

# TROCHANTERIC BURSTITIS (WHORLBONE LAMENESS) IN HORSES

James M. Casey, D.V.M, M.S.  
Equine Sports Medicine, Dentistry, & Surgery

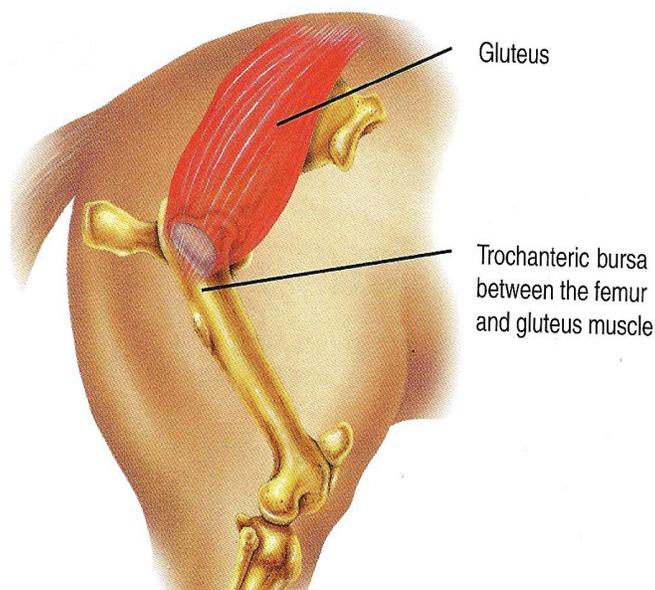
Office: (301) 725-4371 Cell: (301) 785-5167

Website: [www.equinehorsevet.com](http://www.equinehorsevet.com)

## TROCHANTERIC BURSTITIS (WHORLBONE LAMENESS)

### ***What is Trochanteric Bursitis?***

Trochanteric Bursitis (whorlbone lameness) is soreness and lameness found in the hind end (back legs) of horses involving a bursa. A bursa is a saclike cavity filled with a viscous fluid and situated at places in the tissues at which friction would otherwise develop. Inflammation of a bursa is referred to as Bursitis. Thoroughbred race horses, standardbred race horses, steeplechase horses, and other sport horses often exhibit lameness that is localized to inflammation of the Trochanteric Bursa. This bursa is found in both hind legs, it is beneath the tendon of the middle gluteal muscle as it passes over the greater trochanter of the femur. This area is often referred to as the whorlbone. There is no whorlbone in horses. This area is actually the trochanteric bursa.

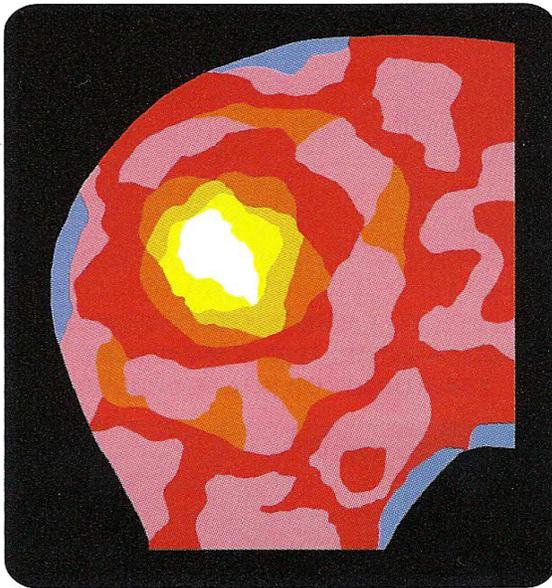


### ***Why does Trochanteric Bursitis (Whorlbone Lameness) Occur?***

The inflammation of the bursa is caused by trauma or by a strain on the gluteal tendon due to a compensating motion of the limb(s) related to both hock and stifle lameness. Often horses have lameness in either the hock or stifle, at times both. Lameness in the hock and/or stifle alters the normal way a horse moves, which strains the area of the gluteal tendon and the trochanteric bursa (whorlbone).

