

Hip Pain

ICD-9-CM code: 726.5 Enthesopathy of hip region (enthesopathies are disorders of peripheral ligaments or muscular attachments)

ICF codes: Activities and Participation Domain codes:
d4150 Maintaining a lying position (Staying in a lying position for some time as required, such as remaining in a prone position in a bed.)
Body Structure code: **s75001** Hip joint
Body Functions code: **b28016** Pain in joints

Common Historical Findings:

Local pain in lateral buttock area - worsens with laying on affected side

Common Impairment Findings - Related to the Reported Activity Limitation or Participation Restrictions:

Symptoms reproduced with palpation over posterior, superior aspect of greater trochanter

Physical Examination Procedures:



Trochanteric Bursa Palpation/Provocation

Performance Cues:

Utilize femoral internal and external rotation to assist in localizing trochanter

Remember - symptom reproduction means reproducing the patient's specific pain complaint

Hip Pain: Description, Etiology, Stages, and Intervention Strategies

The below description is consistent with descriptions of clinical patterns associated with
“**Trochanteric Bursitis.**”

Description: Enthesopathy is a general term for disorders of peripheral ligaments or muscular attachments. Thus, trochanteric bursitis is an inflammation of the trochanteric bursa. Anatomically, there are three bursal sacs, associated with the greater trochanter of the femur. The largest is the subgluteus maximus bursa and the two smaller are the subgluteus medius and minor bursa (named for their location under each muscle).

Etiology: Trochanteric bursitis can be caused by unaccustomed pressure or repetitive microtrauma the trochanteric bursa. The condition is usually insidious but can be sudden if associated with a blow or fall on the affected hip. Potential causes of friction are a tight iliotibial band, tensor fascia lata, or gluteal muscles rubbing over the greater trochanter. Lying on the involved hip on an unusually firm mattress or hard surface for an extended period of time can also cause symptoms. Trochanteric bursitis occurs in all age groups but is most common between the fourth and sixth decades of life. Frequently it occurs in conjunction with arthritis, hip disease and with individuals demonstrating abnormal gait patterns. It is more common in women than men, potentially associated with the predisposition for females to have an increased Q angle, femoral anteversion, or generalized joint laxity. Aggravating activities are activities that require repetitive hip motion and frequent single leg stance such as running, and stair ambulation.

Acute Stage / Severe Condition: Physical Examinations Findings (Key Impairments)

ICF Body Functions codes: **b28016.3** SEVERE pain in joints

- Pain and symptom reproduction with provocative palpation of the involved trochanteric bursa
- Pain with passive external rotation and abduction and resisted abduction
- Hip abductors may have flexibility deficits – including a positive Ober’s sign
- Hip abductors and hip extensors may have strength deficits
- Positive Patrick’s - FABER (Hip flexion abduction, external rotation combined movement) test
- Trochanter bursitis often co-exists with gluteal medius muscle strain (tendinopathy)

Sub Acute Stage / Moderate Condition: Physical Examinations Findings (Key Impairments)

ICF Body Functions codes: **b28016.2** MODERATE pain in joints

As above with the following differences:

- The bursa is less provocative with palpation
- Compensatory gait patterns may be exhibited or developing

Settled Stage / Mild Condition: Physical Examinations Findings (Key Impairments)
ICF Body Functions codes: b28016.1 MILD pain in joints

As above – except the impairments are now minimal

Intervention Approaches / Strategies

Acute Stage / Severe Condition

Goal: Reduce inflammation of the bursa

- Physical Agents
 - Ice packs or ice massage
 - Ultrasound
 - Phonophoresis
- Re-injury Prevention Instruction:
 - Reduce aggravating activities
 - Softer mattress

Sub Acute Stage / Moderate Condition

Goals: As above
Improve hip range of motion and strength

- Approaches / Strategies listed above
- Manual Therapy
 - Attempt to restore normal mobility or symmetry to any impairments of the pelvic girdle or lumbar spine that may be associated with the presenting trochanteric bursitis symptoms
- Therapeutic Exercises
 - Stretching and exercises for muscles with flexibility deficits
 - Strengthening exercises for muscles with strength deficits

Settled Stage / Mild Condition

Goals: As above
Normalize hip range of motion and strength

- Approaches / Strategies listed above
- Therapeutic Exercises
 - Add coordination exercises if any muscle balance deficits are revealed.

Intervention for High Performance / High Demand Function in Workers or Athletes

Goal: Return to occupation or sport

- Approaches / Strategies listed above
- Evaluate and make changes to the training/work program
- Evaluate shoe gear and equipment use
- Add activity specific proprioceptive training
- Patient education/ergonomic instruction

Selected References

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