

## **SLAP Labral Tear**

SLAP tears (Superior Labrum Anterior Posterior) are common in throwers. They also occur if sudden traction or shear force is placed on a shoulder. Common causes are falls, lifting a heavy weight and auto accidents. These tears occur at the top of the glenoid socket where the biceps tendon attaches. They cause deep, aching pain and occasional sharp pain with sleeping, lifting, reaching. They are most common in those under 40 years old. Degenerative labral lesions (not true tears) more often appear as tears on MRI in those over 50 and are not the same as a true SLAP tear.

Diagnosis is made by history, symptom patterns and exam findings. It is confirmed by a high quality MRI. However, MRI's can be misread almost 40% of the time (over or under report a tear) so clinical correlation is important.

Treatment is usually nonsurgical for 3-4 months. This consists of rehab and activity modification with an anti-inflammatory. However, if symptoms persist and limit function, then surgery is often the treatment of choice. In those under 50 years old, arthroscopic repair works well if there are not any signs of degenerative change in the shoulder. This is done with small screws (anchors) and sutures. Recovery is rapid but may take 6 months to return to sports, especially throwing. In those over 50 or anyone with significant degenerative wear, the tear is often debrided (cleaned). In addition, the biceps tendon may need to be detached (tenotomy) and even moved (tenodesis). This alleviates pain and restores function. Repair of a degenerative tear can lead to a stiff painful shoulder so proper diagnosis is crucial.

In general, these do very well and lead to full recovery with return to sports and all activity. TOCA has several physicians who can discuss your shoulder problem and determine the proper diagnosis and provide you with various treatment options.