

Understanding Bursitis

Why It Happens and How to Settle It

If you have ever had a painful, swollen lump at the back of your heel, the ball of your foot, or your big toe joint, there is a good chance a bursa was involved. Bursae are small fluid-filled cushions built into your body — and when they become irritated, they can cause significant pain. Most cases respond well to simple, targeted management.

1 What Is a Bursa?

A bursa (plural: bursae) is a small, fluid-filled sac found wherever tendons, bones, muscles, or skin need to glide smoothly past each other — a built-in cushion that prevents friction during movement. There are over 150 bursae in the human body; most work silently. The three most clinically relevant in the foot are listed below.

Location	Position	Purpose
Retrocalcaneal bursa	Between Achilles tendon and heel bone	Protects Achilles from the bony calcaneal corner
Subcutaneous calcaneal bursa	Between Achilles and skin at back of heel	Protects tendon from shoe heel counter friction
First MTP bursa	Inner side of big toe joint	Reduces friction at bunion/hallux valgus prominence

2 What Is Bursitis?

Bursitis is irritation and swelling of a bursa. When aggravated it produces excess fluid, causing the sac to expand and press on surrounding tissues — creating pain, swelling, and sometimes warmth or redness. Often the bursa is simply reacting to a mechanical problem (compression or friction) rather than a major inflammatory cascade.

Feature	Acute Bursitis	Chronic Bursitis
Onset & pain	Quick onset after activity spike or footwear change; often sharp, movement limited	Gradual over weeks/months from repeated microtraumas; persistent dull ache
Swelling	Visible swelling or warmth if near the skin surface	Bursa wall may thicken; swelling less dramatic

3 Common Locations & Causes

Figure 1: Where Bursae Are Found in the Foot and Ankle

Bursa	Location	What it protects
 Retrocalcaneal Bursa	Heel — deep layer	Between Achilles tendon and heel bone
 Subcutaneous Calcaneal Bursa	Heel — superficial	Between Achilles tendon and skin
 First MTP Bursa	Inner big toe joint	Around the big toe joint / bunion area
 Intermetatarsal Bursae	Ball of foot	Between the metatarsal heads in the forefoot
 Infracalcaneal Bursa	Underside of heel	Beneath the heel bone / plantar surface

Bursitis develops when the bursa faces more mechanical stress than it can handle. Systemic conditions (gout, rheumatoid arthritis, septic bursitis) can also be responsible — if symptoms don't follow the expected pattern, your clinician will investigate further.

Mechanical Cause	How It Affects the Bursa
Footwear compression	Rigid heel counters, tight toe boxes, or high heels press directly onto bursae
Overuse / sudden load spike	Running, prolonged standing, or rapidly increasing training volume
Biomechanical factors	Flat or high-arched feet, overpronation — alter pressure on specific bursae
Structural deformity / trauma	Haglund deformity, hallux valgus, hammer toes, or direct impact onto a bursa

4 Symptoms & Management

Foot bursitis typically presents with localised swelling (soft and squishy), tenderness to pressure (direct or from footwear), pain with specific movements (e.g. dorsiflexion for heel bursitis; toe-off for forefoot bursitis), and occasionally warmth or redness if the bursa is superficial and actively inflamed.

- Often worse at the start of activity, may ease once warmed up, then return with prolonged loading
- Aggravated by footwear that presses on the affected area; relieved by open-back or wider shoes
- Can be worse at night after a full day on your feet

Most cases respond well to conservative management. The goal is to reduce bursa irritation while keeping you as active as possible.

Step	Action	Tip
1 — Offload	Change footwear: soft or open-back heel designs; wider toe box for forefoot; donut-shaped padding around (not over) the bursa	A heel lift can reduce pinching of the retrocalcaneal bursa between the Achilles and calcaneus
2 — Modify & Protect	Reduce aggravating activities temporarily; swap high-impact exercise for swimming or cycling; use custom orthotics to correct biomechanics	Avoid complete rest — movement maintains tissue health; just eliminate the specific aggravating load
3 — Rehab & Return	Once acute irritation settles: ice flares 10–20 min; graduated calf/Achilles stretching and strengthening; progressive return to full activity	Address the root cause — footwear, biomechanics, or systemic condition — or symptoms will recur

5 Key Takeaways & When to Seek Help

KEY TAKEAWAY 1

Your footwear is often the starting point — and the most effective change. The vast majority of foot and heel bursitis is triggered or maintained by footwear that compresses the bursa. Choosing soft or open-back designs for heel bursitis, or wider toe boxes for forefoot bursitis, is usually the single most impactful first step.

KEY TAKEAWAY 2

Bursitis usually gets better — but requires a consistent approach. Most cases resolve with offloading, activity modification, and graduated return to load over 6–8 weeks. Continuing to irritate the bursa — through aggravating footwear or pushing through pain — will slow recovery significantly.

When to Seek Help — Red Flags

- Significant spreading redness, intense heat, and rapid swelling — possible septic (infected) bursitis; needs urgent review
- Fever, chills, or feeling generally unwell alongside foot pain — seek same-day assessment
- Recent skin break or wound near the bursa — portal of entry for bacteria; lower threshold to seek care
- Symptoms not improving after 6–8 weeks of consistent management — further investigation may be needed