

Lakeview Community Wellness Center Orthopaedic Connection

Return to the Glenoid Labrum

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Transforming patient information into patient understanding.

Until last week's thrilling episode I'm sure all but a few of you didn't even know you had a glenoid labrum! That's OK, but isn't it reassuring to know that you do have one?

The Creator wanted the shoulder to be super movable so a large ball and a shallow socket were required. Then, dang, the ball wouldn't stay put in the socket so, no problem. "I'll put this soft tissue rim around the socket to deepen it and contain the ball better."

Problem solved. Kind of, but then people started doing the darnedest things to injure their shoulders. The labrum started to come loose from the bony socket which brings us up to where we are today.

Diagnosis

In Orthopaedic Surgery it works this way to make the correct diagnosis. Think of a triangle. At the apex is the History, always extremely important.

At the base to the left is the Physical Exam. To the right is X-ray; plain and possibly special x-ray studies.

There are many possible things that can go wrong with the shoulder. I don't want to make a big list of things you wouldn't remember. We are concentrating on the labrum.

If I feel there is a strong possibility that the labrum is torn loose, you probably are headed for an MRI study with a contrast substance placed in the shoulder at the time of the MRI.

It is an important test to do, but I think I need to be the one ordering it because every shoulder that hurts doesn't need an MRI.

Treatment

If the diagnosis of a glenoid labrum tear is established, in many cases it still would be appropriate to consider rest, Motrin or similar and rehabilitation exercises to strengthen the shoulder.

If these conservative measures are insufficient I probably will recommend arthroscopic surgery. The entire shoulder can be visualized in this way.

What exactly is done at the time of surgery depends on the findings in each individual case. It might include removing some torn tissue if the shoulder is still stable and the labrum is not detached from the bony socket.

If the tissue is detached, then a more extensive procedure is required to reattach the labrum and possibly the biceps tendon as well. Tears that are associated with the shoulder going out of the socket (instability) require even more surgery to tighten certain tissues in the front of the shoulder.

Rehabilitation

After surgery there is a period of rest with your arm in a special sling. Timing varies but 3 - 4 weeks would be common, occasionally longer.

The sling may come off, but restricted use is still needed while the patient begins some gentle range of motion and flexibility exercises. Then comes strengthening exercises. If the person is an athlete, sport specific exercises are prescribed.

It can take 4 – 6 months for full healing. In other words, it's no picnic.

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

Please remember that anyone can make an appointment to see Dr. Haverbush at his office in Alma, at 315 Warwick Dr., across from Gratiot Medical Center. Call 989-463-6092 to make an appointment.

And don't forget every article I have written for Lakeview Area News is on my Website, www.orthopodsurgeon.com. Check it out. I specialize in you.

Be well.

Dr. Haverbush