

Bursitis

RSI Conditions

The term Repetitive Strain Injury is an umbrella term used to describe a number of specific musculoskeletal conditions, including Bursitis, as well as 'diffuse RSI', which is more difficult to define but which recent research attributes to nerve damage. These conditions are often occupational in origin. Lack of adequate diagnosis or access to appropriate treatment can exacerbate the condition and sometimes leads to job loss and economic hardship.

What is Bursitis?

A bursa is a small sac containing fluid that allows two surfaces to move smoothly in different directions. They tend to be found at points in the body where tendons or muscles glide over bones and surround large joints such as the shoulder, elbow or knee. Bursitis is simply the inflammation of a bursa. When caused by prolonged friction or pressure, Bursitis is also known as a 'beat' condition, for example, Beat Elbow. Beat Hand is similarly the name given to inflammation of the bursae in the hand, though it also describes a condition called subcutaneous cellulitis.

The Symptoms

The main symptoms of Bursitis are similar to *Tendinitis*; usually pain and local tenderness around joints. In some cases, especially with Bursitis in the shoulder, you may experience some stiffness aggravated by movement. Pain may also be more prominent at night.

The Causes

The most common cause is overloading the joint through repetitive physical activity, often using the affected limb in an awkward position. Working with the arms above shoulder level can lead to shoulder Bursitis. The 'beat' conditions are recognised industrial injuries for occupations involving prolonged external friction or pressure on the joint. Beat hand (A5) is common in miners and road workers using picks and shovels, Beat knee (A6) often arises in workers who kneel too much (housemaid's knee) and Beat elbow (A7) can result from jobs involving continuous rubbing or pressure on the elbow. Bursitis is also associated with infection as well as underlying rheumatic disease or diabetes.

The Doctor's Examination

In the UK, GPs receive little training in the diagnosis and treatment of musculoskeletal disorders. With a chronic case, your doctor will ideally refer you to a specialist who has taken an interest in RSI-type conditions, usually a rheumatologist or neurologist. Diagnosis is made by physical examination. Blood tests or x-rays are generally not necessary but may be ordered to confirm the existence of any other underlying condition.

Treatment

Initial treatment of Bursitis involves limiting the activities which place a strain on the affected area. Most commonly you will be advised to return to work after a period of rest. You may be offered pain-killers, anti-inflammatory medication or cortisone injections. Occasionally, your doctor might recommend aspiration (the removal of the bursa fluid with a needle and syringe). This fluid can be examined in the laboratory for signs of infection, in which case you will be prescribed an appropriate antibiotic.

Though each case has to be considered individually and non-occupational factors should also be investigated, generally some changes will be needed at work. Areas to consider include pacing, rest breaks, reducing repetition and force, posture, and the use of protective pads, as well as ergonomically designed tools and equipment, to reduce the risk of further injury.