

Orthopaedic Connection

What is a Glenoid Labrum Tear?

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Transforming patient information into patient understanding.

“Well, Mr. Smith I’ve looked at your MRI and you have a glenoid labrum tear.” Blank stare. Nine out of ten or more of my patients would be clueless if I said that.

But of course, I wouldn’t do that to a patient in the office, because I need to explain first what is a glenoid labrum!!

Shoulder Anatomy

Here’s the first clue. It’s in the shoulder!

- The upper portion of our arm bone is called the humeral head.
- It rests in a shallow socket in the shoulder blade called the glenoid.
- The humeral head is much larger than the socket.
- A fibrous tissue rim called the labrum surrounds and is attached to the shallow socket to deepen it. Still with me? Good.

Injuries

Injuries to the tissue rim labrum around the shoulder socket occur from acute trauma or shoulder motion.

- Falling on an outstretched arm
- Direct blow to the shoulder
- Sudden pull such as lifting a heavy object.
- Violent overhead reach as in a fall.

Throwing athletes and weightlifters experience tearing of the labrum due to repetitive shoulder motion.

The labrum can be torn anywhere around the socket. There are ligaments attached to the socket also, but it will get more confusing to include them here.

Symptoms

The condition is confusing to most other doctors (besides Orthopaedic Surgeon) because the symptoms mimic many other shoulder conditions.

Symptoms include –

- Pain often with overhead activities
- Catching, locking, popping, oh my!
- Night pain
- Pain with daily activities
- Sense of the shoulder “going out”.
- Decreased range of motion.
- Shoulder weakness.

Examination

As an Orthopaedic Surgeon I know that a thorough history of your injury (if any) and symptoms (above) are the most important part of your evaluation.

The history gives me a very good idea of what may be wrong. Pardon me if I take some notes while I talk to you! The history is that important.

The shoulder, neck and entire arm need to be examined and I will probably examine the opposite shoulder to compare.

Unfortunately I see patients in the office all the time who tell me their doctor asked a few questions, barely examined them and immediately ordered an MRI. Ugh. Not good. You may or may not need an MRI.

I can see there is too much to cover in one class and I don't want to keep you over, so I'll let you go now, but be sure to come back next week for the exciting concluding episode about further evaluation and of course treatment of the glenoid labrum!

Office Website and Gratiot County Herald Archive

Attention! If my loyal readers want to be as smart as a Treefull of Owls they will fly to www.orthopodsurgeon.com for tons of musculoskeletal information everyone can use.

You get 1) The Office Website and Library 2) Your Orthopaedic Connection 3) GCH Archive of every article I have written for you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush