Kalyani's Knee & Shoulder Clinic

कल्याणी घुटना एवम कंधा क्लिनिक

SLAP Tear

Shoulder Injury

Patient Awareness | Shoulder Function & Sports Injury Care

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What is a SLAP tear? A SLAP tear is an injury of the superior labrum from anterior to posterior, the top part of the shoulder socket where the long head of the biceps tendon attaches. It can cause deep shoulder pain, clicking, loss of power and difficulty with overhead activity, throwing, gym work and daily tasks.

Shoulder preservation focus: The labrum and biceps anchor help shoulder control. Early diagnosis, correction of contributing pathology and the right treatment can preserve shoulder function, prevent persistent pain and reduce avoidable stiffness, weakness or recurrent symptoms.

Population group affected

- Overhead and throwing athletes: cricket fast bowlers, throwers, badminton, tennis and volleyball players.
- Gym users and weightlifters with repetitive overhead pressing, jerking or traction load.
- Manual workers with repeated lifting, pulling or overhead work.
- Younger active patients after a fall, traction injury or shoulder dislocation.
- Middle-aged patients may have SLAP symptoms along with biceps tendinopathy, rotator cuff disease or stiffness.

Contributing pathology

- Superior labrum-biceps anchor injury at the top of the glenoid socket.
- Biceps tendon inflammation or instability contributing to pain in the front/deep shoulder.
- Internal impingement or peel-back mechanism in overhead athletes.
- Shoulder instability, Bankart/labral extension or capsular laxity in selected cases.
- Associated rotator cuff tendinopathy, AC joint pain, stiffness or scapular dyskinesis may coexist.

Common symptoms

- Deep shoulder pain, often felt during overhead or cross-body activity.
- Clicking, catching, popping or painful clunk inside the shoulder.
- Pain while throwing, bowling, serving, lifting weights or doing push/pull activity.
- Reduced power, reduced throwing speed or loss of confidence in the shoulder.
- Pain at night or pain with sudden traction/pulling may occur.
- Symptoms can be vague and may overlap with rotator cuff or biceps problems.

Examination and diagnosis

History: injury mechanism, overhead sport, throwing phase pain, clicking, instability, work demand and previous dislocation are reviewed.

Inspection: posture, scapular movement, muscle wasting, shoulder height and painful guarding are assessed.

Range of motion: active and passive shoulder movement are compared; stiffness and internal rotation deficit are checked.

Provocative tests: O'Brien/active compression, crank, biceps load, Speed/Yergason and apprehension tests may be used, but no single test is perfect.

Associated problems: rotator cuff strength, biceps groove tenderness, AC joint, instability and neck screening are important.

Imaging: X-rays rule out bone problems; MRI or MR arthrogram helps assess labrum, biceps anchor, cuff and associated pathology.

Technical details

Tear pattern: SLAP tears are classically classified into types I-IV and variants; treatment depends on symptoms, age, activity and tissue quality.

Biceps anchor: pain may arise from the labral tear, the biceps tendon, or both.

Arthroscopic assessment: keyhole surgery allows direct visualisation of the superior labrum, biceps, rotator cuff and cartilage.

Decision-making: repair is more often considered in younger overhead athletes with a repairable unstable biceps anchor; tenodesis is often preferred in older patients or when biceps tissue is painful/degenerative.

SLAP Tear Shoulder - Treatment, Surgical Details and Recovery

Non-surgical / rehabilitation-based care

- Activity modification: reduce painful overhead lifting, throwing, jerking or traction activity temporarily.
- Pain control with medicines, ice/heat and lifestyle/workload modification as advised.
- Physiotherapy to restore range of motion, scapular control, posterior capsule flexibility and rotator cuff strength.
- Throwing/gym technique correction and gradual return-to-sport loading plan.
- Injection may be considered in selected patients to reduce pain and allow rehabilitation.
- Best suited for mild/degenerative symptoms, low-demand patients or patients improving with physiotherapy.

Surgical treatment

- Considered when symptoms persist despite rehabilitation, or in traumatic/unstable tears in active patients.
- Usually performed arthroscopically through small keyhole portals.
- Associated biceps, rotator cuff, instability, stiffness or AC joint problems may be treated at the same sitting when indicated.
- Surgical choice is individualised: SLAP repair, biceps tenodesis, debridement or combined procedures.
- Return to work/sport depends on healing, strength recovery, movement quality and surgeon/physio clearance.

SLAP repair versus biceps tenodesis

Option	What is done	Usually considered when
SLAP repair	The torn superior labrum and biceps anchor are reattached to bone using suture anchors.	Younger patients, overhead athletes, acute traumatic unstable SLAP tear and good tissue quality.
Biceps tenodesis	The painful biceps tendon is released from the labrum and fixed to the humerus outside/near the joint.	Older patients, degenerative SLAP tear, biceps tendinopathy, revision cases or non-throwing high-demand patients.
Debridement / smoothing	Frayed unstable tissue is trimmed without repairing the biceps anchor.	Stable fraying or small degenerative tears without major instability.
Combined treatment	SLAP/biceps procedure plus cuff repair, instability repair or capsular treatment if needed.	Associated rotator cuff tear, recurrent instability, stiffness or other structural pathology.

Rehabilitation and return to activity: key milestones

Phase	Main goals	Progression depends on
Early phase	Pain control, sling/protection if operated, safe passive/assisted motion.	Procedure type, pain, stiffness and surgeon protocol.
Motion phase	Regain range of motion, scapular control and avoid stiffness.	Healing, symptoms and movement quality.
Strength phase	Rotator cuff, deltoid, scapular and core strengthening.	Strength symmetry and absence of pain flare.
Return phase	Throwing, gym or work-specific progression with technique correction.	Functional testing and surgeon/physio clearance.

How treatment helps shoulder function

The aim of SLAP care is to reduce pain, restore biceps-labrum function or remove the painful biceps traction source, correct scapular and rotator cuff mechanics, and help the patient return safely to daily activity, work, gym or sport. Treatment choice should be personalised rather than based only on the MRI report.

Patient pattern	Common approach	Goal
Overhead athlete, acute unstable tear	Rehabilitation first if possible; repair considered if persistent/unstable.	Restore throwing/overhead control.
Degenerative SLAP + biceps pain	Physiotherapy, injection in selected cases; tenodesis if persistent.	Pain relief and durable shoulder function.
SLAP + rotator cuff problem	Treat cuff/biceps/labrum together according to main pain generator.	Reduce pain and improve strength.
Instability-associated labral tear	Stability-focused repair plan may be needed.	Prevent recurrent slipping/giving way.

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For SLAP tear, shoulder pain, sports injury, arthroscopy, biceps surgery and rehabilitation guidance

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