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SHOULDER LABRAL TEARS

The labrum is a cartilage, rubbery in consistency, and firmly attached circumferentially around the glenoid socket of the shoulder joint. Variations of the labrum exist in 20-30% of the population and these can be misinterpreted by radiologists and surgeons as a tear, when in fact, it is a normal variant. Repairing a variant as a tear may lead to pain and stiffness. Generally, labral tears typically do not heal and need to be repaired if symptomatic. Some can become symptom free despite not healing.

The labrum is torn typically in 1 or more of 3 places :

1. **SLAP** (**S**uperior **L**abrum **A**nterior **P**osterior):
   -TOP (10 to 2 on a clock face) of the socket where the long head of the biceps attaches.
   - Throwing injury, traction/jerking, weight–lifting and auto-accidents.
   -Symptoms: catching, popping, pain in the front of shoulder
   -Degenerative SLAP tears common with age and do not need repair (>50 yo) and is often incidental finding but read as a "TEAR"
   -May only be intermittently symptomatic
   -Usually repaired in patient < 40 after 3 months of conservative treatment, if it remains painful and limits activity
   -Symptomatic degenerative tears are best treated with biceps tenotomy or tenodesis
2. **BANKART TEAR:**
   -ANTERIOR-INFERIOR (3 to 6 on a clock for a right shoulder
   -Fall on outstretched arm or dislocation from sports/fall
   -Significant tears come from a memorable event whereas degenerative tears occur as a result of aging
   -Well tolerated without repair in most (not all) over 40.
   -Most common reason to repair is recurrent instability partial or complete dislocations, not pain
   -Repair early in those under 25 yo (after 1 dislocation event).

3. **POSTERIOR LABRAL TEAR:**
   -Same as Bankart but in the BACK of the shoulder (11 to 6 for a right shoulder).
   -Common in football linemen, seizures, fall with arm in front or across body or any force pushing shoulder (bench press) out backwards.
   -Similar symptoms as #2 but usually more pain and less issues of recurrent instability.
   - Requires repair in active people but can be well tolerated in those less active.
   -Most common area for degenerative lesions that are frequently associated with early arthritis and often misinterpreted as a traumatic tear on MRI.
   -Degenerative tears should be debrided (trimmed) and not repaired if painful
4. **COMBINATION TEARS**:
   -Any mix of 1 or more of the above which complicates the surgery and the recovery
   -Usually occurs when repair has been delayed or severe trauma occurs

Except for anterior tears in those younger than 25 after a dislocation OR competitive athletes with season timing concerns, all tears can be treated with a trial of rehab and anti-inflammatory medicine for 2-3 months. If symptoms persist (e.g. pain, instability, limits of activity, etc) then repair should be considered. Surgery is outpatient and typically takes 30-45 minutes. Recovery is progressive but takes 4-6 months to return to sports and depends on pre-op strength, conditioning, activity desires, and patient motivation. In some, it can take as long as 1 year to return to sports.

Rehab is challenging and compliance is required for full recovery. Formal PT lasts 3 months in non-athletes and 6 months in athletes. Thereafter, home rehab is reasonable until fully healed and muscle coordination etc returns (6-12 months). For those that are not conditioned BEFORE the injury, recovery is even longer. Pain is not an indicator of healing so many feel better quickly but go back to high-risk activity too soon resulting in failure of the repair and need for revision.

The repair and rehab techniques I use are state-of-the-art and maximize healing and minimize down time. However, we cannot control biology and thus, patient cooperation is critical for success.

I appreciate the opportunity and my team and I to help you recover and return to the lifestyle you enjoy. Please check our website for more information.