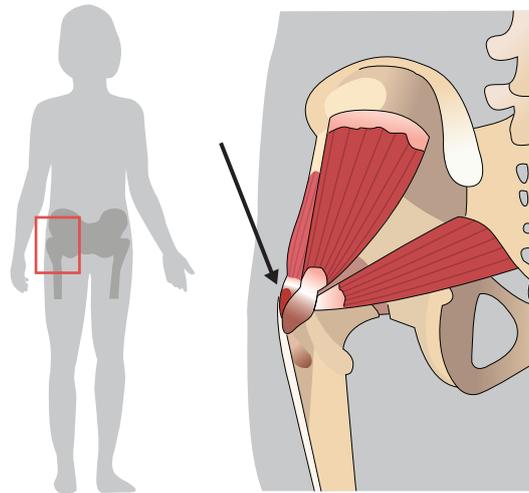


Management of Lateral Hip Pain

Trochanteric Bursitis



You may have been given one of these diagnoses:

Hip bursitis/trochanteric bursitis/hip tendinopathy/gluteal tendinopathy which all amount to lateral hip pain.

What can you do?

What causes my lateral hip pain?

The deep muscles around the hip are important in controlling the position (stability) of the pelvis on the leg especially when we are taking all our weight on one leg (eg: in walking, climbing stairs).

These muscles connect to the pelvis and thighbone via tendons. Tendons are ropey non-elastic structures responsible for transferring the force generated by the muscle to the bone. Their structure is especially suited to pulling forces but not to compression (being squashed). When they are exposed to increased compressive force for any reason they undergo structural change, which makes them swollen and weaker to pulling forces. They become vulnerable to small or complete tears. Pain can be associated with the deterioration of the tendon.

Bursae are normal small structures between the tendons and bones designed to cushion the tendon from direct pressure from hard bone surfaces near their insertion. These bursae respond to increased compression by increasing the cushioning and filling with more fluid. The extra fluid in the tendons and the bursae in response to this compression is not swelling in the sense of inflammation but a mechanical response to the change in conditions.

How can I relieve my lateral hip pain?

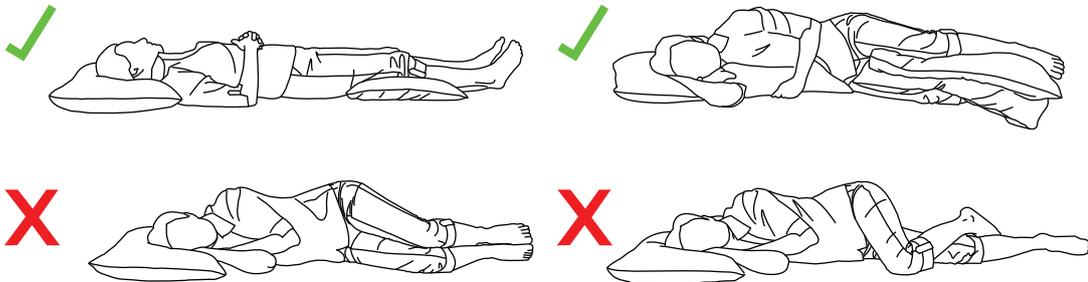
We need to encourage the tendons and bursae to return to their normal structure by reducing the compressive load “squashing” the tendon and carefully and gradually increase the “pulling” load on the tendon to strengthen it again.

These tendons at the hip are placed under an increased compressive load when you cross your legs, lie on your side (direct pressure on the tendon), or stand with your weight mainly on one leg “hanging on the hip”. Also walking with a narrow base with your feet meeting or crossing the midline will compress the tendons. A fall or knock directly onto the outside of the hip can have the same effect.

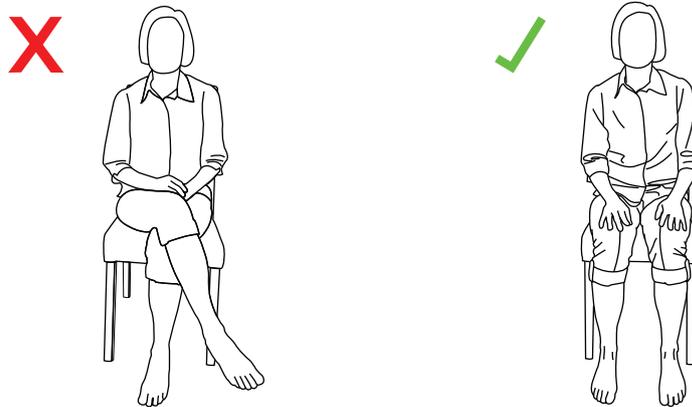
Do's and Don'ts:

Do Not:

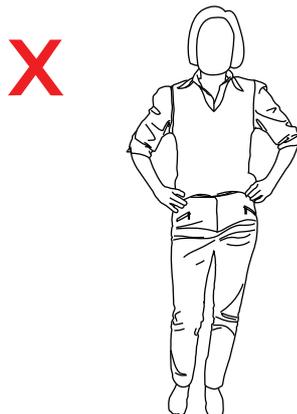
- *Sleep on your side:* it is best to sleep on your back with a pillow under your knees, but if you really find this impossible, sleep on the non-affected side with a pillow between your legs to keep them parallel (don't let the affected leg fall towards the other).



- *Cross your legs when you are sitting (either one).*



- *"Hang on one hip"* - standing leaning most of your weight through one leg



Do:

- *Seek help early.* The sooner you make the necessary changes the more likely you are to have a good result.
- *See a physiotherapist* with a special interest in managing tendinopathy to give you a specific exercise programme to strengthen and repair the weakened tendon. You will also be given more detailed advice on things to avoid and things you can do to help.
- *Always stand with your weight evenly distributed* between both feet.
- *Walk with a slightly wider base* so your feet don't come towards the mid-line.
- A walking stick can sometimes be useful in more severe cases in the early stages.