Clinical Information Sheet

<table>
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<th>Clinical Condition</th>
<th>Hip Bursitis (Trochanteric)</th>
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| Eligibility         | Dull, burning pain in the outer hip region  
Particularly sore to sleep on affected hip  
Tender to touch |
| Priority            | Non-Urgent: Refer if non-responsive to treatment after 3 months and symptomatic |
| Differential Diagnoses | Osteoarthritis  
Fracture  
Gout  
Rheumatoid Arthritis  
Septic Arthritis  
Malignancy  
May be a reflection of spinal issues causing pain to radiate down |
| Information required with referral | History:  
• Duration of symptoms  
• Characteristics of pain – location, night pain, etc.  
• Response to treatment so far  
• Response to analgesia  
• Use of viscosupplementation (e.g. high dose fish oil)  
• Level of mobility - walking distance; walking aid  
• Function – ADLs  
• History of infective processes (e.g. poor dental hygiene, recurrent UTIs, etc.)  
• Brief medical history  
• Current medications – in-particular, blood thinning medication  
• Relevant psycho-social issues  
Exam:  
• Exclude back pathology as cause of pain  
• Confirm origin of pain is from hip |
| Investigations required with referral | Ultrasound: from any diagnostic injections into the trochanteric bursa  
X-ray: AP Pelvis centred on pubis, AP hip (patella facing up), cross table lateral hip joint  
_Upon attendance to appointment, patient will be required to bring plain x-rays (views mentioned above) from within the previous 6 months to establish current bony structure._ |
| Pre-Referral management strategies (include with referral) | Consider ultrasound guided steroid injection  
Use of simple analgesia as tolerated including a regular paracetamol product (e.g. Panado® Osteo) and oral NSAIDs if tolerated  
Consider hydrotherapy, swimming or cycling for a low-impact exercise alternative  
Use of viscosupplementation (e.g. high dose fish oil)  
Use of mobility aids (e.g. walking stick or crutches)  
Weight loss measures |
### Discharge Criteria/information

For discharge to GP if non-operative management to be pursued.  **Red flags** that should trigger referral back for review: pain in affected joint no-longer managed non-operatively.

### Fact sheets