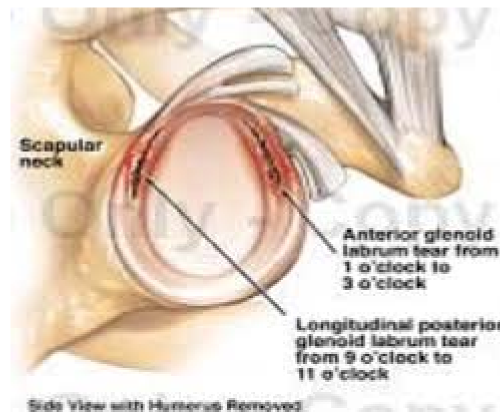
291 North Fireweed
Soldotna, AK 99669
907-262-6454
www.kenaipeninsulaortho.com

Orthopaedic Surgeon:
Henry G. Krull, M.D.

Hand and Wrist Specialist:
Edwin D. Vyhmeister, M.D.

Shoulder Labral Tear (including SLAP tear)

The labrum is a soft-cartilage structure in the shoulder joint that surrounds the socket (glenoid). The labrum helps to deepen and stabilize the socket, acts like a bumper, and is also the attachment point for the stabilizing ligaments in the shoulder that help to keep the ball in the socket. The labrum is similar to the meniscus in the knee. The upper or superior portion of the labrum also forms the attachment or insertion point for the biceps tendon; tears of this portion of the labrum are called SLAP tears (for Superior Labral, anterior to posterior). Tears of the anterior, or front of the labrum are sometimes called Bankart tears.



Symptoms:

The primary symptoms are pain and instability, or a feeling that the shoulder might "come out." Shoulder "dysfunction", a feeling that the shoulder just doesn't work right, sometimes occurs with labral tears. There may be "mechanical" symptoms such as locking or clicking. There is usually no outward sign such as swelling or deformity. Large labral tears may be associated with shoulder instability or dislocations.

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Cause:

Labral tears often occur due to injury, most often a shoulder dislocation or subluxation (near-dislocation or partial dislocation). In older adults, labral tears can occur with degeneration (aging) and often do not cause symptoms. Most labral tears are anterior (front of the shoulder), or superior (SLAP tear); posterior (back of the shoulder) labral tears can occur, but are far less common.

Diagnosis:

A careful history and physical examination will often raise suspicion for a labral tear. A history of dislocation is often present. X-rays may be obtained to evaluate for other causes of shoulder pain. Often, an MRI with contrast (dye injected into the shoulder joint) is required, and is a very sensitive test for diagnosing labral tears.

Treatment:

Labral tears, particularly when due to trauma, or when associated with shoulder instability, are usually surgical problems. Physical therapy can be helpful to improve shoulder mobility and strength prior to surgery. Rehabilitation can also help to determine which labral tears actually require surgery. Older individuals with labral tears often do not require surgery, unless they have pain, instability, or shoulder dysfunction that suggests a symptomatic labral tear. Steroid injections or PRP injections are not typically helpful in the diagnosis or management of labral tears.

Surgery:

The goal of surgery is to repair the torn labrum back down to the edge of the socket (glenoid) where it belongs. This is usually done as an outpatient, with arthroscopic surgery. Stitches are placed through the tissue, then the labrum is brought back down to bone where it belongs. The stitches are placed into bone anchors that are tapped into the bone, securing the labrum. Healing time is approximately 6-8 weeks. Typically, 6-8 weeks of postoperative rehabilitation is needed to restore mobility and strength.

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