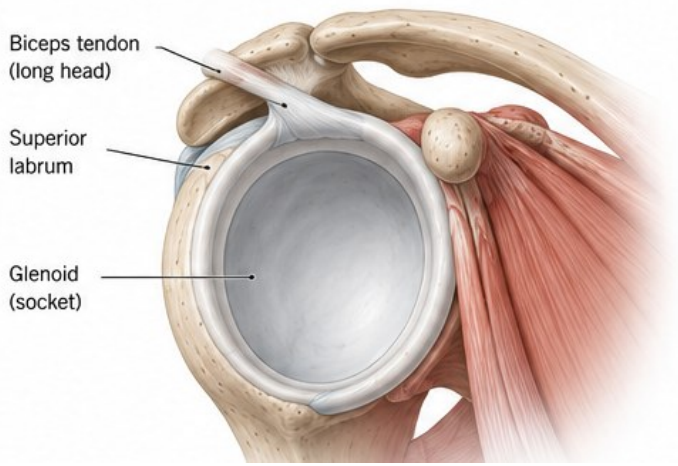


SHOULDER CONDITION

SLAP Tear

Superior Labrum Anterior-Posterior Tear — Patient Condition Guide



Biceps tendon
(long head)

Superior
labrum

Glenoid
(socket)

The superior labrum and biceps anchor — for education; your anatomy may differ

OVERVIEW

A SLAP tear is a tear of the superior (top) part of the labrum — the rim of cartilage that deepens the shoulder socket — at the point where the biceps tendon anchors. SLAP stands for Superior Labrum Anterior to Posterior. It is common in overhead and throwing athletes, after a fall on an outstretched arm, or from repetitive overhead use, and can also develop with age.

ANATOMY

The labrum is a ring of cartilage around the shoulder socket (glenoid) that deepens it and helps keep the ball centered. The superior labrum is where the long head of the biceps tendon attaches. A SLAP tear disrupts this biceps anchor, which is why symptoms often involve both the shoulder and the biceps.

SYMPTOMS

- Deep shoulder pain, often with overhead or throwing motions
- A catching, locking, or popping sensation
- Loss of throwing velocity or 'dead arm' in athletes
- Pain with lifting or reaching overhead
- A sense of weakness or instability

DIAGNOSIS

Dr. Pettit uses specific provocative tests (such as the O'Brien active-compression test) along with your history. Because the labrum is hard to see on plain images, an MRI — often with contrast dye injected into the joint (MR arthrogram) — is the best test to confirm a SLAP tear.

TREATMENT OPTIONS

Many SLAP tears improve with physical therapy focused on the rotator cuff and shoulder-blade mechanics, activity modification, and anti-inflammatory measures. When symptoms persist, arthroscopic options include SLAP repair (reattaching the labrum) or a biceps tenodesis (moving the biceps anchor), chosen based on your age, activity, and tear pattern.

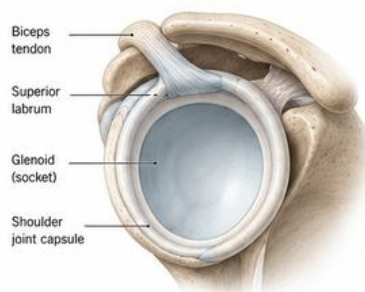
RECOVERY OUTLOOK

After surgery you will wear a sling for a period, followed by staged physical therapy to restore motion and then strength. Return to overhead sport is typically around 4–6 months and is guided by strength and function.

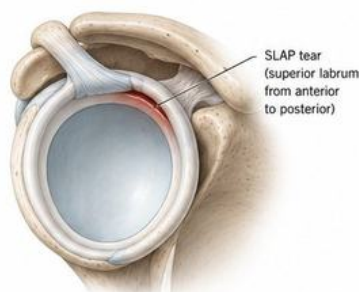
SLAP TEAR (Superior Labrum Anterior to Posterior Tear)

A tear of the superior (top) part of the glenoid labrum from front (anterior) to back (posterior).

NORMAL SHOULDER (View from above)

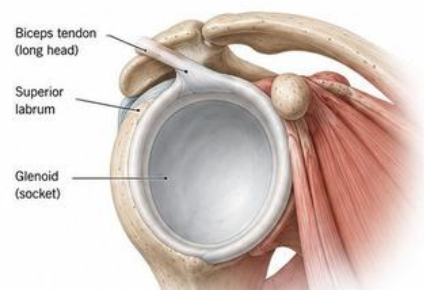


SLAP TEAR (View from above)



WHAT IS A SLAP TEAR?

The labrum is a ring of cartilage that deepens the shoulder socket (glenoid) and helps stabilize the shoulder joint. A SLAP tear involves damage to the top part of the labrum where the biceps tendon attaches.



COMMON CAUSES

- Overhead activities (throwing, serving)
- Repetitive shoulder use
- Traction or pulling on the arm
- Direct trauma or fall on an outstretched arm

COMMON SYMPTOMS

- Deep shoulder pain
- Pain with overhead activity
- Clicking, catching, or popping
- Weakness
- Pain with lifting or throwing



SLAP tears are treated based on the patient's age, activity level, symptoms, and the severity of the tear. Many can be managed non-surgically, while others may require arthroscopic surgery.

MRI APPEARANCE (Arthrogram)

Normal Labrum



SLAP Tear



TYPES OF SLAP TEARS (Snyder Classification)



TREATMENT OPTIONS



Non-Surgical

Rest, activity modification, physical therapy, anti-inflammatory medications, injections



Surgical (Arthroscopic)

Labral repair and biceps anchor reattachment or biceps tenodesis/tenotomy (in selected cases)

SLAP tear — superior labrum injury at the biceps anchor · for education; your anatomy may differ



SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/slap-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.