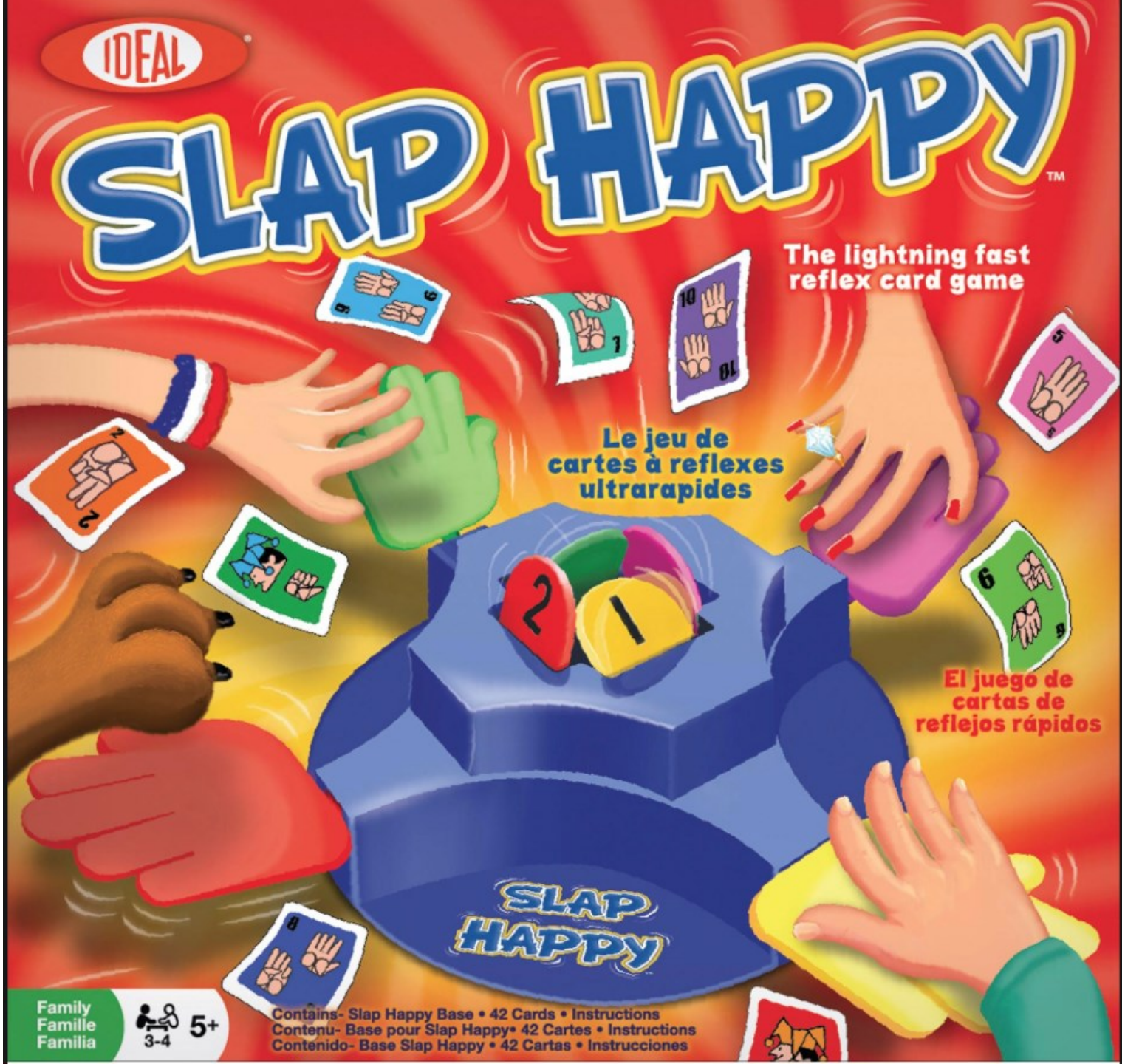
“But the MRI says I’ve got a SLAP Doc”
Are we SLAP happy?
“SLAP is not given the respect it deserves”

Assoc Prof Martin Richardson
Orthopaedic Surgeon
Assoc Clinical Dean
Epworth Hospital

