

**Cycle 5**  
**2510 - Treatment for Biceps Tendonitis**  
**SCRIPT**

**(1)**

**RON NAVARRO, MD:**

Understanding what the biceps does, it's a powerful supinator. So patients who are moving like this a lot, relaxing that motion, maybe avoidance of some of the motions which aggravate the condition can also be curative in many patients without further need for any other involvement.

**(2)**

**DANIEL ACEVEDO, MD:**

There is some non-surgical methods of management for biceps tendonitis. One of them obviously is rest. Two is activity modification. A lot of people who develop biceps tendonitis are overusing their shoulder, particularly people at risk, perhaps people who swim, people who play tennis, people who play basketball.

**(3)**

**RON NAVARRO, MD:**

Anti-inflammatories, physical therapy, treatment regimens which avoid some repetitive motions which can cause pain. So avoiding things that may do that.

**(4)**

**DANIEL ACEVEDO, MD:**

If rest, activity modification, if therapy's not working, then people can do selective cortisone injections into the sheath of the biceps to try to cure the inflammation. So, I think there's a good number of options without surgery.

**(5)**

**RON NAVARRO, MD:**

Only twenty percent of the patients that I see need surgery for the biceps alone. In those patients, they may have a biceps irritation at the groove portion. Those patients have groove pain. That can be injected, but if that doesn't work and it looks like it's tearing with imaging, those patients may need a release of the tendon, where you just simply release it and let it go, or a biceps tenodesis, where you cut it, and then you drill a hole into the bone and push the tendon into there, lower than the groove itself.

**(6)**

**DANIEL ACEVEDO, MD:**

We either cut the biceps, that's known as a biceps tenotomy. Or sometimes we cut it and re-anchor it to another part of the bone. And that's called a biceps tenodesis. And both of those are treatments for chronic biceps tendonitis. And they work very well to alleviate the pain. People go back and return to function pretty quickly, in a few weeks or so. But yeah, if they have a rotator cuff tear that we had to fix, or they had some arthritis, it really depends on how much motion they get back, but in the majority of cases, patients who have biceps surgery get a full functional range of motion of their shoulder in all planes, get good pain relief, and go back to their normal activities.

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