

Orthopaedic Connection

Biceps Tendinitis

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Transforming patient information into patient understanding.

In case you hadn't noticed we have been spending a lot of time on the "Upper Extremity". Most people who are not doctors call it the arm.

Arm is actually a real medical term. It is the part between the shoulder and the elbow. The forearm is the part between the elbow and the wrist. Together they comprise the "Upper Extremity". O.K. I can hear a lot of you murmuring who cares so I'll get on with it!

Everyone knows what the biceps is, right? It is the big muscle in front of the arm that is pretty important in about everything we do. It stabilizes the arm bone (humerus) in the shoulder socket. Also it is essential in activities like lifting and in overhead movements (like pitching and tennis).

Factoid: Here's something I'll bet you didn't know. The biceps muscle is connected in two places at the shoulder by two strong cord like tendons. At the other end (elbow) the biceps muscle is attached to the radius by one cord like tendon.

Biceps Tendinitis

By the way I didn't misspell it because it can be spelled tendonitis or tendinitis. Either is correct.

It is more common for the inflammation to happen in the upper part of the biceps rather than the lower.

Injuries to the biceps tendon are commonly caused by repetitive overhead activity, but actually any "overuse" of the arm can cause it. I mean that a certain activity can produce inflammation in the biceps of one person whereas it might not in someone else. There are many variables.

Overuse, aging and stress can cause the tendon to deteriorate leading to inflammation.

Symptoms

- Pain when the arm is overhead
- Localized tenderness where the tendon lies in a groove on the front of the shoulder near the chest.
- A snapping sound or sensation in the front of the shoulder
- Trying to lift something forward with the elbow straight

Diagnosis

There are many causes of shoulder pain and biceps tendinitis is only one. It can be difficult at times to separate the different conditions to pinpoint the exact cause. As the old saying goes "there is no law against having two conditions," which confuses it all the more.

But, as always a careful, thorough physical exam, plain x-rays to look for arthritis and *maybe* an MRI can be very helpful to me to diagnose biceps tendinitis and also discover associated conditions.

Management

- Initial treatment is conservative
- Rest the arm and shoulder
- Ice application
- Ibuprofen (Motrin) or similar to reduce inflammation

- Theragesic applied two or three times a day
- Physical therapy supervised program for stretching and progressive strengthening exercises
- These measures usually work but it can take 2 - 3 months to improve
- Narcotics are not indicated

Surgery

For “garden variety” overuse biceps tendinitis, surgery is rarely needed fortunately.

If the tendon is torn away from its bony attachment, either in the shoulder or elbow, surgery may be indicated.

The surgery might be done arthroscopically or open or a combination of the two. Depending on the nature of your surgery, rehabilitation can take three months or even longer.

My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website

I hope what you have read has raised questions. No problem.

Please log onto www.orthopodsurgeon.com. It has a huge amount of musculoskeletal information in the Website and the Archive of all previous GCH articles.

Check it out and be amazed what you can learn.

Good health, good life, all the best to you. Be well.

Dr. Haverbush