

**Shoulder SLAP Tears
Common Questions
Dr. Stetson**

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Common Questions



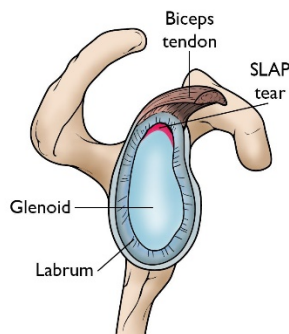
**More information can be found on
Dr. Stetson's website at www.sportsmedicinedr.com**

Dr. Stetson has studied and written extensively on the treatment of SLAP lesions. Below is a link to one of his recent publications in *the Journal of Arthroscopy and Related Techniques* entitled, "Arthroscopic Repair of Type II SLAP Lesions in Overhead Athletes."

<https://doi.org/10.1016/j.eats.2019.03.013>

What is a SLAP tear?

The term SLAP tear refers to a tear of the superior labrum of the shoulder. The labrum is a piece of fibrous tissue made of cartilage, called fibrocartilage, which surrounds the glenoid or the socket of the shoulder. It forms a rim like structure which aids in stabilizing the shoulder joint and provides an attachment for the ligaments of the shoulder.



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What causes a SLAP tear?

A SLAP tear can be caused by many different ways. The most common cause is a fall or some other sort of injury to the shoulder. Some patients fall landing directly on their shoulder or others fall on their outstretched hand. Another cause of SLAP tears is repetitive overhead activities seen in tennis players, baseball players, volleyball players or other overhead athletes. Some patients can recall a specific injury while others cannot.



What is the most common complaint of SLAP tears?

The most common complaint is pain. In addition, over half the patients with SLAP tears will also complain of painful clicking and popping. SLAP tears are often seen with in combination with other shoulder problems which makes it difficult to diagnose.

How is a SLAP tear diagnosed?

With any shoulder problem, the first step in diagnosing a SLAP tear is to get a complete history and physical examination from a qualified shoulder surgeon. X-rays are also taken and if the symptoms warrant, an MRI is also done. A regular MRI may not show a SLAP tear and so often times an MRI with a dye injected into the shoulder, a so called MR arthrogram, is ordered. This is able to detect a SLAP tear better than just a normal MRI.



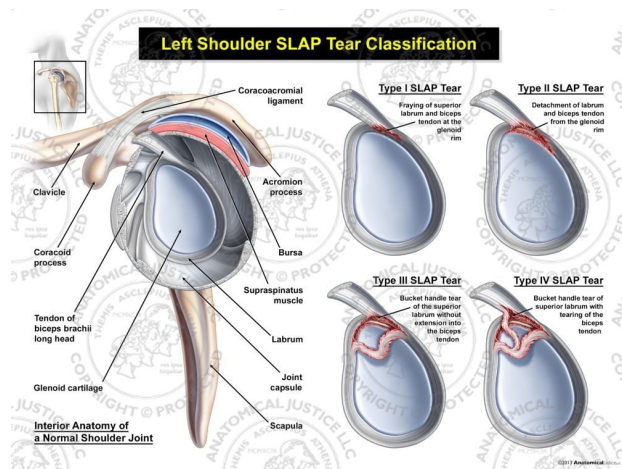
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Are there different types of SLAP tears?

Yes, there are four different types of SLAP tears that were originally described by Dr. Steve Snyder. The most common type is type II where the superior labrum is detached the glenoid right in the area where the biceps tendon is also attached to the labrum. If you think of a clock, this at the top of the shoulder or in the twelve o'clock position.

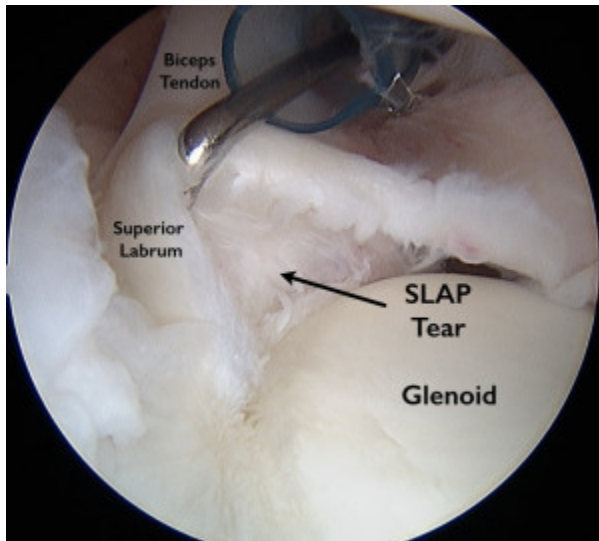


Above is type III SLAP tear.

How is a SLAP tear treated?

SLAP tears are difficult to diagnose and are often seen with other shoulder problems such as bursitis and rotator cuff tears. Although bursitis and even rotator cuff tendonitis often responds to physical therapy and a cortisone injection, SLAP tears do not. They typically need to be repaired with surgery. This can be done using advanced arthroscopic techniques requiring only two or three small incisions, each less than a half inch in size. It is done as an out-patient surgery, meaning you go home the same day. It does require physical therapy for about six weeks after the surgery and most patients are able to return to their activities about three months following the surgery.

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Will I need physical therapy after surgery for a SLAP tear?

Yes, physical therapy is very important following shoulder surgery for a SLAP tear. The physical therapist will first work on regaining the range of motion of the shoulder in the first four to six weeks after surgery. Once the majority of the range of motion returns, then strengthening is started followed by sport specific exercises. Most patients will do physical therapy twice per week for the first twelve weeks after surgery then graduate to a home program.



Does Dr. Stetson specialize in this sort of surgery?

Yes, Dr. Stetson is fellowship trained in this sort of shoulder surgery, meaning he spent one additional year of surgical training to learn these specialized techniques. He was fortunate enough to study under Dr. Steven Snyder of the Southern California Orthopaedic Institute (SCOI) who

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coined the term SLAP lesion. Dr. Stetson has also done research and written papers on SLAP lesions. Below is a link he recently wrote on the treatment of overhead athletes with SLAP tears.

<https://doi.org/10.1016/j.eats.2019.03.013>

What if I have any other questions?

If you have any other questions, more information can be found on Dr. Stetson's website at www.sportsmedicinedr.com or just call Dr. Stetson's office, we are always happy to answer any questions you may have.

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