Shoulder Bursitis

Understanding shoulder pain, symptoms and care

Shoulder Bursitis

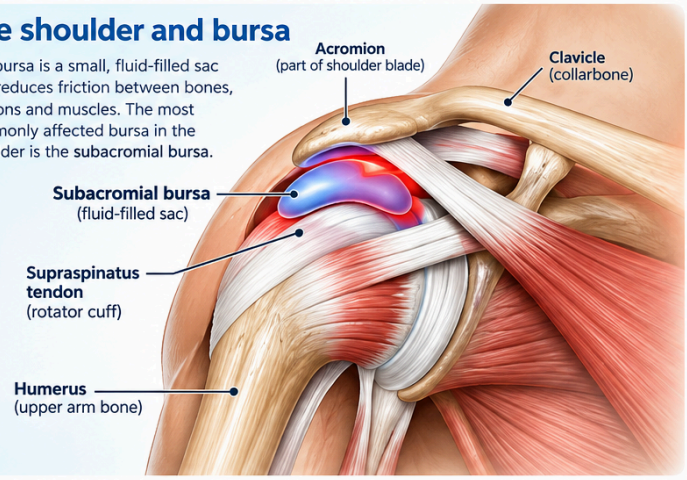
A guide to symptoms, treatment and recovery

Shoulder Bursitis

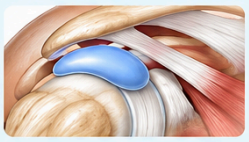
Inflammation of the shoulder bursa causing pain and reduced movement

The shoulder and bursa

The bursa is a small, fluid-filled sac that reduces friction between bones, tendons and muscles. The most commonly affected bursa in the shoulder is the **subacromial bursa**.

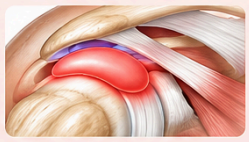


Normal shoulder



Healthy bursa allows smooth gliding of tendons and muscles.

Shoulder bursitis



Inflamed bursa (bursitis) becomes swollen and painful, causing friction and reduced movement.

What causes shoulder bursitis?

- Repetitive overhead activities (e.g. lifting, painting, sports)
- Sudden increase in activity or strain
- Poor posture or shoulder mechanics
- Shoulder impingement
- Injury or trauma (fall or direct blow)
- Age-related wear and tear
- Sometimes associated with conditions such as arthritis or diabetes

Common symptoms

You may experience:



Pain on the outer or top of the shoulder



Pain when lifting the arm, especially overhead



Pain when lying on the affected shoulder



Shoulder stiffness or reduced movement



Tenderness around the shoulder



Pain that may spread down the upper arm

Symptoms often worsen with activity and improve with rest.

What is shoulder bursitis?

Inflammation of a fluid-filled sac (bursa) that cushions shoulder tendons. The subacromial bursa is most commonly affected, causing pain and restricted movement.

Common symptoms

Pain on the outer or upper shoulder, especially when lifting the arm or lying on that side; tenderness, stiffness and discomfort that may spread down the upper arm.

When to seek help

Seek advice if pain worsens, movement becomes very limited, or you develop fever or redness.

Causes, diagnosis and treatment

Recognising triggers and managing symptoms

1 Common causes

Repeated overhead activity, sudden increases in workload, poor posture or shoulder mechanics, impingement, injury, and age-related changes.

2 Clinical assessment

A clinician reviews symptoms and activity history, then examines shoulder movement and strength. Ultrasound scan or X-ray may be considered when needed.

3 Activity modification

Temporarily reduce painful overhead movements and gradually return to normal tasks as symptoms settle.

4 Pain relief

Options may include paracetamol, suitable anti-inflammatory medication following professional advice, and a wrapped ice pack for 10-15 minutes.

5 Physiotherapy

Gentle movement, stretching, strengthening, posture advice and education on safe shoulder use may help recovery.

Other treatment options

A corticosteroid injection may be considered for severe or persistent pain, often alongside physiotherapy.

Exercises and rehabilitation

Gentle movement and gradual strengthening

Shoulder exercise examples

Your physiotherapist can advise which exercises are suitable, when to begin and how to progress.



Rehabilitation

Exercises aim to reduce stiffness, improve shoulder control and strength, and lower the chance of recurrence.

Exercise safely

Avoid sharp pain. Mild discomfort may be acceptable, but reduce or stop an exercise if symptoms worsen.

Recovery and next steps

Self-management and when to seek advice

Recovery expectations

Many people improve within 6-12 weeks, although recovery varies with symptoms, activity levels and adherence to exercises.

Self-management tips

Maintain comfortable posture, warm up before physical activity, pace your workload, avoid sudden increases in activity and continue appropriate exercises as advised.

When to seek further help

Contact a healthcare professional if pain worsens despite treatment, weakness or loss of movement is significant, symptoms persist beyond 8-12 weeks, or you develop fever, redness or severe night pain.

Key message

Shoulder bursitis is common and treatable. With appropriate advice, exercise and activity modification, most people recover well without surgery.

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