This condition has traditionally been thought to result from inflammation of one or more bursae about the hip joint. Recent MR and ultrasound imaging evidence calls this presumption into question. Gluteal tendinopathy may be a more correctly descriptive pathological term. A diagnostic label of greater trochanteric pain syndrome (GTPS) takes in to account the lack of evidence of inflammation. The condition appears to some as a muscular dysfunction.

There are two major bursae of the hip, trochanteric and ischial, which can both be associated with stiffness and pain around the hip joint. The trochanteric bursa is located between the iliotibial band and the greater trochanter of the femur. Trochanteric bursitis frequently causes tenderness of the outer hip, making it difficult for patients to lie on the involved side, frequently making sleep difficult. It also causes a dull, burning pain on the outer hip that is often made worse with excessive walking or stair climbing. The ischial bursa is located in the upper buttock area. It can cause dull pain in this area that is most noticeable climbing up hill. The pain sometimes occurs after prolonged sitting on hard surfaces, hence the names “weaver's bottom” and “tailor's bottom.”

Subjective Findings and History:
- **Etiology:** may or may not have history of trauma such as a direct blow or a fall, friction trauma from muscle hypertonicity and overuse (e.g. running on sloped surface, with tight gluteals), genu varum, extreme underpronation, arthritic condition
- **Commonly seen in 40-60 year old patients**
- **Definition:** Inflammation of the bursa that lies between the tendon of the insertion of the gluteus maximus (or medius) and the postero-lateral prominence of the greater trochanter.
- **Well-localized lateral hip pain; may cause radiating pain in the lateral thigh and knee, rarely into the gluteal or low back**
- **Patient unable to sleep on the involved side**
- **Often aggravated by climbing stairs**
- **Degree of discomfort often proportional to degree of activity**

Objective Findings:
- **Postural evaluation:** look for: walk with limp, leg length inequality
- **Orthopedic/neurologic examination:** Patrick FABERE, log roll and local tenderness show fair interexaminer concordance. Ober test is less so.
- **Palpation:** Edema and tenderness over the greater trochanter. Tight gluteal muscles
- **Palpation at the lower portion of the trochanter with the hip and knee flexed may elicit a “jump” sign**
- **Range of motion:** decreased internal hip rotation
- **Joint play:** examine SI joint motion
- **Can progress to calcific infiltration seen at x-ray**

Assessment:
- **The clinical impression should indicate the specific anatomical structures involved and clinically correlate them with the mechanism of injury, history, subjective complaints, and objective findings.**
- **Differentiate this condition from iliopsoas and iliopsoas bursitis, which may present with anterior hip pain, and ischial bursitis, which may present with sciatica. Also differentiate degenerative joint**
disease (DJD) of the hip by physical exam or x-ray

Plan:

Passive Care:
- Manual therapy: soft tissue massage, PNF (Proprioceptive neuromuscular facilitation)/stretching of gluteal and hip abductor muscles
- Joint manipulation of hip and pelvis. Manipulation of any other lower extremity joint dysfunction (Caution: side posture adjusting on involved hip may aggravate condition)
- Physical Therapy Modalities: control inflammation and pain
- Supplementation to control inflammation and pain
- Medications: NSAIDS
- Correct leg length inequality

Active Care
- Home exercises: stretch hip abductors and gluteal muscles
- Lifestyle changes: avoid running on uneven surface

Length of Treatment:
- Conservative therapy: 1-3 months

Referral Criteria:
- Referral to an appropriate specialist may be appropriate after 1-2 months of care without symptomatic or functional improvement.

Patient Resources:


Practitioner Resources:


The Evidence:


Clinical Pathway Feedback
CHP desires to keep our clinical pathways customarily updated. If you wish to provide additional input, please click on the email address listed below and identify which clinical pathway you are referencing. Thank you for taking the time to give us your comments.

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