

## *Orthopaedic Connection*

### **How Is Your Glenoid Labrum?**

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#### *Transforming patient information into patient understanding.*

If you weren't in class last week you are clueless about this week's question. To catch up maybe you should review last week's notes. So here we go with part 2. I closed last week saying that the diagnosis of a glenoid labrum tear can be difficult to make. Diagnosis *may* require an MRI study done with a contrast agent.

#### **Before The MRI**

I need to pause here to say that if I am not fairly convinced you have something torn in your shoulder I will wait on the MRI and begin a general form of treatment. MRIs are expensive and highly technical and as I mentioned last week MRI should not be used as a screening test.

Pre MRI treatment might include:

- Anti-inflammatory medication
- Exercises I might suggest
- Physical Therapy
- Injection of the shoulder with a steroid

If time and conservative treatment are not helpful in relieving the symptoms I will probably proceed with an MRI.

There are many things that can go wrong with the shoulder that an MRI might diagnose.

I want to stay focused on the glenoid labrum so let's say the MRI with contrast is positive for a tear of the labrum.

#### **Treatment**

I explained before that the glenoid labrum can be damaged or torn in several different places so treatment of course can vary.

Depending on the type of tear and the symptoms the patient is experiencing conservative, non operative treatment might still be used initially.

However, everyone who has a positive MRI for a glenoid labrum tear does not require conservative treatment first. Often it is obvious that nothing short of surgery will be helpful.

Surgery can take several directions, but almost always it is done arthroscopically as an outpatient.

#### **Types of Surgery**

- Removing a piece of the labrum would be the simplest surgery
- Reattachment of the tissue labrum to the bony socket with tacks and sutures
- Reattach the labral tissue and damaged ligaments to the bony socket by folding over and essentially pleating the damaged tissues.

If it is beginning to sound increasingly complicated – it is!

#### **Rehabilitation**

After surgery you go home with your arm in a special sling for perhaps 3 – 4 weeks. Following that period of rest most surgeons start you on some gentle exercises to restore range of motion. That is followed by flexibility and strengthening exercises. The exact timing and duration of the rehab program of course is dependent on the amount of surgery that was required and the quality of the patient's tissue that was repaired.

In the case of an athlete he or she may begin doing some sport specific exercises after six weeks, although it will take three to four months or more before the shoulder is fully healed.

I hope this hasn't been too technical because it is a pretty complicated problem. It is only one of many problems our shoulders can have!

Well, at least you now know you have a glenoid labrum and it can be hard to diagnose and repair if you damage it. So be careful!!

*My patients put their trust in me and what I do improves the quality of their lives.*

### **Office Website and Gratiot County Herald Archive**

Wow! Your window to the Orthopaedic and musculoskeletal world opens at [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It contains the Website Library of information, Your Orthopaedic Connection and GCH archive of all previous articles.

You will be amazed at all the helpful information it contains.

All of the information pertains to everything I treat in the office and hospital.

Be well.

Dr. Haverbush