

### Anatomy

A Bursae is a fluid filled sac that is located between a tendon and bone. They are often located close to a joint, where a tendon passes over a bony protuberance, or to protect against tendon damage associated with friction. Bursae's act as shock absorbers or anti-friction devices and overloading or continual stress applied to the associated tendon tends to irritate them.

### Description

Bursitis is inflammation of the bursa. The inflammation within the bursae causes pain, swelling, heat, stiffness and tenderness at the site. Often direct pressure over the inflamed bursae is particularly painful, limiting range of movement and causing patients to wake at night when pressure is applied whilst sleeping. This is often the case with the shoulder and hip.

The most common sites for bursitis to occur are:

- Knee
- Shoulder
- Heel (calcaneal)
- Hip (trochanteric)

### Causes

There are two main causes of bursitis:

1. Excessive stress or friction on the bursa from overexertion or repetition
2. Inflammation (locally or systemically).

The contributing factors listed below lead to the development of bursitis and often exist for some time before bursitis and localized pain commences. Therefore, bursitis can often be difficult to resolve – particularly if poor movement patterns, reduced flexibility and inadequate strength have been ongoing for some time.

- Poor mechanics (eg from weakness and / or tightness)
- Poor flexibility
- Inappropriate training programs
- Lack of warm-up and stretching
- Direct trauma



## Signs & Symptoms

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The most common signs and symptoms of bursitis are:

- Swelling
- Pain and localized tenderness
- Stiffness of the associated joint
- Pain with any movements that cause friction of the bursa or direct pressure (eg sleeping on your side with trochanteric or hip bursitis).

## Treatment

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### Immediate Care.

1. Rest
2. Ice (apply for 10 mins every 2hrs for the first three days)
3. Deloading bursa/avoid aggravating activities
4. Anti-inflammatory medication (see your doctor or pharmacist)

If bursitis is suspected, your physiotherapist will uncover the cause of it and instigate a rehabilitation program, which may include:

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| <ul style="list-style-type: none"><li>• Hydrotherapy</li><li>• Advice on prevention</li><li>• Soft tissue massage and stretches</li><li>• Muscle strengthening exercises</li></ul> | <ul style="list-style-type: none"><li>• Taping techniques</li><li>• Correction of contributing factors</li><li>• Specific joint mobilizations</li><li>• Graduated return to sport</li></ul> |
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Complete resolution in some instances can take up to 12 weeks for more chronic cases of bursitis. A consultation with a sports physician and corticosteroid injection can be necessary for some patients.

Usually a return to sport may take at least 4-6 weeks and it will depend on:

- Type of Sport
- Extent of inflammation
- Response to treatment and rate of repair
- Compliance with exercise program
- Inappropriate training programs
- Lack of warm-up and stretching
- Direct trauma

Recurrence is common, and is often a result of weakness in surrounding muscles. Adequate **strength** is required to prevent recurrence, and this will take at least 12 weeks of regular exercise to develop. **This means your home program is the most important part of your rehabilitation!**

**Please feel free to discuss any problems or queries with your physiotherapist or get up to date treatment options by subscribing online at [www.rehabonthenet.com](http://www.rehabonthenet.com).**