

Shoulder Bursitis: Causes, Symptoms, and Management

Vishal Dhatt*

Department of Orthopaedics, PGIMER,
Chandigarh, India**Received:** 01-June-2025, Manuscript No: ipar-25-15748; **Editor assigned:** 04-June-**2025, PreQC No:** ipar-25-15748 (PQ); **Reviewed:** 18-June-2025, QC No: ipar-25-15748;**Revised:** 25-June-2025, Manuscript No: ipar-25-15748(R); **Published:** 30-June-2025**Corresponding author:**

Vishal Dhatt

 vishal_dhatt@gmail.com
Department of Orthopaedics, PGIMER,
Chandigarh, India**Citation:** Dhatt V (2025) Shoulder Bursitis: Causes, Symptoms, and Management. *Acta Rheuma*, Vol. 12 No. 3: 87.

Introduction

Shoulder pain is one of the most common musculoskeletal complaints, often affecting people of all ages and activity levels. Among the many possible causes, **shoulder bursitis** is a frequent culprit. This condition occurs when the bursa—a small, fluid-filled sac that cushions and reduces friction between bones, tendons, and muscles—becomes inflamed. Since the shoulder is one of the body's most mobile joints, inflammation in its bursae can significantly impair function and quality of life. Understanding the causes, symptoms, and treatment of shoulder bursitis is crucial for timely relief and long-term joint health.

What is Shoulder Bursitis?

The shoulder joint contains several bursae, but the **subacromial bursa**, located between the rotator cuff tendons and the acromion (part of the shoulder blade), is most often affected. When inflamed, this bursa causes pain and limits movement, particularly when lifting the arm overhead. Shoulder bursitis may be acute, resolving within days or weeks, or chronic, persisting and recurring over time.

Causes and Risk Factors

Several factors can contribute to the development of shoulder bursitis:

Repetitive motion: Frequent overhead activities, such as painting, swimming, or throwing sports, strain the shoulder.

Injury or trauma: A fall or direct blow to the shoulder can trigger inflammation.

Overuse: Continuous strain from work or exercise causes irritation.

Poor posture: Forward shoulder posture and rounded upper back increase shoulder impingement risk.

Medical conditions: Rheumatoid arthritis, gout, diabetes, and infections can predispose individuals to bursitis.

Age-related changes: Tendon degeneration and reduced tissue elasticity make older adults more vulnerable.

Symptoms of Shoulder Bursitis

The hallmark symptoms include:

Pain, especially when lifting or rotating the arm.

Tenderness over the outside of the shoulder.

Stiffness and reduced range of motion.

Swelling or warmth in severe cases.

Discomfort that worsens at night, often interfering with sleep.

In some cases, shoulder bursitis can mimic or coexist with rotator cuff injuries, making proper diagnosis essential.

Diagnosis

Diagnosis typically involves a physical examination and a review of medical history. Tests may include:

Imaging: X-rays (to rule out bone abnormalities), ultrasound, or MRI to detect inflammation and exclude tendon tears.

Aspiration: In cases of suspected infection, fluid may be withdrawn from the bursa for analysis.

Management and Treatment

Treatment aims to reduce inflammation, relieve pain, and restore shoulder function.

Conservative Management

Rest: Avoiding overhead activities and repetitive movements.

Ice therapy: Applying ice packs to reduce swelling and pain.

Medications: Nonsteroidal anti-inflammatory drugs (NSAIDs) help control inflammation.

Physical therapy: Strengthening and stretching exercises improve shoulder mechanics and prevent recurrence.

Postural correction: Ergonomic adjustments and exercises to align the spine and shoulders.

Medical Interventions

Corticosteroid injections: Provide rapid relief of inflammation in persistent cases.

Antibiotics: Required if the bursitis is caused by infection (septic bursitis).

Surgery: Rarely needed, but in chronic or severe cases, surgical removal of the inflamed bursa (bursectomy) may be considered.

Prevention

Shoulder bursitis can often be prevented or minimized with lifestyle and activity modifications:

Warm up before exercise and gradually increase intensity.

Avoid repetitive overhead motions when possible.

Maintain good posture during work and daily activities.

Strengthen rotator cuff and shoulder stabilizer muscles to reduce strain.

Use proper lifting techniques to avoid unnecessary shoulder stress.

Conclusion

Shoulder bursitis is a painful yet treatable condition that can limit daily activities and reduce quality of life. Early recognition of symptoms, combined with conservative measures such as rest, ice, and physical therapy, often leads to recovery without long-term complications. For more persistent cases, medical interventions like corticosteroid injections or, rarely, surgery may be required. By adopting preventive strategies and maintaining strong, flexible shoulders, individuals can significantly reduce the risk of shoulder bursitis and enjoy better joint health.