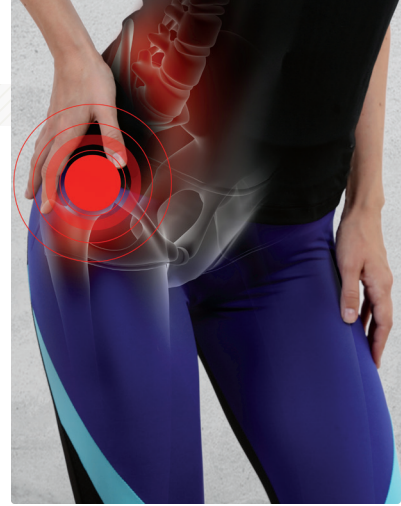


WHY AM I HAVING HIP PAIN?



BY PETER EYVAZZADEH, M.D.

I see some patients walk into my office complaining of new onset hip pain on the side of their hip that just came out of the blue, without any known injury that they can recall. Oftentimes, the pain worsens with sleeping directly on the side of that hip, walking, going up and down stairs as well as biking. They may have tried some anti-inflammatory medication that takes the edge off, but does not go away completely over time like tendinitis problems can.

These hip symptoms can come from what we know as trochanteric bursitis. The trochanter (aka greater trochanter) is the bony landmark/prominence along the side of the ball side of the hip joint where the abductor tendons insert. There is a fluid-filled sac also known as a “bursa,” that lines

those abductor tendons as they insert on to the greater trochanter. When that bursa becomes inflamed, it becomes bursitis – thus, patients develop trochanteric bursitis, which causes these symptoms that can be long standing. Sometimes chronic issues can show up on X-rays where you can see calcifications in the area of the bursa.

What is the cause of trochanteric bursitis of the hip? Sometimes it can be traumatic where patients have a history of falling directly on to the hip causing the inflammation, but sometimes it can just be idiopathic – meaning no good reason at all. Other times, it can be a secondary result from something else going on around the hip or pelvis such as an abductor tear of the hip or even the lumbar back with a

pinched nerve that can cause pain around the bursa.

What is the treatment? Vast majority of patients with isolated bursitis tend to recover with non-operative treatment including one-to-two rounds of cortisone injections into the bursa itself in combination with formal physical therapy to work on hip/abductor strengthening. Patients that have ongoing symptoms despite these treatments who also have ongoing weakness of the abductors, may have ongoing issues due to a tear of the abductor tendons. The abductor

tendons of the hip function the same as the rotator cuff tendons of the shoulder in that they help stabilize the joint. For the hip, the abductor tendons help with walking and other daily repetitive activities. Patients with tears can sometimes feel that their hip is not stable or cannot trust it with overlying bursitis.

If there is a suspected abductor tendon tear, typically we would evaluate this with an MRI to take a look at the soft tissues around the hip that you cannot see on an X-ray, and determine whether there is a partial vs. full thickness tear of the abductor tendons. Depending on MRI findings, some patients proceed with hip surgery, outpatient same-day surgery, where we clean up the bursa and repair the torn tendons back down to the bone with heavy braided suture and biocompatible suture anchors, about the equivalent of shoulder rotator cuff surgery. After the surgery, patients are typically on crutches afterwards for the first 4-6 weeks, but get started with physical therapy in the meantime to recover their hip range-of-motion and eventual strengthening. They can expect about a 4-month recovery on average to get back to full activity as tolerated. ●



Peter M. Eyvazzadeh, M.D., is a fellowship-trained orthopaedic surgeon. He is board certified by the American Board of Orthopaedic Surgery. He subspecializes in shoulder, hip, knee and sports medicine.



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