# Bursitis

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## Definition

Bursitis is an inflammatory or degenerative condition affecting a bursa, a small synovial fluid–filled sac that reduces friction between bone, tendon, and muscle.

**Synonym:** Bursal synovitis

## Clinical Presentation / Symptoms

Typical symptoms include:

- Localized pain and tenderness over the involved bursa
- Pain aggravated by movement or pressure
- Possible swelling, warmth, or visible enlargement in superficial bursae
- Symptoms that may arise from acute trauma, repetitive overuse, or idiopathic causes

## Commonly Affected Bursae

Bursitis most frequently occurs in the following regions:

- Subacromial (shoulder)
- Olecranon (elbow)
- Trochanteric (lateral hip)
- Ischiogluteal (buttock region)
- Iliopsoas (anterior hip)
- Pes anserine (medial knee)
- Prepatellar (anterior knee)
- Retrocalcaneal (posterior heel)

## Diagnostic Approach

Diagnosis is primarily clinical, based on history and physical examination. Key considerations include:

- Pain localized directly over a bursa
- Pain reproduced with pressure or movement of adjacent structures

In uncertain cases:

- Diagnostic anesthetic or corticosteroid injection may help confirm the pain generator
- Ultrasound or MRI may be used to differentiate bursitis from tendinopathy or joint pathology
- Septic bursitis should be considered if erythema, warmth, or systemic symptoms are present

## Management and Treatment

### Conservative Management

- Activity modification and load reduction
- Ice or heat therapy based on patient response
- Therapeutic exercise to correct muscular imbalance and improve joint mechanics
- Stretching and strengthening programs targeting surrounding musculature
- Manual therapy and soft tissue techniques
- Therapeutic ultrasound or other modalities in selected cases

# Medical and Interventional Options

- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Corticosteroid injections for persistent inflammation
- Antibiotics for confirmed septic bursitis
- Surgical bursectomy in rare, refractory cases

# Prognosis

- Prognosis is generally good with appropriate conservative care. Most cases resolve within weeks to months depending on severity and chronicity
- Recurrent bursitis may occur if underlying biomechanical dysfunction is not corrected
- Septic bursitis requires prompt medical treatment but typically responds well to antibiotics

# Duration of Care

A typical conservative care plan may include:

- Approximately **3 visits per week for 4 weeks (about 12 visits total)** as an initial treatment phase
- Recovery may range from **4 weeks to 6 months**, depending on severity, chronicity, and contributing factors. Long-term prevention relies on movement correction and strengthening programs

# References


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