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 about bursitis, it’s helpful to understand the role of bursae. While bursae are scattered throughout the body, which means bursitis can occur in a number of sites, it most commonly impacts the shoulder, elbow, and hip joints. These fluid-filled sacs protect muscles and tendons from irritation produced from contact with bones or skin. Their typical 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 can become inflamed — thus, leading to bursitis. Certain infections, arthritis, and gout[^2] can also cause bursitis. So, Aching, there are a number of factors, beyond age, that increase the risk of this ailment. That being said, while bursitis is most common in adults over 40 years of age, it’s 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 the inflammation. While imaging tests such as magnetic resonance imaging (MRIs) can be used, other tools are often used first (more on this in a bit).

In general, bursitis is characterized by a dull, persistent ache that increases with movement. 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 overhead lifting. In addition to causing pain while lifting or reaching
overhead, shoulder bursitis can also lead to a decreased range of motion and pain at night.

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 treatment, both imaging tests and lab tests may be employed. Until then, these aren't usually necessary for diagnosis.

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

- It's wise to rest the affected part of your body as soon as you feel any pain. Regular activities may begin again after pain subsides, but it might be good to start back up slowly and focus on lower impact movements.
- If there's swelling, apply ice packs the first two days after symptoms start.
- A health care provider may provide guidance about whether taking ibuprofen is appropriate for reducing the inflammation. It'll be good for you to let your health care provider know about any health conditions you have and if you're taking other medications.
- Improving flexibility and strengthening muscles through rehabilitative exercises or physical therapy may provide some extra support.

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's terrific information online, but it's no substitute for a visit (and any needed tests).

Here’s to hoping the pain fades away!

Alice!

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