How should you treat trochanteric bursitis?

**Evidence-based answer**

Conservative measures—followed by corticosteroid injection, if necessary—are best. Conservative therapy includes rest, nonsteroidal anti-inflammatory drugs (NSAIDs), and stretching exercises focused on the lower back and sacroiliac joints (strength of recommendation [SOR]: C, usual practice). Patients whose symptoms persist despite conservative therapy are likely to benefit from an injection of 24 mg betamethasone and 1% lidocaine (or equivalent) into the inflamed bursa (SOR: B, limited-quality, patient-oriented evidence).

In rare cases of intractable symptoms, surgical procedures such as iliotibial band release, subgluteal bursectomy, and trochanteric reduction osteotomy are options (SOR: C, case studies).

**Evidence summary**

Trochanteric bursitis is characterized by chronic intermittent lateral hip pain caused by inflammation of the trochanteric bursae. The bursae can become inflamed at the gluteus medius tendon, iliotibial tract, or gluteus minimus during repetitive flexing of the hip. Several conditions are associated with trochanteric bursitis (TABLE).

Trochanteric bursitis peaks in the fourth to sixth decades of life. One retrospective cohort study found the prevalence to be 1.8 cases per 1000 patients per year in primary care; 79% of cases occurred in women.1

No studies have compared conservative treatments. Most review articles refer to initial treatment with rest, physical therapy, stretching, and NSAIDs. These treatments were described in textbooks and articles from the 1940s and 1950s.

No studies comparing conservative treatments were found. Few reports discuss physical therapy for trochanteric bursitis.

**Corticosteroid injection has the best evidential support**

Corticosteroid injection for treating trochanteric bursitis is supported by the best evidence in the available literature. No controlled trials have compared injection with placebo, however.

A randomized, prospective, open comparison trial at a rheumatology clinic assigned patients with trochanteric bursitis to 6-, 12-, or 24-mg doses of betamethasone mixed with 1% lidocaine.2 Seventy-seven percent of patients had improved at 1 week, 69% at 6 weeks, and 61% at 26 weeks. Notably, a significant difference was found at 26 weeks in the number of patients with sustained pain improvement who had received 24 mg of steroid ($P<0.0123$) compared with patients who received the lower doses. The authors didn’t report side effects.
Conditions associated with trochanteric bursitis

- Chronic mechanical low back pain
- Degenerative arthritis or disc disease of lower lumbar spine
- Degenerative joint disease of knees
- Fibromyalgia
- Iliotibial band syndrome
- Inflammatory arthritis of the hip
- Ipsilateral or contralateral hip arthritis
- Leg length discrepancy
- Obesity
- Pes planus
- Tendonitis of external hip rotators
- Total hip arthroplasty