Bursitis ? A pain in the... [1]

(1) Dear Alice,

What is bursitis? Can it be detected by an MRI? Can it be eliminated?

(2) Dear Alice,

Isn't 30 years old too young for chronic bursitis? Actually the pain in my shoulder has not yet been diagnosed. I have been taking Advil for the pain but I don't think it's a good idea to keep taking it every time it flares up. It hurts mainly when I move it.

? Aching

Answer

Dear Reader and Aching,

To answer your question, it's good to start with a general overview of bursitis. Bursae are small, closed, fluid-filled sacs that protect muscles and tendons from irritation produced from contact with bones or skin. Their normal function is to keep the movement of muscles and tendons smooth and painless. If too much friction occurs from over-exercising, repetitive movements, or direct trauma, the bursae become inflamed thus, leading to bursitis. Certain infections, arthritis, and gout can also cause bursitis. So, Aching, the variety of potential bursitis causes suggests that age alone can't be used to determine if this is what's happening for you. In fact, while bursitis is most common in adults over 40 years of age, it is still possible that younger people can develop this painful condition. Much of this may depend on the person as well as the exact cause of bursitis.

In general, bursitis is characterized by a dull, persistent ache that increases with movement. Two well-known areas for bursitis are the shoulder and the elbow. Bursae are scattered throughout the body, which means bursitis can occur in a number of sites. Bursitis of the shoulder is usually caused by injury to the rotator cuff, a group of muscles and tendons that attaches the arm to the shoulder joint and allows the joint to rotate. An injury to the rotator cuff can be caused by poor posture, repetitive movements that involve raising the arm above the head, and/or overhead lifting. Shoulder bursitis causes pain while lifting or reaching overhead, decreased range of motion, and more pain at night.

MRIs are not usually necessary for diagnosis. Typically, health care providers diagnose bursitis based on medical history and a physical exam. If the diagnosis is still unclear after an
exam or if symptoms don't respond to bursitis treatment, both imaging tests (such as an MRI) and lab tests may be employed.

If the pain is disabling or doesn't go away after three or four days, you may want to make an appointment to see a health care provider. If you do in fact have bursitis, the following may help:

- Rest the affected part of your body as soon as you feel any pain.
- Take aspirin or ibuprofen to reduce inflammation (acetaminophen does not reduce inflammation). If you have a history of stomach ulcers or are taking blood-thinning medications, tell your health care provider. Also talk with her/him about whether taking ibuprofen every time the pain flares up is appropriate for you.
- Apply ice packs for about ten minutes at least twice-a-day to the swollen area.
- Resume exercise after you heal, but begin slowly and with gentle activities.
- Improve flexibility and strengthen muscles through rehabilitative exercises or physical therapy.

Whenever you have pain that lasts for more than a couple of days, it's a good idea to contact your health care provider. There is terrific information online, but it's no substitute for a proper visit (and any needed tests).

Here's to hoping the pain fades away!

Alice!

Related questions

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Resources

Medical Services (Morningside)
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