

# LABRAL TEAR OF THE SHOULDER

## What is a labral tear?

The shoulder joint is a ball-and-socket joint. The socket of the shoulder blade holds the ball of the upper arm bone. The socket is called the glenoid. The labrum is a lip of connective tissue located where the shoulder ligaments, which make up the joint capsule, connect to the edge of the socket. Ligaments are strong bands of tissue that attach bone to bone, helping to hold the ball in the socket. The tendon of the biceps muscle in the upper arm attaches to the shoulder just above the labrum. A tear in the labrum can occur during a shoulder or arm injury.

## How does it occur?

The labrum can be torn by:

- dislocating your shoulder
- falling onto your arm
- a forced movement of your arm or shoulder
- using your arm to break a fall
- lifting a heavy object
- use of your shoulder in sports with a repetitive, high velocity overhead movement, such as throwing a ball or serving in tennis

## What are the symptoms?

The symptoms of a labral tear are:

- arm and shoulder pain
- arm and shoulder weakness
- painful overhead movements of the shoulder
- clicking or grinding sounds or sensations when you move your shoulder

## How is it diagnosed?

Your healthcare provider will check your shoulder for pain, tenderness, loss of motion, or joint looseness as you move your arm in all directions. He or she will ask if your shoulder pain began suddenly or gradually. You may have an X-ray to see if there are any fractures in the shoulder.

Your healthcare provider may recommend that you get an MRI (magnetic resonance imaging) of your shoulder. An MRI is a special scan that shows bone, ligaments, cartilage, and muscle. The MRI may be done with an arthrogram. In an arthrogram, a special dye is injected into the shoulder to outline the structures within the joint, providing a better look at the labrum and other shoulder structures.

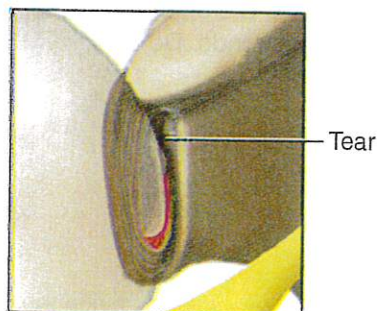
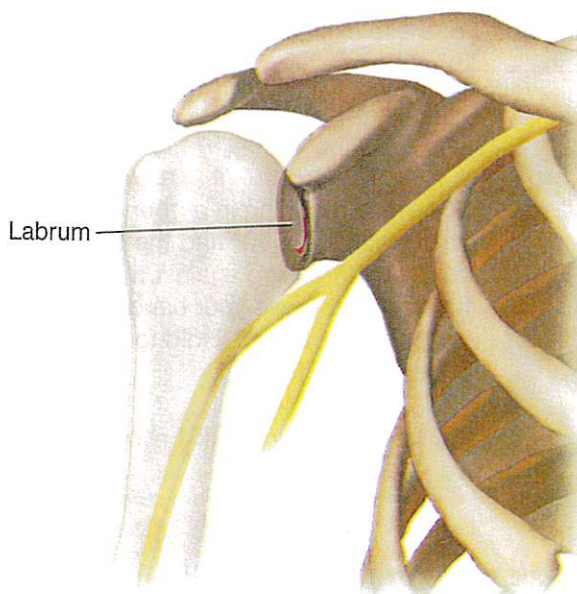
You may have an arthroscopy, a surgical procedure in which a small fiber-optic scope is inserted into your shoulder joint so your doctor can see all the structures in your shoulder. Many times, labral tears are finally diagnosed when arthroscopy is performed to look inside a shoulder that has persistently caused pain and other symptoms.

## How is it treated?

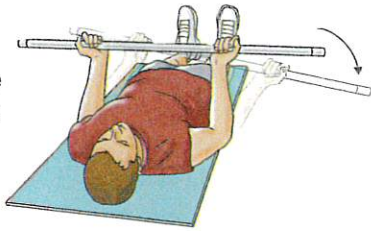
At first treatment may include:

- putting ice packs on your shoulder for 20 to 30 minutes 3 to 4 times a day
- taking anti-inflammatory medicines such as ibuprofen (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval)

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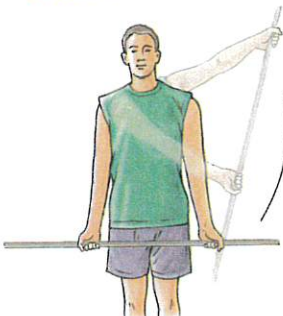
**5. WAND EXERCISE: EXTERNAL ROTATION:** Lie on your back and hold a stick in both hands, palms up. Your upper arms should be resting on the floor, your elbows at your sides and bent 90°. Using one arm, push your other arm out away from your body while keeping the elbow of the arm being pushed at your side. Hold the stretch for 5 seconds. Repeat 10 times.



