

# fact sheet

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## Bursitis

*Also known as:*

*Prepatellar bursitis (knee)*

*Olecranon bursitis (elbow)*

*Subacromial bursitis (shoulder)*

*Trochanteric bursitis (hip)*

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## 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:*

<b>Job Classification</b>	<b>RTW Minimum-Maximum</b>
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:*

<b>Job Classification</b>	<b>RTW Minimum-Maximum</b>
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.