Epworth HealthCare

THE UNIVERSITY OF MELBOURNE

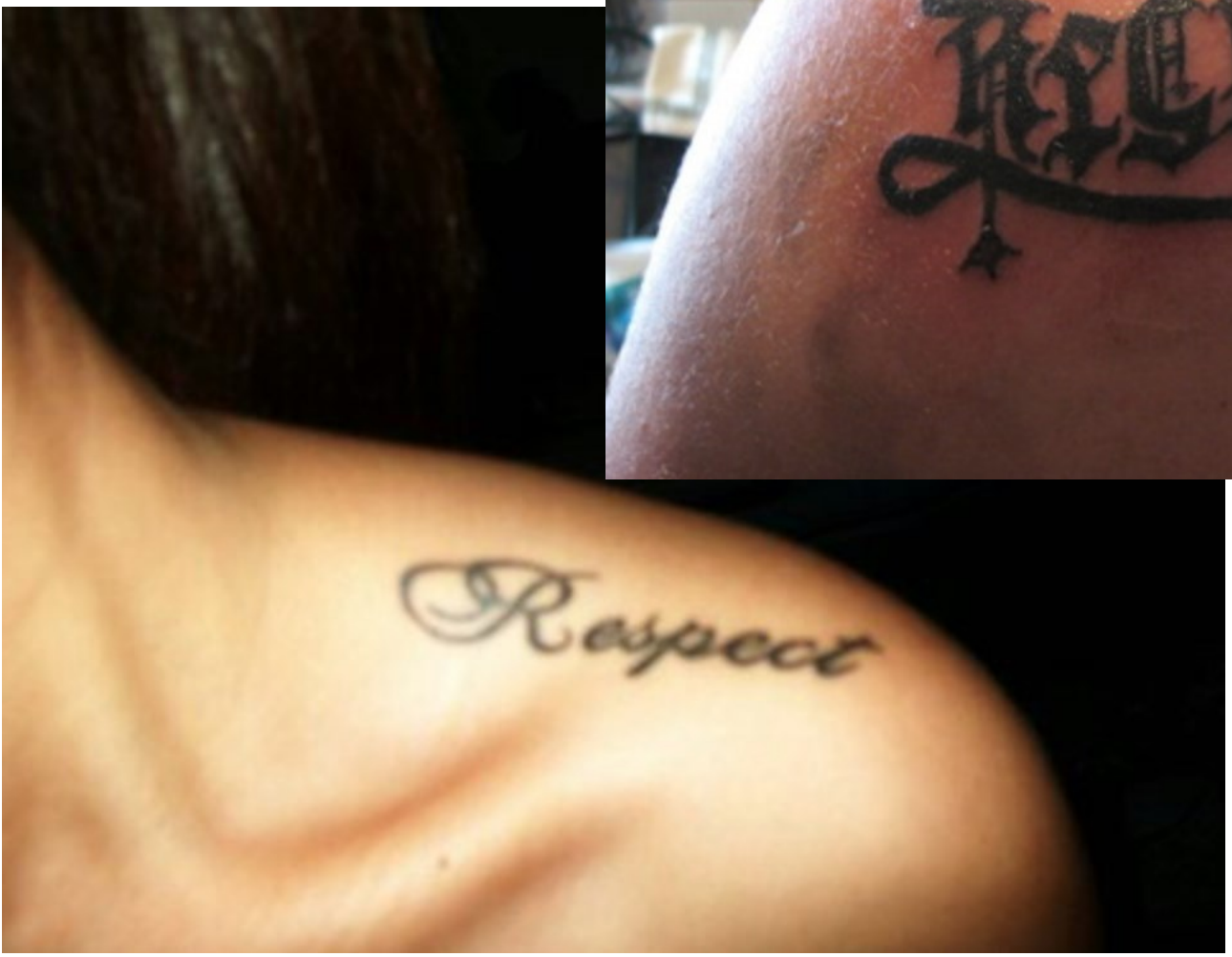

IDEAL
SLAP HAPPY™
The lightning fast reflex card game
Le jeu de cartes à reflexes ultrarapides
El juego de cartas de reflejos rápidos
SLAP HAPPY
Family
Famille
Familia
3-4
5+
Contains- Slap Happy Base • 42 Cards • Instructions
Contenu- Base pour Slap Happy• 42 Cartes • Instructions
Contenido- Base Slap Happy • 42 Cartas • Instrucciones

