

**A Massage Therapist's Guide to Pathology:**  
Critical Thinking, Practical Application

Chapter 3

Musculoskeletal System Conditions

**Bursitis**

**Definition**

- Inflammation of a bursa
  - Internal cells proliferate, generate excess fluid, cause pain and limitation
- Hundreds of bursae throughout the body
- Most common site of bursitis: subacromial bursa

**Demographics**

- Most common among active people
- Location depends on activity

**Etiology**

- Bursae ease the movement of tendons over corners, cushion where bones might collide
- Repetitive stress is irritating; causes them to inflame
  - Very painful
  - Nearby muscles splint the area
  - Structural changes to bursae may become permanent
- Often seen with other joint injuries
- Most common: shoulder, knee, ischium
- May involve local infection (septic bursitis)

**Signs and Symptoms**

- Pain on passive and active movement of the joint
- Extremely limited range of motion
- Infection (rare) may show palpable heat, redness

**Treatment**

- Usually self-limiting
- Rest
- Oral anti-inflammatories
- Hot, cold packs
- Aspiration
- Steroid injection
- Surgery if necessary

**Medications**

- NSAIDs

- Injected cortisone
- Antibiotics for septic bursitis

### **Massage Therapy Implications**

- Risks: Acute bursitis can be exacerbated by invasive touch; avoid acute infections, of course.
- Benefits: Massage therapy that doesn't make symptoms worse may help with muscle tension and range of motion. Someone with a history of bursitis and no symptoms can enjoy the benefits of massage.
- Options: Address the muscles that cross the affected joint to help restore range of motion and to decompress the area.