Orthopaedic Connection

The Shoulder Glenoid Labrum, What’s That?

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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, you shouldn’t do that to a patient in the office, because you 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.
• We are not talking about the rotator cuff. It is a completely different structure.

Injuries

Injuries to the tissue rim labrum around the shoulder socket occur from acute trauma or repetitive 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 Surgeons) 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 we 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 some notes are taken while I talk to you! The history is that important.

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

Unfortunately patients are seen 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.

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!

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

**Gratiot County Herald Archive and Office Website**

I hope what you have read has raised questions. No problem!

Please log onto [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It has a huge amount of musculoskeletal information in the Website and the Archive of all previous GCH articles.

Check it out and be amazed what you can learn.

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

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