

BURSITIS

Bursae are closed sacs associated with the joints, lined by specialized connective tissue and containing synovial fluid. Bursae are usually found where muscle or tendons move over a bony prominence and facilitate gliding movements of muscle or tendon by diminishing friction. Inflammation of the bursae may result from trauma (including unusual exercise) or infection.

Pain, effusion into the bursal sac (swelling), tenderness, limited motion of the involved joint, and relatively high skin resistance right over the inflamed bursa characterize *bursitis* syndrome. This latter symptom may be determined through DSR survey. In *chronic bursitis*, the bursal wall becomes thickened and the endothelial lining degenerates. As the condition progresses, the bursa may develop adhesions, villi form, tags and calcareous deposits that may be accompanied by muscle atrophy and decreased joint range of motion. Attacks of bursitis may last a few days or continue for months. During recovery, there is a tendency toward exacerbation because of heightened tissue sensitivity.

Running is cited as one of the common sources of hip, knee and ankle bursitis.

Treatment of *acute* bursitis should be directed at reducing the pain, inflammation and swelling while maintaining the range of motion and preventing adhesions from forming in the associated joint(s).

Treatment

The treatment of *chronic bursitis* centers on reducing the pain, inflammation and swelling. Lost ranges of motion of the involved joint(s) must be regained by breaking any adhesions that may be present, and managing and reducing calcareous deposits within the bursa. Attention must be given to eliminating anything that might lead to the redevelopment of the acute condition (running on hard surfaces or repetitive joint motion at the end of range against resistance, are examples).