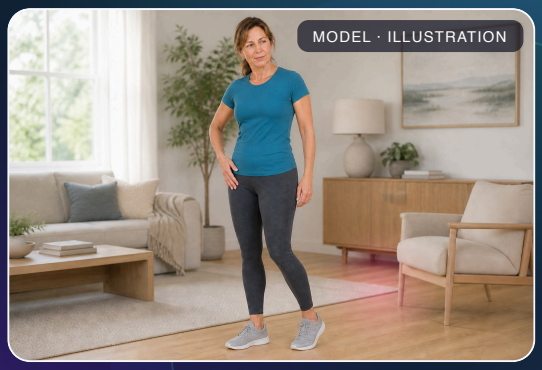


Trochanteric bursitis: why your outer hip hurts - and how to help it settle

This same plan also applies to **gluteal tendinopathy or tendinosis**, **iliotibial band irritation** (sometimes called "ITB tendonitis") and **greater trochanteric pain syndrome (GTPS)**. These commonly overlap and share the same core treatment principles.

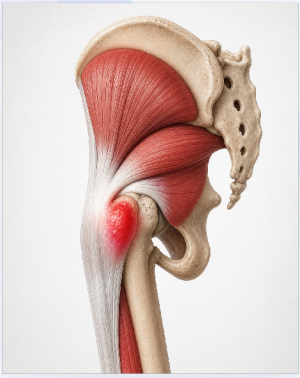
WHAT IS GOING ON IN MY HIP?

On the outside of your hip is a bony point called the **greater trochanter** - you can feel it under the skin. Three things meet there:

- **Tendons** of your deep buttock muscles (the gluteals) - these hold your pelvis level with every step you take
- A small cushioning sac called a **bursa**
- A long strap of tissue running down your outer thigh - the **iliotibial band (ITB)**

Pain starts when the tendons are **overloaded and squashed** between the bone and the ITB - the bursa often becomes irritated too. Your referral or scan may call this **trochanteric bursitis, GTPS, gluteal tendinopathy or tendinosis, or ITB irritation around the hip**. These problems commonly overlap. The same core plan applies: reduce compression, manage activity load and progressively strengthen the hip. It most often affects women aged 40-65, plus runners, cyclists and people recovering from hip surgery.

YOUR HIP FROM THE SIDE



Gluteal muscles · Tendons / ITB · Bursa / pain focus

Does this sound like you?

- Aching or sharp pain over the bony point of your hip, sometimes spreading down the outer thigh
- Painful to lie on that side at night
- Worse on stairs and hills, standing up after sitting, standing a long time, or after long walks or runs
- Your hip joint still moves freely - this is **not arthritis**

"Isn't my hip just wearing out?" - Myth, busted.

Bursitis: OUTER hip
"I can point to the sore spot"

Arthritis: GROIN
"Deep in the joint" · stiff hip

- Trochanteric bursitis hurts on the **outside** of the hip - you can usually point straight at it. Hip arthritis hurts **deep in the groin** and makes the joint stiff (putting shoes and socks on gets hard).
- With bursitis, **your hip joint itself is normal**. It is not "wearing out", and bursitis does **not** lead to a hip replacement.
- If your pain is mainly in the groin, or your hip is getting stiffer - that is a different problem: see your GP.

The good news

High-quality research shows that **education plus a simple exercise programme** - exactly what is in this brochure - is the most effective treatment, beating both cortisone injections and "wait and see" over the long term. Most people get better **without injections or surgery**.

8 in 10	12 wks	15 min
improve with education + exercise at one year	the programme - tendons strengthen slowly	a day, at home, no gym required

The golden rules - take the squash off the tendon

Your tendons are squashed every time your thigh crosses the midline of your body. These six habits matter as much as the exercises - start them **today**.

DO

Sleep smart

Don't lie on the sore side. Lie on your good side with a **thick pillow between your knees AND ankles**, or on your back with a pillow under your knees.

DON'T

No crossing your legs

Sitting cross-legged squashes the tendon. Sit with knees hip-width apart, hips level - and avoid low, deep chairs.

DON'T

No "hanging on one hip"

Standing with your weight slumped onto one leg loads the tendon hard. Stand tall with weight even on both feet.

DON'T

Don't stretch it

ITB and buttock stretches feel tempting but **squash the sore tendon harder**. Skip them - strengthening is what works. (Don't foam-roll the sore spot either.)

DO

Modify - don't stop

Temporarily cut back stairs, hills and very long walks. Keep moving within comfort - total rest weakens the tendon further.

DO

Be patient & consistent

Tendons remodel slowly. Expect real change from week 4-6 and keep going to week 12 - even once pain settles.

The pain rule for every exercise in this programme

Mild discomfort during exercise is safe and normal - up to **5 out of 10** - as long as it **settles the same evening and is not worse the next morning**. If it is worse next morning: drop back to the previous stage for a week. You should never push into sharp pain.

See your GP promptly if…

You have fevers or feel unwell · the leg is giving way or you develop an obvious limp · pain is mainly in the groin · there was a significant injury or fall · night pain is severe and unrelenting despite following this guide.

