

LATERAL HIP PAIN (Trochanteric bursitis)

Lateral hip pain is pain that originates at the side of the hip, over the bony prominence called the greater trochanter. The main area of pain will occur around this bone, but commonly extends down the side of the thigh and even into the top of the lower leg, below the knee.

Pain may also extend a way forward into the groin, or back or into the buttock. It is often worse at night lying on either side and may be aggravated by walking, particularly up hills and stairs, standing on one leg to dress, prolonged sitting and there is often some pain and stiffness for the first few steps after rising to stand.

The condition has historically been diagnosed as 'trochanteric bursitis', however recent researches have shown there to be problems of cells, collagen tissue and small blood vessels in the tendons of the buttock muscles - gluteus medius and minimus.

Why does it happen?

Sometimes you may not be able to identify an accident or injury that started the problem. It might have occurred as a result of an accumulation of a number of small things, for example poor postural habits, a gradual reduction in general fitness and muscle strength, and a gradual increase in weight over time.

Loading habits appear to be a primary factor in the development of tendon problems. Tendon health depends on regular ideal loading, either too much or too little loading can be problematic. For example, an athlete may overload the tendon by over training and end up with tendon problems, whereas those who are not physically active may well suffer gradual tendon deterioration. Either way the tendon health suffers and eventually pain is experienced when the weakened tendon is exposed to a range of possible factors, such as rapid increase in loading that might occur with suddenly increasing training loads, or even taking up walking, particularly up hills and stairs, or with a slip or fall directly landing on the side of the hip.

Excessive compressive loading of a tendon, particularly where it joins into the bone, is also now thought to be an important factor in the development of tendon issues. The gluteus medius and minimus tendons that join the muscles to the bone at the side of the hip (the greater trochanter) sit beneath the thick fibrous ilio-tibial band. This thick band starts from the top of the pelvis and runs all the way down the side of

the hip and thigh, to join just below the knee. If this band is put on tension, it will wrap tighter around the greater trochanter and cause compression of the underlying tendons. Often it takes many years of compression before the gradual deterioration of the tendon becomes painful.

What can a physiotherapist do?

The physiotherapist will do a thorough assessment of your lumbar spine and hip. They will also assess your standing, walking and sitting postures. The approach is then a two-part plan:

Part 1 is a decompression programme where we will assist you in minimising any negative compressive loads on the tendon through the day and night.

Part 2 is an exercise programme. In the medical literature, exercise provides the best long-term outcomes for tendon pain. The physiotherapist will design for you a specific exercise programme that will gradually strengthen the muscles involved, and improve the health of your hip tendons.

Other treatments may also include mobilization of your lumbar spine, soft tissue massage to surrounding muscles, electrotherapy, dry needling and strapping.

What about activity?

Your physiotherapist will provide advice regarding the safe return to work and normal activity. Aggravating activities will initially need to be avoided or reduced.

Outcome

Lateral hip pain arising from tendon pathology generally takes time to heal. The recovery time is variable and may take several months. Being diligent with completing your exercises is very important.

