frequently than men.
2. Younger athletes, particularly runners.

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Treatment

Trochanteric pain syndrome is one of the most common conditions treated at Concord Sport & Spine Physiotherapy. Traditional treatment involved cortisone injection into the bursa. However cortisone has been found to give only short-term, or no relief to most people. This is not surprising considering that the bursa is unlikely to be the cause of either the pain or the problem. Longer lasting relief can only be gained by correcting the underlying cause.

A full biomechanical and physical assessment is necessary to determine the source and likely cause of the pain. Treatment will generally consist of:



1. Deep tissue releases for muscles of the leg and hip. Dry needling (a form of acupuncture) is sometimes very effective in helping to relax tight muscles.

2. Strengthening for the hip and lumbopelvic 'core'

muscles. This starts with focusing on the deep hip stabilising muscles.

3. When the low back is involved, lumbar spine or sacroiliac mobilisation, manipulation, stretching and massage.

4. Postural correction.

5. Modification of activities and habits that contribute to the problem. This may include changes to the way the person sits, stands, and even to the way they sleep.

6. Correction of faulty biomechanics, or contributing problems elsewhere in the body. Common problem areas include the foot & ankle, knee and spine.

Stretching may be included the treatment. However this needs to be performed cautiously, as some stretching exercises can increase the compressive loading between the ITB and greater trochanter. This will ultimately make the problem worse.

Please contact us if you would like a list of references for this newsletter.

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