STEVEN CHUDIK MD SHOULDER. KNEE & SPORTS MEDICINE

Biceps Tendon Tendinitis (Distal)

Distal biceps tendon tendinitis is characterized by pain at the front of the elbow due to inflammation of the biceps tendon, usually from friction at a bony prominence (the bicipital tuberosity). The biceps muscle attaches to bone via tendons and is important for bending the elbow and turning the palm up by rotating the wrist. This tends to be an overuse injury, in which symptoms start slowly and gradually get worse.

Frequent Signs and Symptoms

- Pain, aching, tenderness, and sometimes warmth or redness over the front of the elbow
- Pain that is worse with elbow bending or wrist rotation (turning the palm up), especially against resistance (lifting or carrying) or with throwing
- Crepitation (a crackling sound) when the tendon or elbow is moved or touched

Etiology (Causes)

- Strain from sudden increase in amount or intensity of activity
- Direct blow or injury to the elbow (uncommon)
- Overuse or repetitive elbow bending or wrist rotation, particularly when turning the palm up, or with elbow hyperextension

Risk Factors

- Sports that involve contact, throwing sports, gymnastics, weightlifting, bodybuilding, and rock climbing
- Heavy labor
- Poor physical conditioning (strength and flexibility)
- Inadequate warm-up before practice or play
- Injury to other structures of the elbow
- Immobilization of the elbow





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Prevention

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

Outcomes

This condition is usually improves within 6 weeks if treated appropriately with conservative treatment and resting of the affected area.

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 and potentially rupture of the tendon
- Recurrence of symptoms, especially if activity is resumed too soon, with overuse, or with poor technique

Treatment Considerations

Initial treatment consists of the use of medication and ice to relieve the pain and modification of the activity that initially caused the problem. Later, stretching, strengthening, and building endurance of the elbow muscles in general and the biceps muscle specifically are added. These all can be carried out at home, although referral to a physical therapist or athletic trainer may be recommended. A therapist may utilize other treatments such as ultrasound and heat. An injection of corticosteroid to the area around the tendon is not recommended. Surgery is rarely necessary or recommended.

Potential Medications

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen, 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; your physician will determine this. Use only as directed and only as much as you need.





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Modalities (Heat and Cold)

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 15 to 20 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.

Notify my office if symptoms worsen



