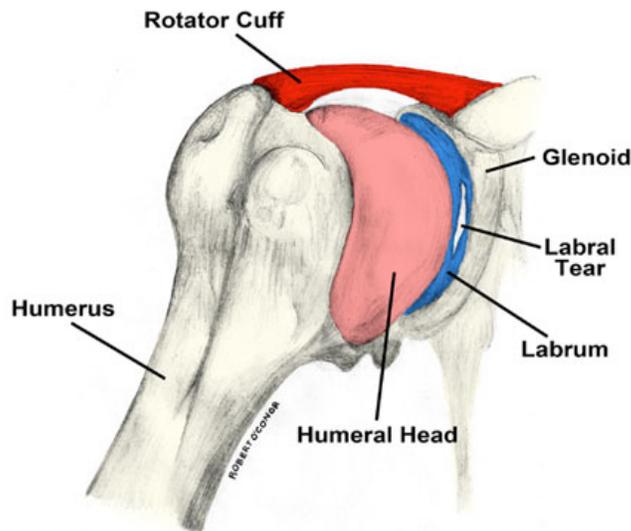




Glenoid Labrum Tear

Background:

The shoulder is composed of three bones: the arm bone (humerus), the shoulder blade (scapula), and the collarbone (clavicle). The head of the humerus sits in a very shallow socket on the scapula (the glenoid fossa). In order to deepen the socket and create more stability at the joint a fibrous tissue, called the glenoid labrum, further connects the scapula to the humerus. The glenoid labrum can tear in different areas and each of these tears are given names based on the location of the tear.



Cause:

Since the congruency of the socket is so tight any excess motion at the joint will cause injury. Injuring the glenoid labrum can be due to trauma or repetitive shoulder movements. Dislocation of the shoulder is a common method of sustaining a glenoid labrum tear. The motion of the head of the humerus moving out of the glenoid fossa stretches the labrum and can possibly tear it. Some motions that can cause this to occur are: falling on the tip of the shoulder, falling on an outstretched hand, or a sudden jerking motion. Overhead athletes such as baseball, volleyball, and weightlifters have a greater chance of tearing their glenoid labrum because of repetitive shoulder movements.

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Symptoms:

Many of the symptoms that are seen with a glenoid labrum tear are similar to other shoulder injuries. Pain will be experienced with daily and overhead activities, strength and range of motion will be diminished, instability might be felt, and there could be noticeable popping and clicking in the joint.

Examination:

Upon examination the doctor will take a detailed history of the athlete comprised of how the shoulder was injured, when it was injured, and what movements make the shoulder hurt. In addition to the history the doctor will also do a number of tests to check the strength, range of motion, and stability of the injured shoulder. Based on the initial examination the doctor may request a number of different diagnostic tests to view the boney and soft tissue anatomy to see if there is any damage. From the findings on the diagnostic imaging the doctor will be able to confirm their diagnosis.

Treatment:

Conservative treatment is always favored when dealing with labral tears, it is preferred if surgery can be avoided. Anti-inflammatory medications will be prescribed along with physical therapy to focus on strengthening the rotator cuff muscles. If the conservative treatments are not making a positive difference then an arthroscopic surgery to repair the labrum will be the next option. Depending on the type of tear the surgeon may go into the shoulder with the goal of removing the damaged flap of the glenoid labrum or with the goal of reattaching the torn portion of the labrum back onto the bone. This will tighten the connection between the articulating bones.

Athlete Recovery:

Recovery for this injury is taken slowly and the progression is very gradual. With conservative treatment, as stated earlier, the goal is to strengthen the rotator cuff muscles in hopes to tighten the loosened articulation. The conservative treatment, if beneficial, will take around 4-6 weeks before full return to play may occur.

With surgical treatment, the athlete will be placed in a sling immediately after surgery and they will stay in it for up to 4 weeks. Physical therapy to strengthen the musculature and increase range of motion will be used till the athlete is ready to perform again. The athlete should expect to be out of play for 3-4 months before their shoulder is healed enough to begin playing their sport.

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Prevention:

There are very few things that can be done in order to prevent glenoid labrum tears. The main prevention for this injury is to have the athlete stay cognizant of how they are using their shoulder. Maintaining proper form when throwing and exercising as well as avoiding any trauma to the shoulder area during activity are two of the best ways to keep a healthy shoulder. Incorporating strengthening and stretching exercises for the shoulder can be beneficial.

Athletes At Risk:

The main athletes at risk for glenoid labrum injuries are overhead athletes and athletes that have a higher chance of falling on their shoulders. Baseball, Football, Rugby, Tennis, Golf, Wrestling, and Weightlifting are all sports that have been seen to have a higher prevalence of glenoid labrum injury. It is important that these athletes understand the prevention measures.

Professional Athletes With Glenoid Labrum Tears:

Mark Sanchez (NFL), Dwight Howard (NBA), Jameer Nelson (NBA), Hope Solo (WUSA), Drew Brees (NFL)

Relevant Articles:

Why The Torn Labrum Is Baseball's Most Fearsome Injury

http://www.slate.com/articles/sports/sports_nut/2004/05/labrum_it_nearly_killed_him.html

Much Riding on Hope Solo's Shoulders

<http://www.insidemnsoccer.com/2011/07/13/much-is-riding-on-hope-solos-shoulders/>

Academic Journal Articles:

Superior Labral Lesions: Diagnosis and Management

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1323391/pdf/jathtrain00003-0056.pdf>

Arthroscopic Isolated Posterior Labral Repair In Rugby Players

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2895298/>

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