



Orthopaedic Surgery & Sports Medicine

Biceps tendonitis

Description

Biceps tendonitis is characterized by pain at the front of the shoulder and upper arm or around the bend of the elbow caused by inflammation of the biceps tendon sheath (lining) or strain of the biceps.

The biceps tendon is one of the anchor points of the biceps muscle, which is important for bending the elbow and rotating the wrist. It also plays a role in shoulder function. Biceps tendonitis may be caused by a grade 1 or 2 strain of the biceps muscle or tendon.

A grade 1 strain is a mild strain. There is a slight pull of the tendon without obvious tendon tearing (it is microscopic tendon tearing). There is no loss of strength, and the tendon is the correct length.

A grade 2 strain is a moderate strain. There is tearing of tendon fibers within the substance of the tendon or at the bone-tendon junction or muscle-tendon junction. The length of the tendon or whole muscle-tendon-bone unit is increased, and strength is usually decreased.

A grade 3 strain is a complete rupture of the tendon.

Common signs and symptoms

- Pain, tenderness, swelling, warmth or redness over the front of the shoulder
- Pain that is worse with shoulder and elbow motion and function against resistance
- Limited motion of the shoulder or elbow Crepitation (a crackling sound) when the tendon or shoulder is moved or touched

Causes

- Strain from sudden increase in amount or intensity of activity
- Direct blow or injury to the shoulder
- More likely with repeated injury to the biceps muscle-tendon unit
- In association with rotator cuff injury or inflammation, or other shoulder problems

Risk of further injury

- Sports that involve contact as well as, throwing sports, gymnastics, weightlifting, and bodybuilding
- Heavy labor
- Poor physical conditioning (strength and flexibility)
- Inadequate warm-up before practice or play

Initial treatment

Initial treatment consists of medication and ice to relieve the pain, stretching and strengthening exercises, and modification of the activity that initially caused the problem. These can be carried out at home, although referral to an athletic trainer or physical therapist may be recommended.

Surgery to remove the inflamed tendon lining or to detach the degenerated tendon and re-insert it into the arm bone is not usually necessary and is generally only considered after at least 6 months of conservative treatment. Surgery to correct other shoulder problems that may be contributing to tendonitis may be recommended before surgery for the tendonitis itself.

Pain control:

Nonsteroidal anti-inflammatory medications such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.

Stronger pain relievers may be prescribed as necessary by your physician. Use only as directed.

Cortisone injections reduce inflammation, and anesthetics temporarily relieve pain. However, these are used only in extreme cases; there is a limit to the number of times cortisone may be given because it may weaken muscle and tendon tissue.

Heat and cold:

Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage.

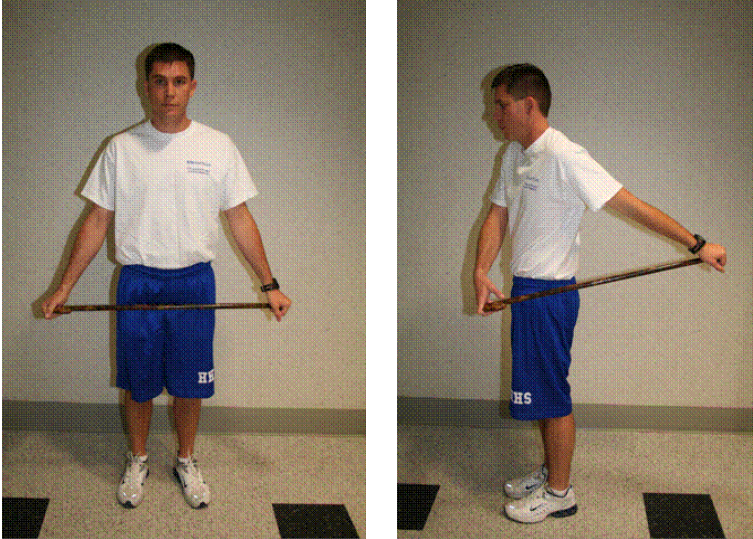
Heat may be used before performing stretching and strengthening activities prescribed by your physician, physical therapist or athletic trainer. Use a heat pack or a warm soak. Do not heat if the tendon is still inflamed.

Stretching and upper extremity exercises

All stretches should be performed before and after any activity. Do three sets of each stretch and hold each stretch for 25-30 seconds.

Passive range of motion

- Holding wand (baseball bat, stick, etc.) with involved hand palm facing up, push wand directly away from body using uninvolved hand until you feel a stretch.



Theraband exercises

- Fix a piece of Theraband or tubing to a stationary object to provide the needed resistance.
- While keeping elbow in at your side move outward in the desired direction through resistance.
- Slowly return to starting position.
- Do 3 sets of 15 for 2-3 sessions per day.



