

Patient Education Guide: Proximal Biceps Tendinitis

Overview

Proximal biceps tendinitis is one of the most common causes pain in the front of the shoulder. The condition involves irritation or inflammation of the long head of the biceps tendon, which runs from the upper arm into the shoulder joint. This tendon helps stabilize the shoulder and assists with lifting and rotating the arm. Overuse, repetitive lifting, or shoulder instability can lead to inflammation and pain in the front of the shoulder.

Pathology

The long head of the biceps tendon travels through a narrow groove in the upper arm bone (bicipital groove) and attaches inside the shoulder joint. Repetitive motion or strain—especially with overhead activities—can cause small tears or inflammation in the tendon sheath.

This results in anterior shoulder pain, often worsened by lifting, reaching, or rotating the arm.

Proximal biceps tendinitis can also occur alongside other shoulder issues such as rotator cuff tendinitis or labral tears.



Symptoms

- Pain in the **front of the shoulder**, often radiating down the upper arm
- Discomfort with **lifting, pulling, or overhead movement**
- Tenderness over the **bicipital groove** (front of the upper arm)
- Occasional snapping or clicking sensation with shoulder motion

Non-Operative Treatment Options

Most patients improve with a combination of rest, anti-inflammatory medications (e.g. Ibuprofen), activity modification, and guided physical therapy.

Physical Therapy

Physical therapy is the cornerstone of recovery. The goals are to reduce pain, restore mobility, and strengthen the biceps and shoulder stabilizers.

- **Eccentric Exercises:**
Eccentric strengthening helps promote tendon healing and resilience.
Example: With a light dumbbell in your hand and palm facing up, use your other hand to help lift the weight up, then **slowly lower it** down over 3–5 seconds. Repeat 10–15 times, 1–2 sets per day.
- **Stretching:**
Gentle stretches help relieve tension and maintain flexibility.
Example: Stand with your palm forward and elbow and shoulder extended behind you. Gently rotate your hand away from your until you feel a mild stretch in the front of your shoulder. Hold for 20–30 seconds and repeat 2–3 times daily.
- **Shoulder Stabilization and Posture Work:**
Exercises to strengthen the rotator cuff and scapular stabilizers can reduce stress on the biceps tendon and improve shoulder mechanics.

Steroid Injection

A **corticosteroid injection** into the bicipital groove or tendon sheath can help decrease inflammation and pain, especially if symptoms limit participation in physical therapy.
This is typically performed **as a one-time or occasional adjunct** to therapy, not as a long-term treatment.

Surgical Option

If symptoms persist after several months of non-operative treatment, surgical intervention may be considered.

Arthroscopic Biceps Tenodesis

In this minimally invasive procedure, the inflamed portion of the long head of the biceps tendon is released from its attachment inside the shoulder and reattached to the upper arm bone (humerus). This relieves tension and removes the painful portion of the tendon from the shoulder joint. Recovery typically involves a brief period of rest followed by a structured physical therapy program to restore motion and strength.

Summary

Proximal biceps tendinitis is a common and treatable cause of anterior shoulder pain. Most patients improve with consistent physical therapy emphasizing eccentric strengthening and stretching, along with a possible corticosteroid injection for pain relief. Surgery is rarely required but can provide lasting improvement for those with persistent pain or tendon degeneration.