Proximal biceps tendon lesions

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48 male with shoulder pain

- Heavy worker
- Pain from 8 month ago
- Physiotherapy for 30 session
- Corticosteroid injection one time

Physical Exam:
- ROM
- Muscle force

Special tests:
- Laxity tests
- Stability tests
- Impingement test
  - Neer, Hawkins,
- Biceps
  - O’ brien, Speed, Yergeson

What next?
X-ray: Normal

Treatment:
- NSAID
- PT
- Injection
- Arthroscopy
Arthroscopy findings:
Proximal biceps tendon

- Known source of shoulder pain
- Most proximal biceps pathologies in LH
Role of LHB in Shoulder

- **Flexor**
  - 7% of shoulder flexion

- **Depressor**
  - Weak with intact cuff

- **Stabiliser**
  - In absence of other stabilisers
  - Equal to short head of biceps

- **Throwing**
  - Active only with elbow flexion
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Biceps Pulley

Subscapularis

Supraspinatus
Pathologies of LH of Biceps

- Tendinitis
- Instabilities
- Ruptures
Biceps Tendonitis

- Common
- Co-existing cuff impingement/pathology
- Spurs and stenosis of biceps groove
Biceps Instability

Subluxation or Dislocation

Causes:
- Pulley Rupture
- Cuff Tear (subscapularis)
- Fracture malunion or nonunion
Proximal biceps ruptures

- Trauma
- Pre-existing pathology
Diagnosis

- **Physical exam**
  - Anterior shoulder pain
  - Localised Tenderness
  - Speed’s Test - 80% sensitivity
  - Yerguson’s - 50% sensitivity
  - AERS Test
Diagnosis

- Sonography
- MRI
Treatment

- Physiotherapy
- Injection
- Surgery
  - Debridement (<50% involvement)
  - Tenotomy
  - Tenodesis

Tenotomy or Tenodesis?

- Elderly
  - Sedentary
- Young
  - Active
Tenodesis
(EA or IA)
Tenodesis
(EA or IA)
Tenodesis
(EA or IA)
Summary

1. Proximal biceps lesions is common
2. Recognizing associated pathology and addressing it is key for success
3. Consider patient for biceps Tenotomy or tenodesis

Thank you for attention