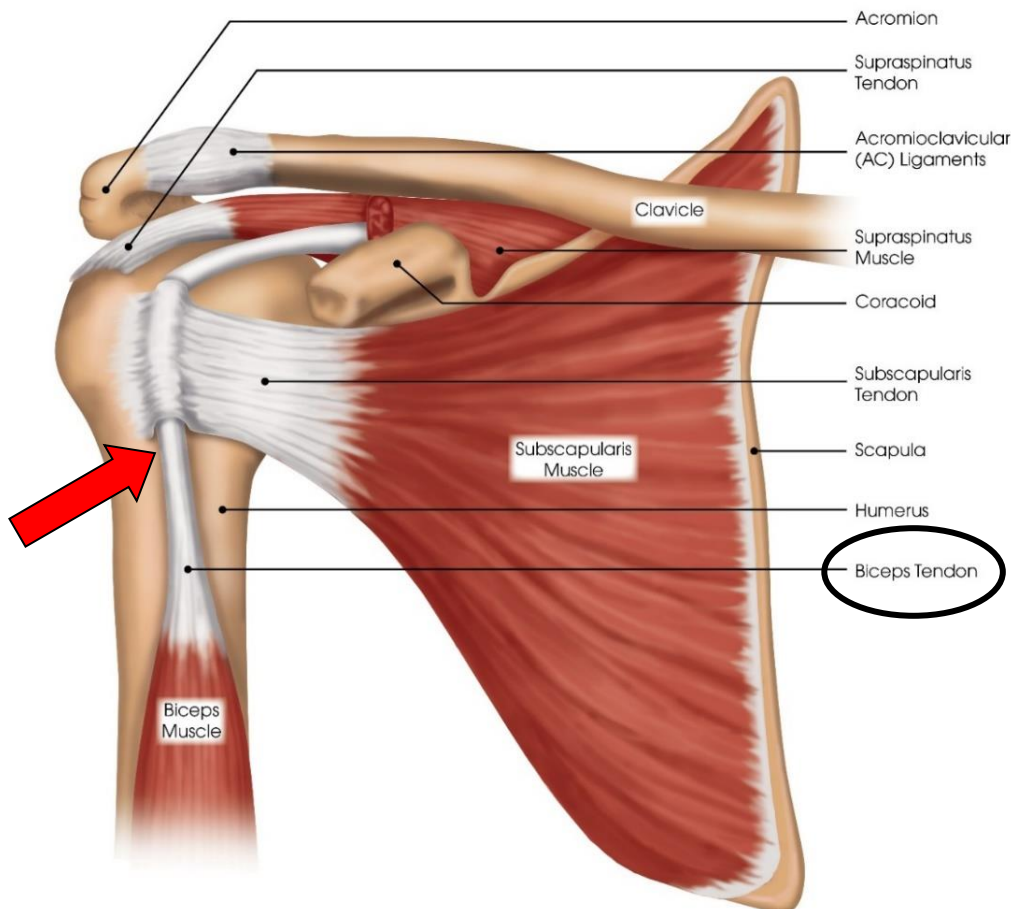


Biceps Tendon Tendinitis (Proximal) And Tenosynovitis

Proximal biceps tendon tendinitis and tenosynovitis is characterized by pain at the shoulder and upper arm caused by inflammation of the biceps tendon sheath (lining) or the upper biceps tendon. The lining secretes a fluid that lubricates the tendon. When the lining becomes inflamed, shoulder activity becomes painful. The biceps tendon in the biceps groove runs along the front of the shoulder and makes a turn into the shoulder to attach to the glenoid socket of the shoulder joint. With overuse, the tendon or tendon sheath can rub and get inflamed.



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Frequent 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

Etiology (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 Factors

- 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
- Repetitive shoulder activities like working out, throwing, racket sports, etc.

Prevention

- Appropriately warm up and stretch before practice or competition.
- Allow time for adequate rest and recovery between practices and competition.
- Maintain appropriate conditioning:
 - Shoulder and elbow flexibility
 - Muscle strength and endurance
 - Cardiovascular fitness
- Use proper technique.

Outcomes

This condition usually may improve if treated appropriately with conservative treatment such as physical therapy, avoiding aggravating activities, and sometimes corticosteroid injections.



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Potential Complications

- Prolonged healing time if not appropriately treated or if not given adequate time to heal
- Chronically inflamed tendon causing persistent pain with activity that may progress to constant pain (with or without activity), restriction of motion of the tendon within the sheath (adhesive or constrictive tenosynovitis), and potentially rupture of the tendon
- Recurrence of symptoms, especially if activity is resumed too soon.

Treatment Considerations

Initial treatment consists of medication and ice to relieve the pain, stretching and strengthening exercises, and modification of the activity that provokes symptoms. These all can be carried out at home, although referral to a physical therapist or athletic trainer may be recommended. An injection of corticosteroid to the area around the tendon (within the sheath) may be recommended.

If conservative treatment fails, surgery to remove the inflamed tendon sheath (lining) or to detach the degenerated tendon and re-repair it to the arm bone below the bony groove may be necessary. Surgery to correct other shoulder problems that may be contributing to tendinitis may be needed as well.

Possible Medications

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 10 days before surgery), are used to reduce inflammation. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur. Other minor pain relievers, such as acetaminophen, may also be used.
- Pain relievers are usually not prescribed for this condition. If prescribed, use only as directed and only as much as you need.
- Corticosteroid 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.

Modalities (Heat and Cold)

- Cold is used to relieve pain and reduce inflammation. Cold should be applied for 15 to 20 minutes every two to three hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage with a cloth between the ice and your skin to prevent burning /freezing your skin.
- 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.

Notify My Office If Symptoms Worsen

