

## ***SLAP LESIONS***

### **DESCRIPTION**

The socket of the shoulder (glenoid) has a cartilage rim that lines the periphery of the glenoid, called the labrum. The labrum serves as the attachment site of the shoulder capsule, ligaments and the long head of the biceps tendon to the glenoid (one of the two upper biceps tendon attachments). The upper cartilage rim (superior labrum) is where the biceps tendon attaches. Injury to the superior labrum is called a SLAP lesion, which stands for Superior Labrum, Anterior to Posterior (front to back). This injury may be degeneration, a tear of the labrum, and/or a pulling of the labrum off the glenoid with or without the biceps tendon attachment being pulled off or torn. This is an uncommon source of shoulder pain. The labrum is important in shoulder stability.

### **FREQUENT SIGNS AND SYMPTOMS**

- Pain in the shoulder, worse with overhead activities and especially with follow through (after ball release)
- Usually no pain at rest
- Intermittent locking, clicking or snapping of the shoulder, often associated with pain
- Weakness reaching overhead
- Loss of velocity when trying to throw
- Feeling of shoulder wanting to dislocate
- Pain, tenderness and weakness in the front of the shoulder with attempted elbow bending or rotation of the wrist, such as with using a screwdriver.
- Crepitation (a crackling sound) when the biceps tendon or shoulder is moved or touched

### **CAUSES**

- Repetitive throwing motion
- Fall onto the outstretched arm
- Pulling of the arm
- Sudden force applied to the biceps while contracted
- Direct blow to the shoulder with the arm in a throwing position

### **RISK INCREASES WITH**

- Contact sports
- Overhead sports (baseball, tennis and volleyball)
- History of shoulder dislocation or subluxation
- Rotator cuff tear
- Poor physical conditioning (strength/flexibility)
- Inadequate warm-up prior to practice or play

### **EXPECTED OUTCOME**

Symptoms may resolve with conservative treatment and resting the affected area. Often surgery is necessary.

## **POSSIBLE COMPLICATIONS**

- Healing time will be prolonged if not appropriately treated or if not given adequate time to heal
- Recurrence of symptoms, especially if return to activity is too soon.
- Weakness of elbow bending and forearm rotation
- Prolonged disability (uncommon)
- Risks of surgery including infection, bleeding, injury to nerves, shoulder stiffness, shoulder and elbow weakness, inability to repair the labral tear, re-tearing of the labral when repaired, rupture of the biceps tendon

## **GENERAL TREATMENT CONSIDERATIONS**

Initial treatment consists of medication and ice to relieve the pain, stretching and strengthening exercises and modifying the activity which initially cause the problem to occur. These all can be carried out at home, though referral to a physical therapist or athletic trainer may be recommended. Often pain will persist, especially in throwers. Surgery is recommended if symptoms persist despite non-operative treatment. Surgery is performed arthroscopically to debride (clean and remove torn pieces / fragments) or reattach the labrum back to the glenoid. Reattachment may be performed with tacks and/or sutures (thread). If repair is undertaken, immobilization is usually recommended after surgery to allow the labrum to heal to the glenoid. Some surgeons will cut the biceps tendon as a treatment for SLAP lesions (Dr. Safran does not usually recommend this). After surgery and immobilization, physical therapy may be recommended to regain shoulder motion and strength.

## **MEDICATION**

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take if surgery planned in 7 days or less), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact him/her immediately if any bleeding, stomach upset or an allergic reaction occurs.
- Pain relievers may be prescribed as necessary by your physician, often only after surgery. Use only as directed.

## **NOTIFY OUR OFFICE IF**

- Symptoms get worse or do not improve in 4-6 weeks despite treatment
- Any of the following occur after surgery:
  - Increased pain, swelling, redness, drainage or bleeding in the surgical area.
  - Pain, numbness, or coldness in the hand
  - Blue, gray or dusky color in the fingernails
  - Signs of infection (headache, muscle aches, dizziness, or a general ill feeling with fever)
- New, unexplained symptoms develop. Drugs used in treatment may produce side-effects.