ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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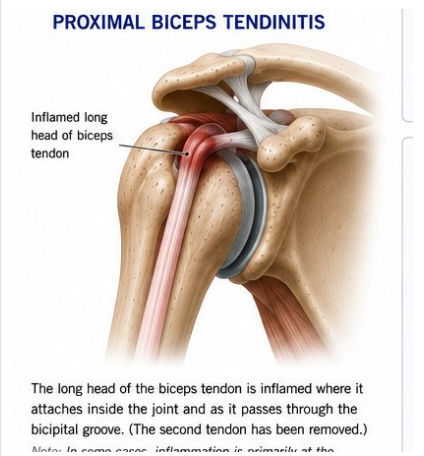
SHOULDER CONDITION

Proximal Biceps Tendon Rupture

Long Head of the Biceps Rupture — Patient Condition Guide



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

OVERVIEW

The long head of the biceps tendon runs through the shoulder joint and is a common source of pain. With chronic wear — or a sudden load — it can rupture, classically producing a sudden 'pop,' bruising, and a new bulge in the upper arm (the 'Popeye' sign) as the muscle belly drops.

SYMPTOMS

- Sudden sharp pain at the front of the shoulder, often with an audible pop
- Bruising from the shoulder into the upper arm
- A visible 'Popeye' bulge of the biceps muscle
- Cramping or aching in the biceps with activity; mild supination weakness

DIAGNOSIS

The diagnosis is usually clear on examination. Because proximal biceps ruptures frequently accompany rotator cuff pathology, Dr. Pettit may order an MRI to evaluate the cuff and labrum.

TREATMENT OPTIONS

Many proximal biceps ruptures can be managed without surgery — the arm loses little meaningful strength, and pain typically settles as the tendon quiets down. For active patients bothered by cramping, weakness with rotation, or the cosmetic deformity, biceps tenodesis (re-anchoring the tendon to the humerus) restores contour and mechanics. Any associated cuff pathology can be addressed at the same time.

RECOVERY OUTLOOK

Nonsurgical recovery is a matter of weeks. After tenodesis, lifting restrictions protect the repair for about 6 weeks, with return to full training typically around 3–4 months.

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/proximal-biceps-rupture.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.