Cheatography

Glenoid Labrum Tears Cheat Sheet

by Jenna Ingola (jennaingola) via cheatography.com/165615/cs/35960/

Pathophysiology

Fibrocartilage of the shoulder joint, anchoring the joint capsule and shoulder ligaments

Often by single trauma, or repeated microtrauma

Plays a role in proprioception, aiding muscular control, and acts as a washer, spreading loads equally over the interface

Labrum is the primary attachment site for the shoulder capsule and glenohumeral lig

Epidemiology

From 35, the superior labrum is less firmly attached to the glenoid than people under 30

30-50: more chances of tears/defects in the superior and anterior-superior regions of the labrum

60 or older: circumferential lesions

Common in volleyball, tennis, handball, and overhead activities

Types

SLAP	Superior labrum, four different types, stable or unstable
Non-SLAP	Degenerative, flap, and vertical labral tears and unstable lesions (ex. Bankart - anteriorly)
Hill-Sachs lesion	Impression fracture on the posterior humeral head (not technically a labral tear but may be in conjunction with Bankart lesion)

MOI

SLAP	repetitive throwing (pulls the biceps tendon), hyperextension, fall on outstretched arm, heavy lifting, direct trauma
Bankart lesion	repeated anterior shoulder subluxations

Prognosis

If conservative treatment successful, young athlete can expect full return to sport within 3-6 months

Subjective Markers

Persistent deep seated shoulder pain

Painful clicking, catching and grinding

Sense of instability and distrust in the shoulder

Pain localized to the posterior or posterior-superior joint line (especially in abduction)

Objective Assessment

Observation	?Shoulder dislocation
Palpation	Tenderness over anterior aspect of shoulder
AROM/PROM	Pain on resisted biceps contraction
Strength	No loss in strength, just pain
Functional	Throwing overhead (reproducing pain)

Types of SLAP lesion

Type I	Attachment of the labrum to the glenoid is intact but there is evidence of fraying and degeneration
Type II	Lesions involve detachment of the superior labrum and tendon of the long head of biceps from the glenoid rim
Type III	The meniscoid superior labrum is torn away and displaced into the joint but the tendon and its labral rim attachment are intact
Type IV	The tear of the superior labrum extends into the tendon, part of which is displaced into the joint along with the superior labrum

Rehab

Conservative management usually unsuccessful in all but the most minor SLAP lesions in younger sports people

Bankart treated with arthroscopic fixation

>50 surgical repair of SLAP lesion does not yield additional benefit over conservative treatment and therefore should be avoided

Physio: focuses on scapular stabilization exercises and stretching program for the posterior capsule

With compressive injury - caution with weight-bearing exercises

With traction injuries - heavy weights should be avoided

Goals: restore ROM, neuromuscular control, dynamic stability, and proprioception, full strength and endurance

First step of conservative: abstain from aggravating activities to provide relief to pain and inflammation, NSAIDs or corticosteroid injections

Regaining GIRD is crucial, may be by stretching

Special Tests

Biceps load test II (specific)

O'Brien test (sensitive)

Anterior apprehension test (sensitive)

Speeds Test (specific)

Yergason's test (specific)

Compression rotation test (sensitive)

Dynamic labral shear test

Imaging

MRI arthrography - high degree of reliability

Common shoulder rehab

- forward flexion in a side lying position
- prone extension
- seated rowing
- serratus punch (protraction with elbow extended)
- knee push-up plus
- forward flexion in external rotation and forearm supination
- full can (elevation in the scapular plane in ER)

By **Jenna Ingola** (jennaingola)

cheatography.com/jennaingola/

Not published yet.
Last updated 8th December, 2022.