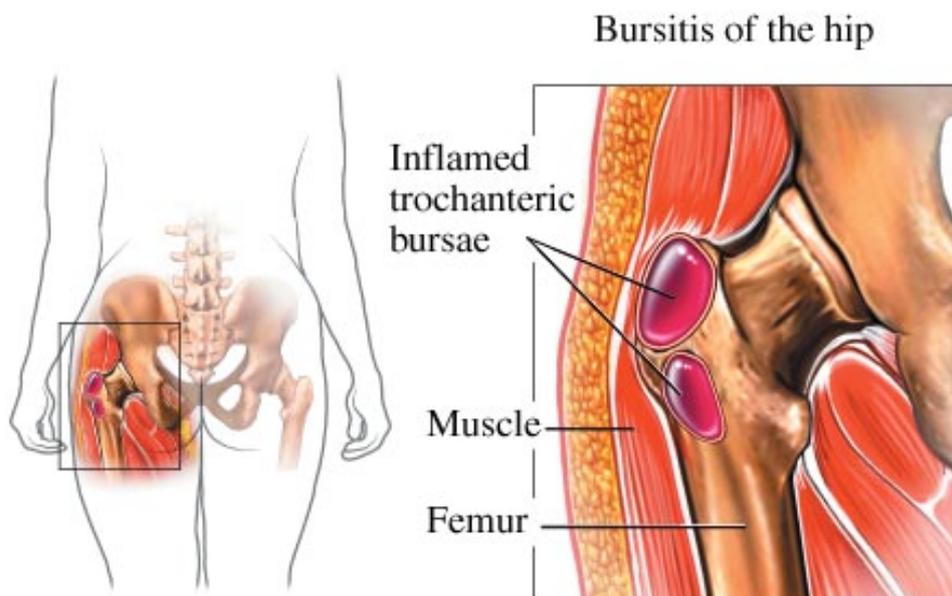


Hip Bursitis



Trochanteric bursitis is inflammation of the trochanteric bursa. The trochanteric bursa sits on the side of the hip working as a lubricant for the movement of the muscles of the hip joint. The bursa can become inflamed for no obviously definable reason but is also seen in rheumatoid arthritis, hip joint disorders, tight iliotibial band or after an injury.

Some patients may develop degenerative changes in the tendons around the hip in association with the inflammation.

Trochanteric bursitis affects people of all ages and activity levels. It typically causes pain felt in the outer thigh, which worsens with long walks, stair climbing or prolonged standing. Lying on the effected side often produces discomfort at night. There may be associated muscle weakness causing limp or unsteadiness when on one leg. Most patients report gradual onset of increasing discomfort over weeks or months which fluctuates with activity levels.

Hip Tendinopathies

Adductor tendonitis is a condition characterized by tissue damage and sometimes swelling to the adductor tendon at its attachment to the pelvis resulting in groin pain. The muscles at the inner aspect of your thigh are known as the adductor muscles (groin). These muscles originate from the pelvis and insert into the inner aspect of the thigh bone (femur) and lower leg bone (tibia). The adductor muscles are responsible for stabilising the pelvis and moving the leg towards the midline of the body (adduction). They are particularly active during running (especially when changing direction) and kicking.

During contraction of the groin muscles, tension is placed through the adductor tendon at its attachment to the pelvis. When this tension is excessive due to too much repetition or high force, damage to the adductor tendon may occur. Adductor tendonitis is a condition whereby there is damage to the adductor tendon with subsequent degeneration and sometimes swelling.

Adductor tendonitis is usually an overuse injury, which commonly occurs due to repetitive or prolonged activities placing strain on the adductor tendon. This typically occurs due to repetitive running, kicking or change of direction activities. It is also common in women, particularly as they age as a result of tendon weakening and poor hip control.

Treatment

The hip is actually a ball and socket joint. A number of structures surround the area, and can all effect the hip, including the lumbar spine. A holistic approach is therefore beneficial to managing hip injuries.

Treatment for hip problems first requires the correct diagnoses.

Upon assessment, further investigations may be required such as an xray or scan such as an ultrasound or MRI, to assist with confirmation.

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Glenferrie Sports and Spinal

Physiotherapy

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Alana Hassell
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Sports Physicians

*Karen Holzer
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Podiatry

Ben Holland

Massage

*Reiona Garth
Alan Godfrey
Lepeka Nanai*

Naturopath and Nutrition

Anna Boetto

Conservative Treatment

Most patients respond well to non operative treatments. The main treatment is sustained physiotherapy. This is a gradual process that involves reducing the activities that aggravate the hip and then gentle exercise to build the strength in the hip and pelvis.

Pain is the main reason that you seek treatment for trochanteric bursitis. In truth, it was actually the final symptom that you developed and should be the first symptom to improve. Bursa inflammation is best eased via ice therapy and techniques or exercises that deload the inflamed structures.

Your Physiotherapist will use an array of treatment tools to reduce your pain and inflammation. If the inflammation is controlled and the bursa “settles down” you are not out of the woods – we need to address the root cause of the problem. This is most likely poor hip control. Your Physio will prescribe a series of progressive and tailored rehabilitation exercises to address the hip control issues identified in your assessment to reduce the amount of pressure on the bursa.

The final stage of your rehabilitation is aimed at returning you to your desired activities. Everyone has different demands for their hips that will determine what specific treatment goals you need to achieve. For some it be simply

to walk around the block. Others may wish to run a marathon

Medications are often used such as a short course of anti-inflammatory tablets and intermittent cortico-steroid injections for bursitis and PRP injections for tendinopathies. Recovery usually takes a number of months.

Trochanteric bursitis does have a tendency to return. The main reason it is thought to recur is due to insufficient rehabilitation.

In addition to your muscle control, your physiotherapist will assess your hip biomechanics and start correcting any defects. It may be as simple as providing your core abdominal exercises or consulting with our podiatrist about your foot control to address any biomechanical faults in the legs or feet. Your physiotherapist will guide you.

Fine tuning your hip stability and function by addressing any deficits in core strength and balance, learning self-management techniques and achieving the ultimate goal of safely returning to your previous sporting or leisure activities!

Operative Treatment

Surgery is only considered if a suitable trial of non-operative management has failed.

**All information in this brochure is a guide and is the opinion of GSSC*