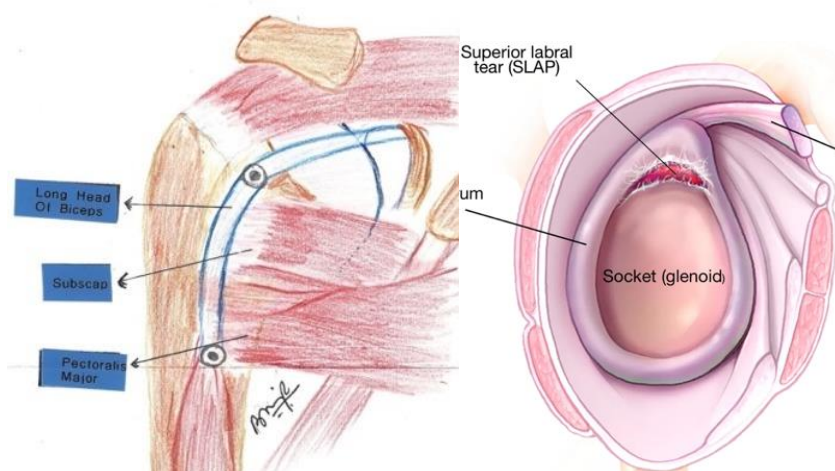


SLAP TEARS

This leaflet provides general information to help you understand SLAP tears of the shoulder and the available treatment options.

Not everyone with a SLAP tear needs surgery.

At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.



This leaflet provides general information and does not replace individual medical advice.

Private Consulting Rooms

- 📍 LIPS Healthcare London
- 📍 Spire Alexandra Chatham
- 📍 Practice Plus Gillingham

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More Info

Scan to visit our website

The Anatomy of the Shoulder Joint

The shoulder is one of the most complex joints in the body, relying on several structures working together:

How the Shoulder Works

Three main bones form the joint:

- Humerus (upper arm bone)
- Clavicle (collarbone)
- Scapula (shoulder blade)

The Four Key Joints

- Glenohumeral Joint – the main ball-and-socket joint
- Acromioclavicular (AC) Joint – collarbone meets shoulder blade
- Subacromial Space – tunnel above the rotator cuff
- Scapulothoracic Joint – shoulder blade glides over rib cage

The “Cushioning” (Articular Cartilage)

A smooth, slippery coating on the ball and socket surfaces that lets the bones glide over each other without friction, for pain-free movement.

The Labrum (Stabilising Ring)

A rim of rubbery tissue that deepens the shallow shoulder socket — like a “bumper” or suction cup that keeps the joint stable and prevents dislocation.



The Rotator Cuff

Four deep muscles keep the ball centred in the socket and let you lift and rotate your arm:

- Supraspinatus
- Infraspinatus
- Subscapularis
- Teres Minor

What Is a SLAP Tear?

A SLAP tear (Superior Labrum, Anterior to Posterior) is damage to the top of the labrum, where the long head of biceps anchors. A forceful pull or repetitive overhead load can peel the labrum off the bone. SLAP changes are common on scans, particularly with age, and do not always cause symptoms.

The Biceps Anchor

Why the top of the labrum fails:

- The LHB tendon anchors into the superior labrum
- A sudden pull can peel the labrum off the bone
- Over 10 types – the first four are the most common

What Causes It?

Injury, overuse and tissue factors:

- A fall onto an outstretched arm or heavy lifting
- Overuse – overhead sport (tennis, cricket, swimming)
- Age-related wear and tear
- Smoking and long-term steroids weaken tissue

Symptoms and Examination

Symptoms

- Sudden sharp pain, sometimes with a "pop" or "snap"
- Catching or locking inside the joint
- Weakness; difficulty turning the palm up or down

