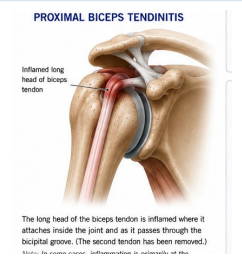
ROBERT PETTIT, MD
Restoring Function. Maximizing Performance.
ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE
CINCINNATI, OH · FORT THOMAS, KY
(513) 354-3700
FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

SHOULDER CONDITION

Biceps Tendinitis

Biceps Tendon Inflammation — Patient Condition Guide



Inflammation of the long head of the biceps tendon at the shoulder · for education; your anatomy may differ

OVERVIEW

Biceps tendinitis is inflammation of the long head of the biceps tendon where it travels through the front of the shoulder. It often develops from repetitive overhead activity and frequently occurs alongside rotator cuff or labral problems.

ANATOMY

The long head of the biceps tendon originates inside the shoulder joint at the labrum and travels through a groove at the front of the humerus. Its path through this narrow groove makes it prone to irritation and inflammation.

SYMPTOMS

- Pain at the front of the shoulder, sometimes radiating down the arm
- Pain with lifting, carrying, or overhead reaching
- Tenderness directly over the front of the shoulder
- A snapping sensation in some cases

DIAGNOSIS

Exam includes specific tests that reproduce pain by resisting biceps motion. Ultrasound or MRI can confirm tendon inflammation and help identify any associated rotator cuff or labral pathology.

TREATMENT OPTIONS

Most cases improve with activity modification, physical therapy, anti-inflammatory medication, and sometimes a targeted injection. Persistent symptoms, especially with a damaged tendon, may be treated with biceps tenodesis to relocate and secure the tendon outside the joint.

RECOVERY TIMELINE

- Non-surgical: gradual improvement over 4–8 weeks with therapy
- If tenodesis performed, weeks 0–6: sling with limited motion

— Months 2–4: progressive strengthening

— Months 4–6: return to full activity

FAQS

Q Is biceps tendinitis serious?

It's usually very manageable with non-surgical care, though persistent cases may indicate an associated shoulder problem worth evaluating.

Q What is biceps tenodesis?

It's a procedure that detaches the biceps tendon from its irritated position inside the joint and reattaches it lower on the humerus.

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/biceps-tendinitis.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

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HOME EXERCISE PROGRAM

Biceps Tendinitis: Exercises & Strengthening

Eccentric biceps loading is the cornerstone — it stimulates the tendon to remodel and strengthen.

Why eccentric strengthening? Tendons heal and get stronger when they are loaded slowly while lengthening — the "eccentric" (lowering) phase of an exercise. Take 3–4 seconds on every lowering movement. A mild ache (up to 3–4/10) during eccentric work is acceptable and even expected; sharp pain, or pain that worsens into the next day, means reduce the load. Tendon programs work over 6–12 weeks of consistency — stick with it.

Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.

Eccentric Biceps Curls ECCENTRIC

3 sets of 10 slow lowers, every other day

Use the other hand to help lift a light weight up, then lower it slowly over 3–4 seconds using the sore arm only. Mild ache during the set is acceptable.

Band External Rotation ECCENTRIC

3 sets of 10–15, every other day

Elbow bent 90° and tucked at your side, rotate the forearm outward against the band, then return slowly — take 3–4 seconds on the way back (the eccentric phase).

Scapular Squeezes

10-second holds × 10, 3 times daily

Sit or stand tall and squeeze the shoulder blades together and slightly down, as if pinching a pencil between them. Do not shrug.

Doorway Chest Stretch

3 × 30-second holds, daily

Forearms on a door frame, step gently forward until a stretch is felt across the chest and front of the shoulders.