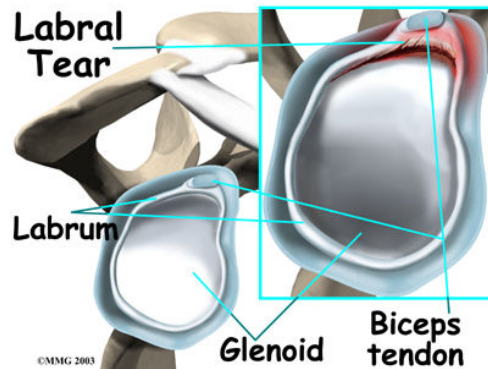


SLAP Lesion injury to the shoulder

Anatomy

The shoulder joint is very complex and highly unstable. Consider the shoulder as a ball and socket joint where the ball is three times larger than the socket. The socket is surrounded by a firm and rubbery material known as the labrum. The labrum offers greater contact between the socket and the ball thus increasing the stability of the shoulder joint. The labrum also serves as an attachment point to joint ligaments, capsule and the biceps tendon.



Injury

The most common mechanisms of injury to the glenoid labrum are repetitive overhead throwing activities, an excessive forceful pulling stress (e.g. a person may suddenly grab a falling heavy object or have their arm pulled forcefully) or a compressive force applied to the shoulder joint (e.g. a fall on the outstretched hand).

Injury to the labrum can also be as a result of degeneration to the joint from past instability and longstanding rotator cuff problems that have not been properly addressed.

Labral injuries are divided into;

SLAP lesions - the tear is located in the top portion of the labrum at the front of the biceps tendon to the back of the joint socket.

Non-SLAP lesions - the tear tends to be unstable and degenerative in nature.

Signs and Symptoms

- Poorly localized pain in and around the shoulder exacerbated with overhead and twisting tasks.
- “Popping”, “clicking” or catching sensation with overhead and twisting tasks.
- Painful shoulder with heavy lifting and biceps contraction.

Diagnosis

SLAP lesions are difficult to diagnose by physical exam since the tests utilized are only somewhat accurate. MRI is sometimes not very accurate, but to enhance the ability to detect a tear with MRI, a dye can be injected into the shoulder prior to the MRI. This is called a MRI arthrogram. However the most accurate diagnostic tool for a SLAP lesion is arthroscopy.

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Management

Most patients with a suspected labral injury should undergo a period of conservative management prior to surgical intervention.

Physiotherapy will consist of;

- Early Pain reduction with relative rest, ice, anti-inflammatory medication and electrotherapeutic modalities as needed.
- Gentle joint mobilizations and range of motion exercises outside the painful range to regain joint mobility.
- Strengthening/stability exercises to create simultaneous activation of shoulder musculature and optimal shoulder blade function
- Return to sport and plyometric training

Surgery and postoperative rehabilitation

Conservative management of an unstable SLAP lesion is often unsuccessful. The surgical treatment of a SLAP lesion involves repair of the torn labrum with sutures down to the bone where it has been partially torn. This is often performed arthroscopically.

The postoperative rehabilitation involves some form of protected range of motion for 3 weeks. By 6 weeks after surgery, you should be nearing full range of motion. Light strengthening can begin at 3 weeks after surgery and return to sports should occur around 4 months after surgery. For athletes involved in throwing sports, this will often be closer to 6 months.

References

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Understanding SLAP lesions, Sports medicine connection (Spring Issue)

Image taken from;

http://www.eorthopod.com/images/ContentImages/shoulder/biceps_tendonitis/shoulder_biceps_tendonitis_causes03.jpg

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