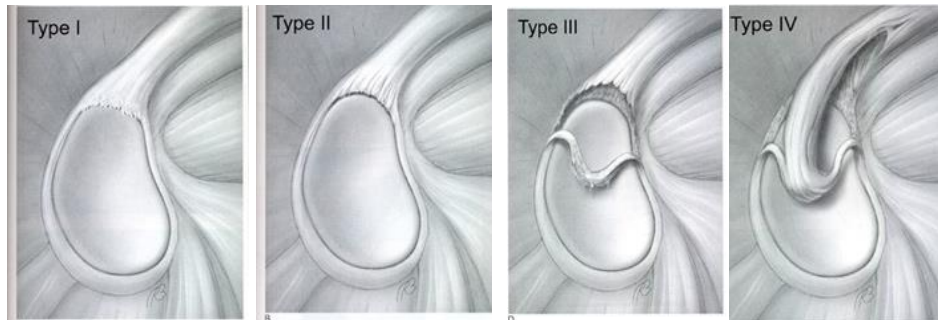
Diagnosis

- X-rays for bone; ultrasound for the biceps tendon
- MRI arthrogram – the most accurate test for SLAP tears

Examination

- Shoulder examined; scans reviewed together
- "Popeye" sign may indicate a biceps tear
- Impingement, cuff and ACJ problems assessed

The biceps–labrum anchor:



Treatment Options: A Shared Decision

I will discuss all available treatment options with you, explaining the benefits and risks of each. Your preferences, values, and lifestyle will be considered as we work together to create a treatment plan best suited to your needs — **this shared decision-making process ensures you are fully informed and involved in your care.**

Treatment Depends On

- Type of SLAP tear and associated damage
- Your age, sport and arm demands
- Overlapping cuff, ACJ or impingement problems
- Response to non-surgical care

Good News

SLAP changes are common on scans and do not always cause symptoms — treatment follows your symptoms, not the scan.

Plan A — Non-Surgical

Many people improve with

- Rest:** avoiding aggravating activities
- Pain Control:** regular painkillers for pain relief
- Physiotherapy:** mobility and strength rehabilitation
- Injection:** guided cortisone – relief and diagnostic value

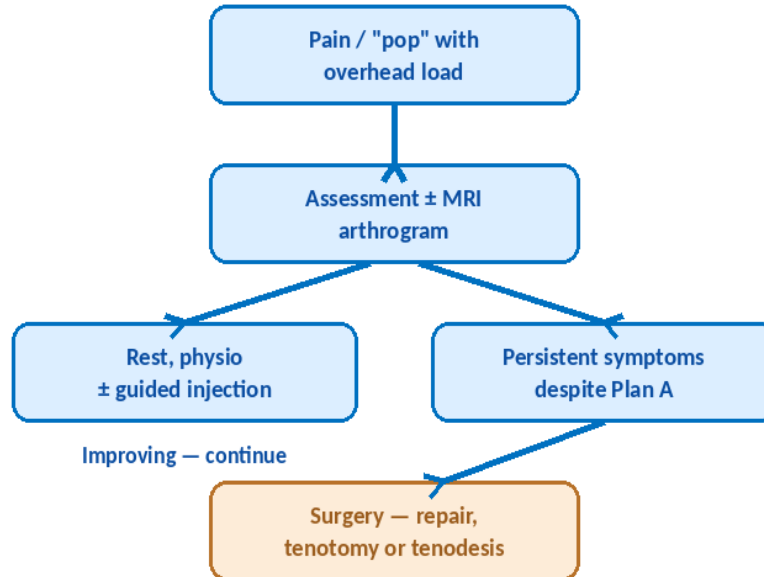
Plan B — Surgical

Considered when...

- Persistent Symptoms:** despite non-surgical care
- SLAP Repair:** re-attaching the labrum with small anchors
- Tenotomy:** releasing the biceps from the socket
- Tenodesis:** re-fixing the biceps to the arm bone
- Combined:** overlapping problems treated at the same time

The Procedure: options include **SLAP Repair, Biceps Tenotomy or Tenodesis**, usually by **keyhole surgery**, chosen by tear type, age and demand. A separate leaflet will be provided for the surgery.

Management Pathway



Red Flags — When to Seek Urgent Help

A sudden pop with bruising down the arm and a new bulge in the upper arm — arrange prompt assessment; early review keeps every treatment option open.

If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Important Things to Remember

- SLAP changes on scans are common with age
- Symptoms matter more than scan findings
- Overlapping conditions are treated together
- Doing nothing is always an option

Questions You May Wish to Ask

- What treatments should I try first?
- How long should I try them for?
- What improvement can I expect?
- What happens if I don't have surgery?

Book or Enquire Directly at Each Site

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-  **Spire Alexandra Chatham**  **01634 662866**
-  **Practice Plus Gillingham**  **01634 969045**

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