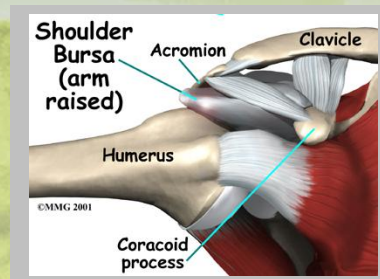


SHOULDER BURSITIS AND CALCIFIC BURSITIS

What is bursitis and calcific bursitis of the shoulder?

A BURSA is a thin fluid-filled sac that reduces friction forces between tissues of the body. In the shoulder the bursa protect tendons from bone but it can be impinged (pinched) between the tendons and the bone.

Sometimes the anatomical shape of the bone of someone's shoulder can make bursa pinching more likely. Poor shoulder blade posture, weak rotator cuff muscles, and poor shoulder movement patterns can also lead to chronic (repeated or long-standing) pinching and inflammation of the bursa (BURSITIS) which in turn can lead to CALCIFICATION of the bursa (CALCIFIC BURSITIS). The calcium deposits (calcification) can occur as long as the inflammation is present and remain after it has resolved. Bursitis can also be a result of an underlying chronic arthritis or, rarely in the shoulder, an infection.



Shoulder Bursitis



Simon Burley is a shoulder physiotherapist with 20 years experience with a subspeciality in shoulder treatment. He is also the physio for the sunshine coast shoulder clinic with the coasts leading shoulder surgeon and medical specialists.

How is it diagnosed?

Your injury history may indicate bursitis and your physiotherapist can do tests including impingement tests to indicate a bursitis diagnosis. There is often pain and even swelling at the tip of the shoulder and the front or to the side of the shoulder. Then an ultrasound test or MRI scan of the inflamed, painful bursa can confirm it but is not always necessary. Actual calcium deposits can be seen on these tests or on x-ray.

What is the outlook for a patient with bursitis or calcific bursitis?

When the inflammation is quieted, the long-term outlook (prognosis) is excellent. Optimal improvement requires completion of the physiotherapy program. In the case of calcific bursitis the calcium deposit can remain indefinitely and may not cause any problems. Significant calcium deposits can sometimes, however, cause a mechanically abrasive area of tenderness. These deposits that continue to cause symptoms are considered for needle aspiration (sucking out) under x-ray visualisation or if this fails arthroscopic surgical removal. A chronically inflamed bursa sometimes requires arthroscopic surgery to decompress or scrape the bone back to ease the impingement of the bursa and possibly bursectomy (removal of the bursa).

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What is the treatment?

Treatment of the inflammation of bursitis or calcific bursitis can help to relieve pain and stiffness and in the case of calcific bursitis prevent further calcification. Treatments include anti-inflammatory medication, cold packs, injections of cortisone into the bursa, and physiotherapy. Physiotherapy usually involves strapping to ease pressure on the bursa, ultrasound, retraining the patients shoulder movement patterns to avoid pinching the bursa and later exercises for rotator cuff strength and shoulder blade posture. Typically recovery takes 6 to 8 weeks. Surgery might be needed if the bursa inflammation is persistent.

“Treatments include medications for inflammation, cold packs, injections of cortisone into the bursa, and physiotherapy.”