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Biceps Tendonitis/Tears

The biceps tendon is an important stabilizer of the shoulder and is prone to tendonitis and tearing. While the biceps muscle and tendon plays a role in elbow movement (elbow flexion and supination), problems in the shoulder are actually more common. Because of its anatomic location and course, over the *top* of the ball or humeral head, it helps to keep the ball pressed down in the socket so that rotator cuff muscles can move the shoulder efficiently. Problems with the biceps tendon in the shoulder are therefore also commonly associated with rotator cuff problems.



Symptoms:

The primary symptoms is pain in the front of the shoulder, sometimes dull and achy and sometimes sharp and burning. Pain may be made worse with raising the arm forward. There is rarely an outward sign of tendonitis, such as swelling, but a tear of the biceps tendon in the shoulder may cause a characteristic deformity called the "Popeye Deformity", named after the cartoon character's bulging biceps muscle.



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Cause:

Symptoms may arise due to an injury, overuse, or without any inciting event. Many bicep tendon tears occur due to degeneration, and can rupture with a minor injury or even spontaneously.

Diagnosis:

A careful history and physical examination will diagnose biceps tendonitis or tears. X-rays may be obtained to evaluate for other causes of shoulder pain, and to evaluate for bony abnormalities that can be associated with biceps tendon problems. Diagnostic ultrasound can often visualize cuff tears and tendonitis. Occasionally, an MRI may be required. An injection of local anesthetic is used at times to confirm the diagnosis.

Treatment:

Most patients with biceps tendonitis are treated nonsurgically. Tendon tears in older individuals are also often treated nonsurgically.

Nonsurgical Treatment

- Non-steroidal anti-inflammatory medicines. Medications like aspirin and ibuprofen may reduce pain and swelling. Stronger analgesics are sometimes used in the case of injury.
- Physical therapy can help to restore range of motion and strength to the shoulder, and may help treat other sources of shoulder pain and other conditions associated with biceps tendonitis.
- PRP injection. PRP uses the body's own healing factors to help heal tendonitis and partial tears. PRP is not used to treat complete ruptures. There are other *biological* treatments that can be used to treat tendonitis and partial tears, such as AmnioFix.
- Steroid injections. Cortisone is a powerful anti-inflammatory medicine that is injected into the bicep tendon sheath in the front of the shoulder, often with ultrasound guidance. It can cause dramatic pain relief, but the effects may be temporary, and repeat injections may be necessary.



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Surgery:

The vast majority of patients with biceps tendonitis are treated nonsurgically. When surgery is necessary, it can be done arthroscopically, or with a small incision in the front of the shoulder. Surgical options include biceps tenolysis (releasing the tendon from its attachment inside the shoulder), and biceps tenodesis (releasing the tendon and re-attaching the tendon outside the shoulder joint, along the upper arm bone. For tendon ruptures, they may be left to heal on their own, or consideration may be given to re-attaching the tendon outside the shoulder joint, to the upper arm bone. For ruptures at the elbow, options include surgical to bone, or leaving the the tendon to heal on it's own.