Olecranon Bursitis

Understanding elbow swelling, symptoms and care

Olecranon (Elbow) Bursitis

A guide to causes, treatment and recovery

Olecranon Bursitis

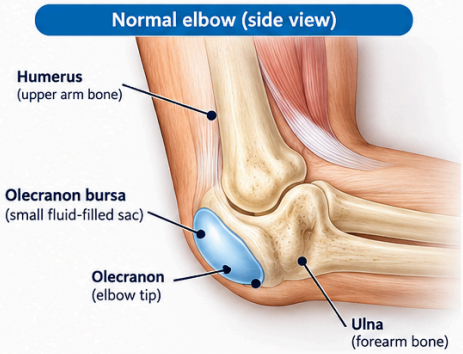
Inflammation of the bursa at the tip of the elbow

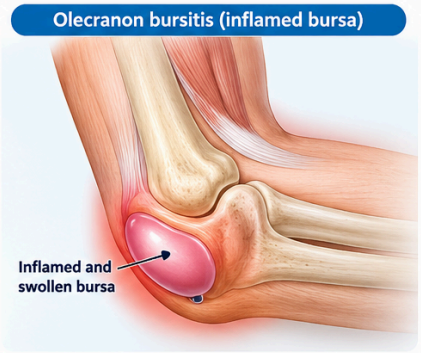
1 What is olecranon bursitis?

Olecranon bursitis is inflammation of the bursa located over the tip of the elbow (olecranon).

The bursa is a small, fluid-filled sac that reduces friction between skin, tendons and bone.

When it becomes inflamed, the elbow may swell, become tender and sometimes painful.





2 Common causes



Trauma or injury
(bumping the elbow)



Repetitive pressure
(leaning on the elbow)



Infection
(bacteria can infect the bursa – rare)



Medical conditions
(gout, rheumatoid arthritis or other inflammatory conditions)

3 Common symptoms



Swelling at the tip of the elbow



Pain or tenderness, especially with pressure



Redness or warmth (if infected)

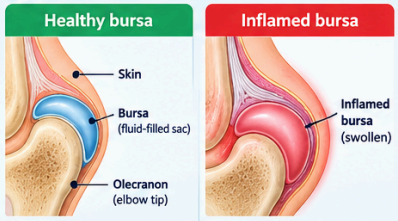


Limited movement if swelling is significant



Sometimes a fluid-filled lump is noticeable

4 Bursa function vs bursitis



A healthy bursa reduces friction between skin, tendons and bone.

When irritated, the bursa fills with excess fluid, causing swelling, tenderness and sometimes pain.

What is olecranon bursitis?

Inflammation of the small fluid-filled bursa over the tip of the elbow. This bursa normally reduces friction between the skin, tendons and bone.

What may happen?

The elbow may become swollen, tender or painful. A noticeable fluid-filled lump may develop over the elbow tip.

Causes, symptoms and diagnosis

Recognising olecranon bursitis and seeking assessment

1. Trauma or injury

Bumping the elbow or a direct impact can irritate the bursa.

2. Repetitive pressure

Leaning on the elbow for long periods, including at a desk or work surface, may cause swelling.

3. Infection or inflammatory conditions

Bacteria can occasionally infect the bursa. Gout and rheumatoid arthritis can also contribute.

4. Common symptoms

Swelling or a fluid-filled lump at the elbow tip, tenderness, pain on pressure and sometimes limited movement.

5. Diagnosis

A GP or physiotherapist can examine the elbow. Fluid sampling, blood tests or imaging may be used in selected cases.

Important information

Redness, warmth, fever or increasing pain may indicate infection and need prompt medical assessment.

Exercises and rehabilitation

Gentle movement and recovery guidance

Olecranon bursitis exercise examples

Begin only once pain and swelling settle, or as advised by your clinician.

Olecranon Bursitis – Exercise Examples

Gentle exercises to maintain movement, reduce stiffness and support recovery

Important

- Start these exercises once the pain and swelling have settled, or as advised by your physiotherapist or healthcare professional.
- Perform the exercises gently and within a comfortable range.
- Repeat each exercise 5–10 times, 2–3 times per day.
- Stop if you feel increased pain, swelling or redness.

1 Elbow flexion (bend)



- Slowly bend your elbow as far as comfortable.
- Hold for 5 seconds, then straighten.
- Repeat 5–10 times.

2 Elbow extension (straighten)



- Start with your elbow bent.
- Slowly straighten your elbow.
- Hold for 5 seconds.
- Repeat 5–10 times.

3 Forearm rotation (turn)



Palm up (supination) Palm down (pronation)

- With your elbow by your side and bent to 90°, slowly turn your palm up, then down.
- Repeat 5–10 times.

4 Wrist movement



Wrist up (extension) Wrist down (flexion)

- Gently bend your wrist up and down.
- Repeat 5–10 times.

5 Grip strengthening



- Squeeze a soft ball or putty.
- Hold for 5 seconds.
- Repeat 5–10 times.

6 Gentle elbow stretches



- Use your other hand to gently support and straighten your elbow.
- Hold for 10–15 seconds.
- Repeat 3–5 times.

Exercise safety

Stop if pain, swelling or redness increases. Seek advice if the elbow is hot or red.

Activity modification

Avoid direct elbow pressure and return to activities gradually as symptoms improve.

Treatment and recovery

Medical options, follow-up and when to seek help

1. Rest and pain relief

Avoid direct pressure on the elbow. Pain relief or anti-inflammatory medicine may be used as advised by a clinician.

2. Compression and protection

Light compression, padding and avoiding repeated knocks may help control swelling.

3. Aspiration or injection

A clinician may drain fluid if indicated. Corticosteroid injections are considered in selected cases.

4. Surgery

Surgery is rarely needed, but may be considered for persistent or infected bursitis.

5. Outlook and prevention

Many cases improve within weeks with conservative care. Continued elbow pressure can cause recurrence.

Important information - when to seek help

Seek prompt medical advice for a hot, red, increasingly painful elbow, fever, or swelling that does not improve.

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