Your home exercise programme - stage 1

STAGE 1 · Calm it down Weeks 1-2 · every day · about 10 minutes

1 · Static press-out

Wakes the tendon up and eases pain

Lie on your back, knees bent, feet flat. Tie a belt or band snugly around your thighs just above the knees. **Gently press both knees outward** against it - about 25% effort - and hold. Breathe normally.

Hold 15-30 sec · repeat 5 times

2 · Standing wall press

Strengthens without squashing

Stand tall with the sore hip nearest the wall. Lift and bend the near knee, then gently **press the outside of that knee into the wall**. Keep your pelvis level and your shoulders facing forward while standing tall on the other leg.

Hold 15-30 sec · repeat 5 times

3 · Bridge

Builds your gluteal engine

Lie on your back, knees bent, feet flat hip-width apart. Squeeze your buttocks and **lift your hips** until your body forms a straight line from shoulders to knees. Hold 3 seconds, lower slowly.

2 sets of 10 · hold 3 sec

Your home exercise programme - stage 2

STAGE 2 · Build strength Weeks 3-6 · 5-6 days a week · alternate a harder day with an easier day

4 · Chair squat

Real-world leg strength

Stand in front of a sturdy chair, feet hip-width, arms out in front. **Lower slowly (3 seconds) until you just touch the seat** - don't sit - then push back up through your heels, knees tracking over toes.

3 sets of 10 · slow and controlled

5 · Side-lying leg lift

Directly targets the sore tendon's muscle

Lie on your **good** side, bottom knee bent, body in a straight line. Keeping the top leg straight and **slightly behind you**, lift it to about 45°, toes facing forward - not up. 3 seconds up, 3 seconds down.

2-3 sets of 8-12 · each side if able

6 · Step-up

Stair strength, hill strength

Stand facing a step. Place the **sore-side foot** on the step, push through that heel and step up slowly, keeping your pelvis level - don't let it drop or sway sideways. Step down slowly with control.

3 sets of 8-10 each leg · slow

Your home exercise programme - stage 3

STAGE 3 · Power up Weeks 6-12 · 4-5 days a week · keep 2-3 favourites going long-term

7 · Banded side-steps

Trains the tendon for walking

Loop an exercise band around your legs just above the knees. Soften your knees into a mini-squat, chest up, and take **slow sideways steps**, keeping tension in the band and your pelvis level.

2-3 sets of 10 steps each way

8 · Single-leg bridge

One leg = double the challenge

Set up as for the bridge, then straighten one leg. **Lift your hips using the other leg only**, keeping the pelvis level - imagine balancing a cup of tea on each hip bone. Lower slowly.

2-3 sets of 8 each leg

9 · Pelvic drop (runners' favourite)

The key ITB exercise

Stand side-on on the edge of a step, sore leg on the step, other foot hanging free. Keeping the standing knee straight, **slowly lower the free hip down, then lift it level again** using the muscles on the outside of the standing hip.

2-3 sets of 10 · slow

This programme follows the exercise approach proven in the LEAP randomised trial (BMJ 2018) and international consensus for gluteal tendinopathy, and the AAOS OrthoInfo hip conditioning framework. Progress only when the pain rule (page 2) allows.

Your weekly plan - and what to do if it isn't settling

YOUR 12 WEEKS AT A GLANCE

Weeks	Do	How often
1-2	Golden rules + exercises 1, 2, 3	Every day
3-6	Exercises 3, 4, 5, 6 (keep 1 & 2 on sore days)	5-6 days/week
6-12	Exercises 4-9, harder versions as able	4-5 days/week
After 12	Keep 2-3 favourites (5, 7, 9) for the long term	2-3 days/week

Runners - returning to running

From about week 3-6, once walking is comfortable: run flat routes on alternate days first · avoid downhill early · shorten your stride slightly and quicken your steps · don't let your feet cross the midline · replace shoes every 500-800 km.

IF IT ISN'T SETTLING

Give the programme a fair go - 12 weeks. If pain is not clearly improving by then (or night pain stays severe), see your GP. Options include:

- A **cortisone injection** - good short-term relief, but results fade by 12 months, so it works best *alongside* these exercises, not instead of them
- **Shockwave therapy** with continued exercise
- A scan and **specialist review** - a small number of people have a tendon tear that benefits from keyhole surgery

About Dr Yas Edirisinghe

FRACS FAOrthA · Subspecialist orthopaedic hip and knee surgeon, Adelaide · Director of Orthopaedic Surgeon Training, NALHN. Dr Edirisinghe has a special interest in lateral hip pain and is one of few surgeons offering **keyhole (endoscopic) ITB release and gluteal tendon repair**, alongside robotic hip and knee replacement. If your pain persists despite this programme, ask your GP for a referral - Dr Edirisinghe can also arrange advanced imaging such as MRI, which is often bulk billed on specialist referral.

Sources: Mellor et al, BMJ 2018 (LEAP trial) · Grimaldi & Fearon, JOSPT 2015 · ISHA international consensus 2023 · AAOS OrthoInfo (orthoinfo.org) hip conditioning program · Fredericson et al, Clin J Sport Med 2000.