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 title. To catch up maybe you should review last week’s notes. So here we go with part 2. Last week we closed saying that the diagnosis of a glenoid labrum tear can be difficult to make. Diagnosis often requires an MRI study done with a contrast agent.

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

Pre MRI treatment might include:
- Anti-inflammatory medication
- Exercises might be suggested
- Physical Therapy
- Injection of the shoulder with a steroid

If time and conservative treatment are not helpful in relieving the symptoms you will probably have an MRI.

There are many things that can go wrong with the shoulder that an MRI might diagnose. We should stay focused on the glenoid labrum so let’s say the MRI with contrast is positive for a tear of the labrum.

Treatment
It was 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.

Hopefully 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.

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It gives access to all Website articles, Your Orthopaedic Connection and every GCH article from most recent to the first. Full text! It covers everything I do in the office and hospital.

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

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