

fact sheet

Bursitis

Also known as:

Prepatellar bursitis (knee)

Olecranon bursitis (elbow)

Subacromial bursitis (shoulder)

Trochanteric bursitis (hip)

What is it?

Inflammation or degeneration of the sac-like structure over a bone or joint. It can be associated with arthritis, particularly with rheumatoid arthritis gout. Repetitive movement disorders can produce specific bursitis – example prolonged kneeling without kneepads can produce pre-patellar bursitis.

How is it diagnosed?

There could be a history of acute trauma, repetitive injury and/or systemic disorders. Chief complaint is pain at rest and with movement. There can be occasional loss of active movement and tenderness and swelling over the bursa.

What to look for

Evaluate range of motion of the joint. There could be pain and swelling associated with identifiable bursa.

How is it treated?

Avoid aggravating factors. Rarely surgery to remove the bursa might be considered.

Tests

A needle might be used to withdraw fluid to check for infection or gout. Imaging studies not normally used for bursitis except for some deep bursa, which are difficult to feel.

Common Medications

Anti-inflammatory medications may be prescribed. Cortisone injections might be recommended.

What is the expected return to work?

Medical Treatment:

Job Classification	RTW Minimum-Maximum
Sedentary Work	0 days
Light Work	0 days
Medium Work.....	0 days
Heavy Work	7 - 14 days
Very Heavy Work	7 - 14 days

Surgical Treatment:

Job Classification	RTW Minimum-Maximum
Sedentary Work.....	10 - 35 days
Medium Work	21 - 45 days
Heavy Work.....	21 - 84 days

Work Restrictions and Accommodations

Avoid aggravating factors for time of treatment. For example, avoid kneeling or use kneepads to prevent pre-patellar bursitis.

What is the Predicted Outcome?

Work-related bursitis generally improves with activity modification. Bursitis from systemic disorders often prolonged recovery.