### ***What are the signs?***

Pain may be seen when pressure is applied over the greater trochanter. Also, when observing how the horse places its hind foot on the ground when jogging. The inside or medial wall of the hoof comes in contact with the ground before the outside or lateral wall of the hoof touches the ground. In some cases an examination of the shoes will note the inside of the hind shoe is worn more than on the outside of the hind shoe.



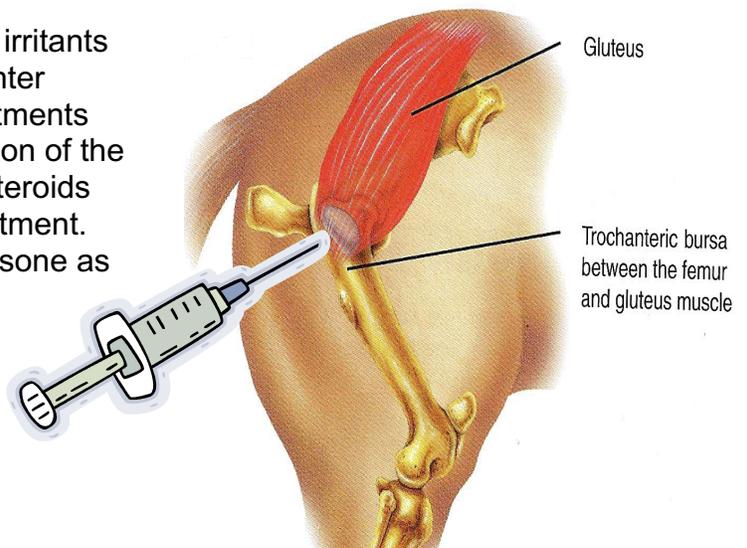
Infrared thermograph shows focal area of increased thermal gradient directly over area of trochanteric bursa

### ***Diagnosing?***

Diagnosis of trochanteric bursitis (whorlbone lameness) is done by physical examination and observation. Diagnostic aids include Infrared thermography, which will reveal an increased thermal gradient (temperature) directly over the greater trochanter of the femur. Also, a diagnostic nerve block using local anesthetic directly over the bursa will differentiate this bursitis from other conditions.

### ***Treatment of Trochanteric Bursitis (Whorlbone Lameness)***

The old time remedy was to inject counter irritants such as iodine into and around the trochanter bursa. Now, there are more effective treatments available to replace this procedure. Injection of the trochanteric bursa with low dose cortical steroids and hyaluronic acid is a very effective treatment. This practitioner prefers to use Betamethasone as the steroid of choice along with a high molecular weight hyaluronic acid when injecting the trochanteric bursa. Platelet Rich Plasma and Stem Cells are also useful and indicated as an injection



treatment for trochanteric bursitis (whorlbone lameness). Strict aseptic technique should always be used when injecting the trochanteric bursa.

Topical application of medical grade DMSO and cortisone (a capsaicin based product preferred) massaged around the area of the trochanteric bursa will aid in the reduction of inflammation and pain.

Remember, soreness in the trochanteric bursa (whorlbone) is usually secondary to lameness in the hocks and stifles. When treating trochanteric bursitis (whorlbone lameness) the contributing factors, including soreness in the hocks and/or stifles, need to be addressed.

### ***Managing Trochanteric Bursitis (Whorlbone Lameness)***

In most cases of trochanteric bursitis, the horse will respond to therapy within a few weeks. However, when training is resumed, constant physical therapy and maintenance injections of cortical steroids and hyaluronic acid may be needed.

---

**Equine Sports Medicine, Dentistry, & Surgery**  
**James M. Casey, D.V.M, M.S.**  
**Veterinary Practitioner and Surgeon**

Practicing in the Mid-Atlantic States & Florida  
(MD, VA, DE, PA, NJ, GA, KY, FL)  
Consults Nationally and Worldwide

Office: 301-725-4371      Cell: 301-785-5167  
Email: [drjamescasey@gmail.com](mailto:drjamescasey@gmail.com)      Website: [www.equinehorsevet.com](http://www.equinehorsevet.com)