WAND EXERCISE: EXTERNAL ROTATION

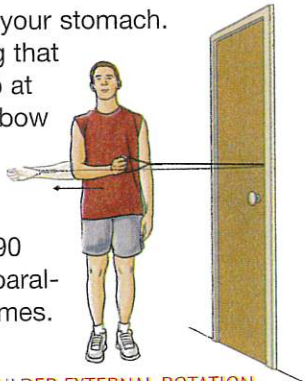
**6. WAND EXERCISE: SHOULDER ABDUCTION AND ADDUCTION**

**TION:** Stand upright and hold a stick with both hands, palms facing away from your body. Rest the stick against the front of your thighs. While keeping your elbows straight, use one arm to push your other arm out to the side and up as high as possible. Hold for 5 seconds. Repeat 10 times.



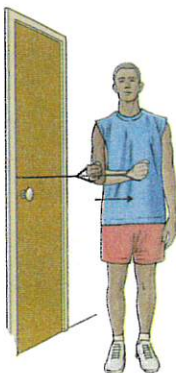
WAND EXERCISE: SHOULDER ABDUCTION AND ADDUCTION

**7. RESISTED SHOULDER EXTERNAL ROTATION:** Stand sideways next to a door. Rest the hand farthest away from the door across your stomach. With that hand grasp tubing that is connected to a doorknob at waist level. Keeping your elbow in at your side, rotate your arm outward and away from your waist. Make sure you keep your elbow bent 90 degrees and your forearm parallel to the floor. Repeat 10 times. Build up to 3 sets of 10.



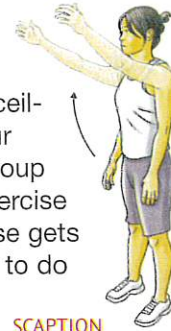
RESISTED SHOULDER EXTERNAL ROTATION

**8. RESISTED SHOULDER INTERNAL ROTATION:** Holding tubing connected to a door knob at waist level, keep your elbow in at your side and rotate your arm inward across your body. Make sure you keep your forearm parallel to the floor. Do 3 sets of 10.



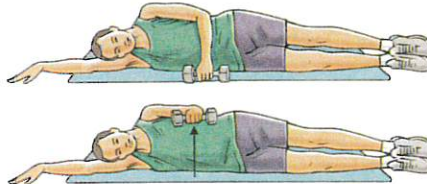
RESISTED SHOULDER INTERNAL ROTATION

**9. SCAPTION:** Stand with your arms at your sides and with your elbows straight. Slowly raise your arms to eye level. As you raise your arms, they should be spread apart so that they are only slightly in front of your body (at about a 30 degree angle to the front of your body). Point your thumbs toward the ceiling. Hold for 2 seconds and lower your arms slowly. Do 3 sets of 10. Hold a soup can or light weight when doing the exercise and increase the weight as the exercise gets easier. Your provider may instruct you to do this exercise with your thumbs down.



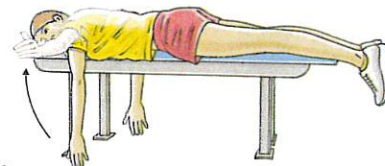
SCAPTION

**10. SIDE-LYING EXTERNAL ROTATION:** Lie on your one side with your top arm at your side and your elbow bent to 90°. Keep your elbow against your side, raise your forearm and hold for 2 seconds. Slowly lower your arm. Do 3 sets of 10. You can start doing this exercise holding a soup can or light weight and gradually increase the weight as long as there is no pain.



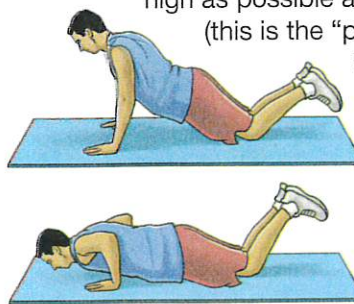
SIDE-LYING EXTERNAL ROTATION

**11. HORIZONTAL ABDUCTION:** Lie on a table or the edge of a bed face down with one arm hanging down straight to the floor. Raise your arm out to the side, with your thumbs pointed toward the ceiling until your arms are parallel to the floor. Hold for 2 seconds and then lower it slowly. Start this exercise with no weight. As you get stronger add a light weight or hold a soup can. Do 3 sets of 10.



HORIZONTAL ABDUCTION

**12. PUSH-UP WITH A PLUS:** Begin on the floor on your hands and knees. Keep your arms a shoulder width apart and lift your feet off the floor. Arch your back as high as possible and round your shoulders (this is the "plus" part of the exercise). Bend your elbows and lower your body to the floor. Return to the starting position and arch your back again. Do 3 sets of 10.



PUSH-UP WITH A PLUS