

**Bursitis** –inflammation of a bursa (a padlike cushion found between the bones, tendons and muscles).

**Synonyms:** bursal synovitis.

**Symptoms:** include pain and tenderness over or around the affected bursa. Movement of a limb affected by bursitis may be limited and painful. Swelling may or may not be present. Bursitis can be caused by trauma or overuse. It can also be idiopathic (arising for seemingly no reason at all).

**How is it diagnosed?**

A thorough patient history and physical examination can lead towards the diagnosis of bursitis. In difficult cases, anesthetic injections may be used to confirm the diagnosis. There are more than one hundred bursas in the body. Some are more prone to irritation than others, including but not limited to the following:

Subacromial (shoulder)  
Olecranon (elbow)  
Ischiogluteal (glutes)  
Trochanteric (lateral hip)

Iliopsoas bursitis (anterior hip)  
Pes anserine (lateral knee)  
Prepatellar (anterior knee)  
Retrocalcaneal (posterior heel)

**How is it treated?**

Ice or heat may be used. In some patients ice is preferred, while others respond more favorably to heat. Trial-and-error can distinguish which is best. Correcting muscular imbalances is crucial to treating bursitis. In-office stretching and exercise coupled with an at-home program is valuable. Bursitis reacts very well to ultrasound therapy. If septic (infected) bursitis is suspected, a prompt referral is made. Blood cultures are confirmatory. Oral antibiotics are the customary form of treatment.

**Alternative treatments.**

NSAID's, corticosteroid injections, low energy shock-wave therapy, bursectomy (surgery).

**Prognosis** is good. The majority of patients with bursitis will respond to conservative therapy.

**Duration of care:** *Approximately* 3 times per week for 4 weeks for a total of 12 visits in the first month. Traumatic and/or idiopathic bursitis typically resolves within a month, but can take as long as up to 6 months.