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Restoring Function. Maximizing Performance.

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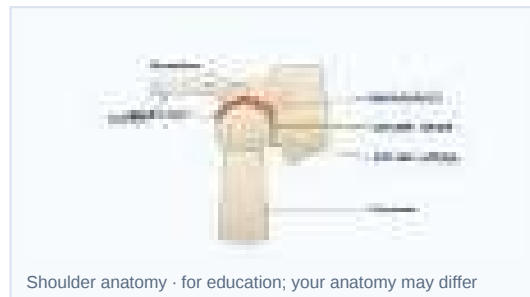
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SHOULDER CONDITION

Labral Tear

Shoulder Labral Injury — Patient Condition Guide



Shoulder anatomy · for education; your anatomy may differ

OVERVIEW

The labrum is a ring of cartilage that deepens the shoulder socket and anchors key ligaments and the biceps tendon. Tears can occur from a traumatic dislocation, repetitive overhead motion (as in throwing or swimming athletes), or gradual wear.

ANATOMY

The labrum rims the glenoid (socket) and blends with the shoulder capsule and biceps tendon origin. Tears are described by location — anterior (Bankart), posterior, or superior (SLAP) — which influences symptoms and treatment.

SYMPTOMS

- Deep shoulder pain, often with overhead activity
- Catching, clicking, or a sense of instability
- Pain with specific positions, such as throwing motion
- Weakness or discomfort lifting objects away from the body

DIAGNOSIS

Exam includes provocative tests targeting the specific labral region suspected. MRI, often with contrast (MR arthrogram), is the primary imaging tool for confirming and characterizing a labral tear.

TREATMENT OPTIONS

Many labral tears, particularly SLAP tears without instability, improve with physical therapy focused on strengthening and mechanics. Tears causing instability or persistent symptoms despite therapy are treated with arthroscopic labral repair.

RECOVERY TIMELINE

- Weeks 0–6: sling immobilization with passive motion
- Weeks 6–12: active motion progression

- Months 3–5: strengthening
- Months 5–6+: return to throwing or overhead sport with a structured progression

FAQS

Q Do all labral tears need surgery?

No — many respond well to a structured physical therapy program, especially tears without associated instability.

Q What is a SLAP tear?

A SLAP tear involves the top (superior) portion of the labrum where the biceps tendon attaches, common in throwing athletes.



SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/labral-tear.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.