**What is Biceps tendonitis?**

Biceps tendonitis is inflammation or irritation of the long head biceps tendon (has a short and a long head) and frequently causes severe shoulder pain. It is one of the main pain generators from the shoulder. The affected area is where the biceps muscle attaches to the front of the shoulder. Dr. Chahla is a sports medicine trained orthopaedic surgeon from Chicago, IL, experienced both in the treatment and diagnosis of this condition. **INSERT BICEPS 1**

Biceps tendonitis is often the result of repetitive shoulder movements and overuse. However, bone spurs, rotator cuff damage, and shoulder instability, osteoarthritis and trauma also frequently exacerbate (worsen) this condition. Athletes competing in sports with high shoulder demands, such as baseball pitchers, tennis players and swimmers, physically active people, and older patients may experience this condition due to shoulder damage and inflammation. **INSERT BICEPS 2**

**What are the symptoms of biceps tendonitis?**

Following damage to the long head of the biceps tendon, many patients experience several symptoms indicative of biceps tendonitis. Intermittent or constant shoulder pain to the front side of the shoulder with radiating (moving) pain down the arm towards the elbow is common. This pain may worsen when the patient extends the affected arm out in front of their body (Speed’s test) or when raising the arm above their head. In addition, the front of the shoulder may be tender to the touch. Occasionally, damage to the biceps tendon causes a tear or rupture, resulting in a deformity of the upper arm referred to as a “Popeye” bulge.

**Who gets biceps tendonitis?**

Biceps tendonitis often occurs in athletes competing in sports requiring repetitive overhead motion, such as baseball pitchers, tennis players and swimmers, as well as in active older patients as a normal part of aging. **INSERT BICEPS 3**

**What causes biceps tendonitis?**

In the majority of cases, biceps tendon injury and damage are a consequence of overuse or repetitive microtrauma. Jobs and daily chores requiring overhead motion can slowly weaken our tendons over time or produce inflammation. Overuse can lead to degeneration and damage of the biceps tendon. In addition, athletes involved in sports activities requiring repetitive overhead motions are particularly at risk for biceps tendonitis.

Biceps tendonitis also can occur with other injuries related to shoulder overuse, including rotator cuff injuries, osteoarthritis and shoulder instability.

**How is biceps tendonitis diagnosed?**

The diagnosis of biceps tendonitis is made with the help of a thorough clinical examination and diagnostic imaging tests when necessary. Signs of biceps tendonitis on clinical examination include tenderness of the front of the shoulder. If necessary, ultrasound and MRIs may be used to identify biceps tendonitis on imaging, as well as other potential shoulder injuries.

**How is biceps tendonitis treated?**

In many patients, biceps tendonitis can be treated conservatively with a combination of rest, ice, and anti-inflammatory medications. In addition, corticosteroid injections may be provided by Dr. Chahla for extended pain relief under ultrasound guidance to ensure that the medication is injected accurately in the biceps sheath. If non-surgical treatment options are ineffective, an arthroscopic shoulder surgery may be recommended as the next treatment step. During this surgery, a procedure called a biceps tenodesis may be performed to remove damaged portions of the biceps tendon and re-attach the remaining tendon to the upper arm bone. By removing the injured portion of the tendon, pain and inflammation is decreased. In the majority of cases, this procedure allows for restoration of normal shoulder motion and function.

In cases where the biceps tendon cannot be repaired via tenodesis, the damaged biceps tendon may be released from its attachment site in a procedure called biceps tenotomy.