

BICEPS TENDON DISLOCATION

By Dr. Boyd Williams

A biceps tendon injury may occur with a quick, forceful pressure or jerking of the forearm, such as with a checked swing in baseball or an attacking swing at a quarterback's raised passing arm. This sudden jerking motion allows tearing of the ligament which crosses over the bicipital tendon, allowing the tendon to slide out of its normal groove.

The athlete with a dislocated biceps tendon will have frontal shoulder pain with popping, clicking or catching in the shoulder. Any motion in which the arm is raised from the side and rotated out and in, such as with throwing, recreates the abnormal tendon slip and will result in a sharp pain to the area. The athlete with slight limitation of motion may feel some weakness.

Some individuals possess a shallow or irregular bicipital groove or gutter for the long head biceps tendon. The developmental abnormality predisposes the athlete to tendon instability. X-rays can be useful in evaluation this factor.

Treatment for an acute biceps tendon subluxation should include ice to the tendon area and rest, with the arm left in internal rotation, perhaps with the aid of an arm sling. After one week of rest, return to activity should be gradual, specifically avoiding those activities which produced the original injury. Chronic recurring subluxation may require surgical repair.

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