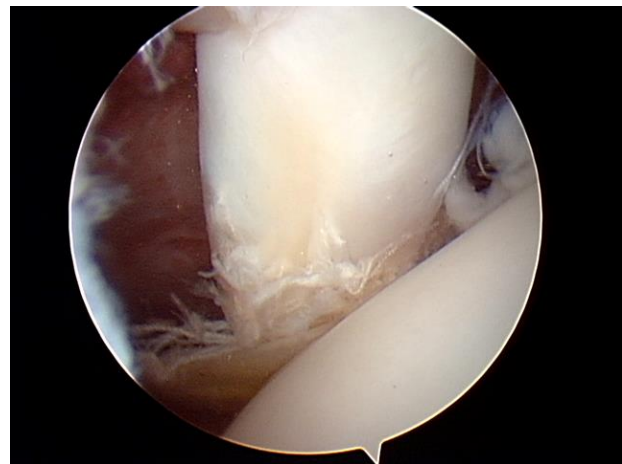
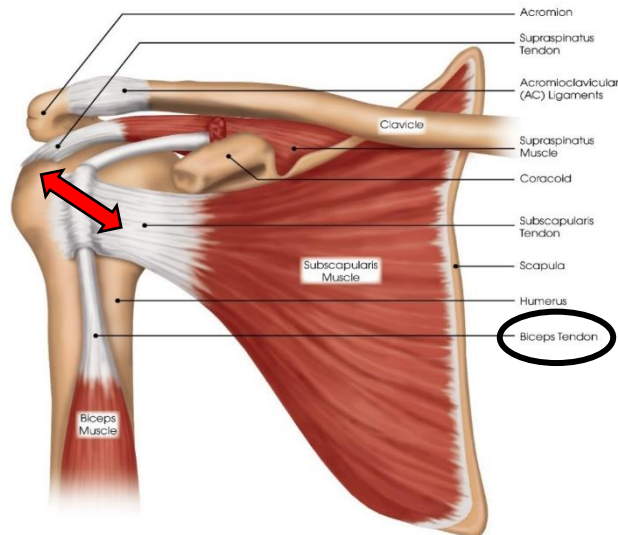


Proximal Biceps Tendon Instability (Dislocation)

The biceps muscle attaches to bone by their tendons at the shoulder and at the elbow. The long head of the biceps tendon runs in a groove on the front of the shoulder before entering the shoulder joint. The biceps groove is bordered on three sides by bone and covered by the transverse humeral ligament. The biceps muscle is important for bending the elbow and rotating the forearm. It also plays a role in shoulder function. The tendon may move in and out of the groove known as biceps tendon subluxation or instability. This rarely occurs without other shoulder problems. It is most often associated with a partial or complete tear of the subscapularis or supraspinatus rotator cuff.



Unstable proximal biceps tendon with fraying

Frequent Signs and Symptoms

- Clunk felt as the arm is rotated outwardly passively or inwardly against resistance
- Pain and occasionally tenderness or swelling over the front of the shoulder
- Pain and clunking that are worse with shoulder and elbow motion (bending the elbow and turning the palm up against resistance while turning the arm outward)
- Crepitation (a crackling sound) when the shoulder is moved



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Etiology (Causes)

Injury to the rotator cuff, either traumatic or degenerative

Risk Factors

- Contact sports, throwing sports, weightlifting, and bodybuilding
- Heavy labor
- Poor physical conditioning (strength and flexibility)
- Inadequate warm-up before practice or play
- Complete rupture

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

Repair of the rotator cuff injury with repair of the transverse ligament does not provide full stability to the biceps tendon. Treatment typically requires removing the damaged portion of the biceps tendon and repairing the bicep below the zone of injury known as biceps tenodesis. In many patients, the biceps tendon can be released known as biceps tenotomy. Results of biceps tenodesis or tenotomy with rotator cuff repair generally have an excellent outcome and depend on the size of the rotator cuff tear.

Potential Complications

- Prolonged healing time if not appropriately treated or if not given adequate time to heal
- Recurrence of symptoms, especially if activity is resumed too soon
- Persistent clunking with shoulder and elbow function
- Weakness of elbow bending and forearm rotation
- Prolonged disability (uncommon)
- Shoulder pain
- Stiffness or loss of motion of the shoulder
- Complete rupture and crampy biceps pain if untreated
- Failure of biceps tenodesis to heal



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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. If conservative treatment fails, surgical repair of the rotator cuff problem and biceps tenodesis (cutting the tendon and repairing it to the bone of the upper arm) or biceps tenotomy (cutting) is recommended.

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, although your physician will determine this. Use only as directed and only as much as you need.

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

