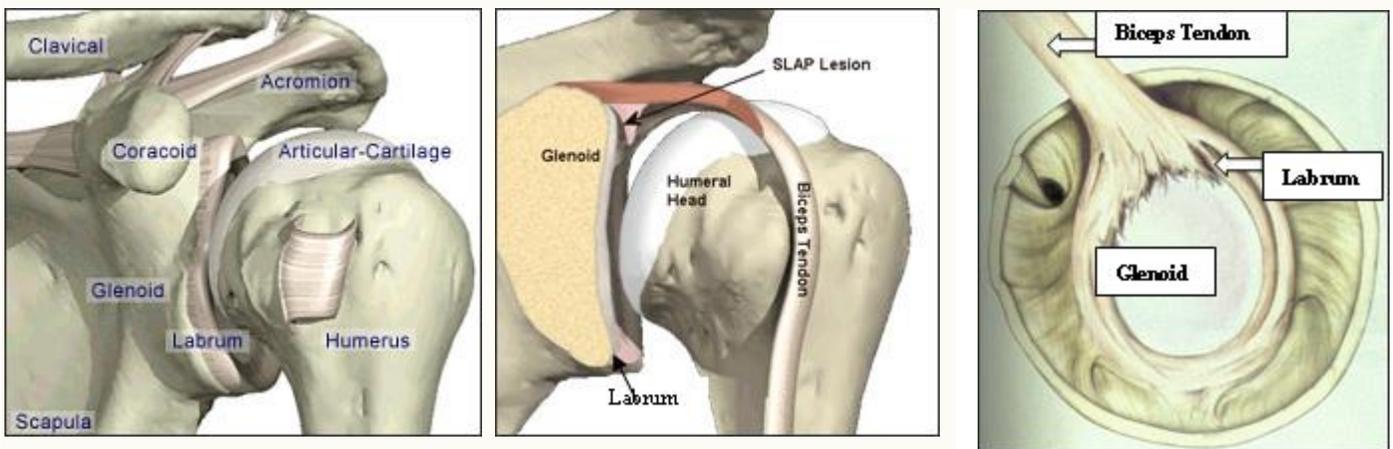


SLAP Lesion (Superior Labrum Anterior-Posterior)

A SLAP (Superior Labrum Anterior-Posterior) lesion is a term used to describe an injury to the cartilage (the labrum) that covers the top part of the shoulder socket (glenoid) and may include an injury to the biceps tendon anchor. The labrum is a lip like piece of cartilage that deepens the socket of the shoulder joint and functions to help stabilize the shoulder. The labrum is divided into superior, inferior, anterior, and posterior parts. The superior labrum anchors the long head of the biceps tendon.



Causes of a SLAP Lesion:

The two most common mechanisms of injury in patients who have SLAP lesions are traction and compression.

Examples of Traction injuries:

- Sudden pull downward when one loses hold of a heavy object
- Pull of the arm in an upward direction when grabbing an overhead object in attempt to stop a fall from a height
- Forward pull of the arm (anteriorly) can occur when water skiing
- Overhead throwing and hitting athletes such as baseball and volleyball players

Examples of Compression injuries:

- Fall onto outstretched arm
- Direct blow to shoulder

Some people who have SLAP lesions have no history of trauma or previous injury. Many people also have underlying rotator cuff problems or instability in their shoulder.

Symptoms:

A typical course of non-operative care lasts a minimum of three months.

- Pain with overhead activities such as throwing or hitting
- Pain in the posterior/lateral shoulder
- Mechanical symptoms of catching, locking, popping, or grinding
- Pain while lying on the shoulder
- Decreased ROM
- Loss of strength

Initial Treatment:

A non-surgical program of physical therapy to strengthen the rotator cuff muscles and help stabilize the shoulder works well. Overhead athletes may later progress to sport specific training including the evaluation of their throwing and hitting mechanics. During this time patients should avoid activities that cause pain. In general, it is good to try and avoid repetitive use above the shoulder and try to work with the arms and elbows close to the body and below shoulder level. Anecdotal evidence has shown the majority of patients with isolated SLAP lesions respond to non-operative treatment. A typical course of non-operative care lasts a minimum of three months.

Surgical intervention is indicated in some patients after they have failed to improve with non-surgical treatment. Again surgery is not indicated for everyone who has a SLAP lesion. Depending on the type of SLAP lesion, age of patient, and activity level the patient is attempting to return to, it may or may not be beneficial to repair the SLAP lesion. Even after a surgical repair, an overhead throwing athlete may have a difficult time throwing at the same level they did prior to injury. This surgical procedure is generally done arthroscopically through three small (approximately one centimeter) incisions. If repaired, the patient is required to remain in a sling for four weeks after surgery and will progress into a physical therapy program. Athletes should not expect to return to their sports for 6-8 months after surgery.