RICS

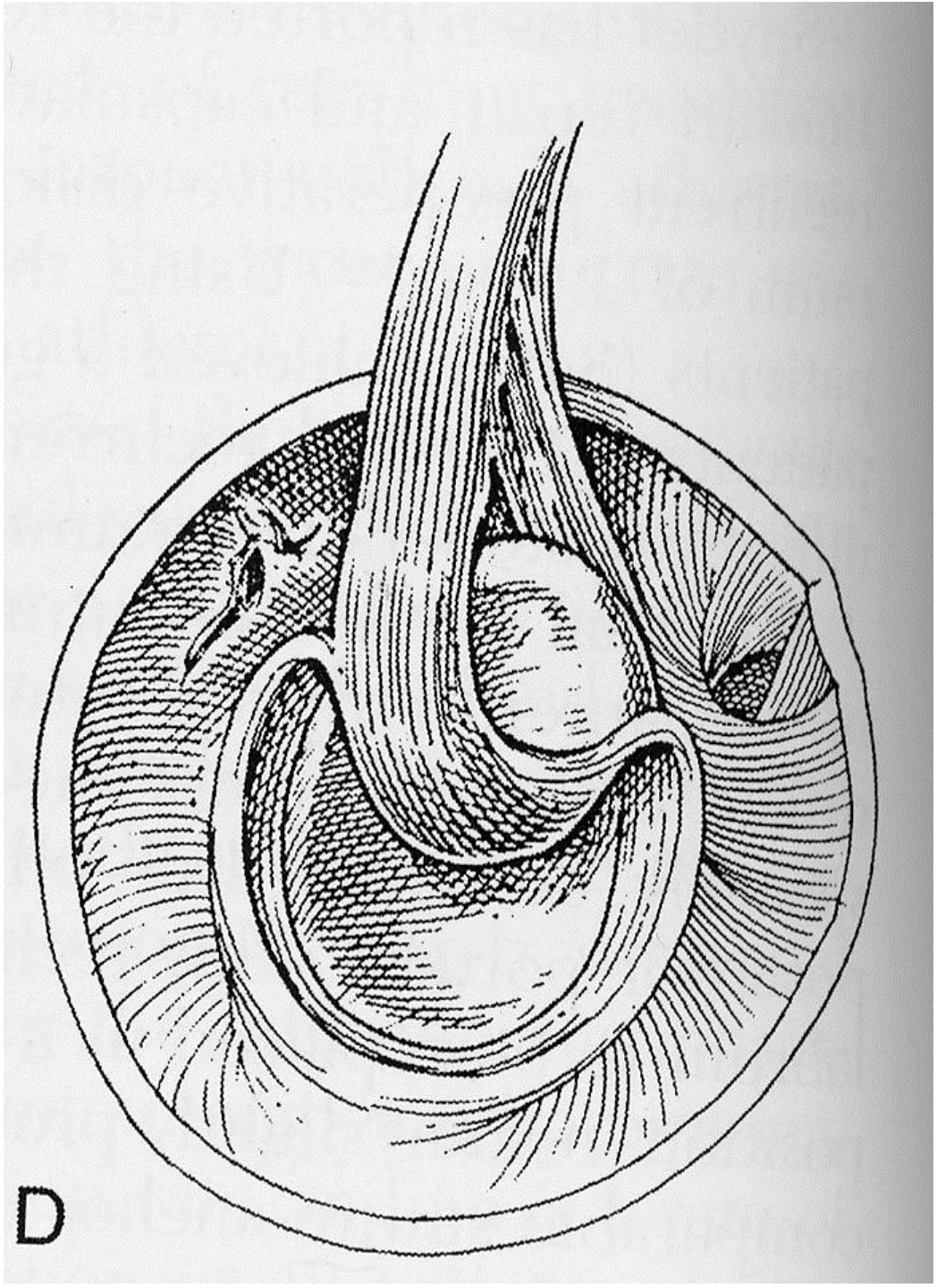
LET'S OPERATE WITH RESPECT


BLK
AFL
Jeep


Respect


Respect


Richard Dallalana
SHOULDER, ELBOW & KNEE SURGEON - MELBOURNE
CALL 1300 00 PARK
MBBS FRACS FAOrthA
Shoulder, Elbow & Knee Surgeon - Melbourne
ABOUT
CONTACT


D

LEFT HANDED

GOLF GURU

Specialist Areas

Richard Dallalana specialises in the following areas

- Shoulder stabilisation
- SLAP Repair
- Subacromial decompression
- Rotator cuff repair
- AC joint reconstruction
- AC resection
- Management of frozen shoulder
- Shoulder and elbow joint replacement

Specialist Areas

Richard Dallalana specialises in the following areas

- SLAP Repair
- Rotator cuff repair
- AC resection
- Shoulder and elbow joint replacement

on

ulder

SLAP Tears

RICHARD DALLALANA

SLAP tears are separations of cartilage from bone inside the shoulder which cause pain, clicking or feelings of looseness of the shoulder. They may arise after a single traumatic event such as a fall onto the shoulder or attempt to lift a heavy object, or through repetitive overhead or throwing sports or work duties. They can also exist alongside other cartilage and ligament damage following a shoulder dislocation.

Read more…

SLAP tear

SLAP tear after repair

What is a SLAP tear?

SLAP (Superior Labral Anterior Posterior) lesion (Snyder, S)

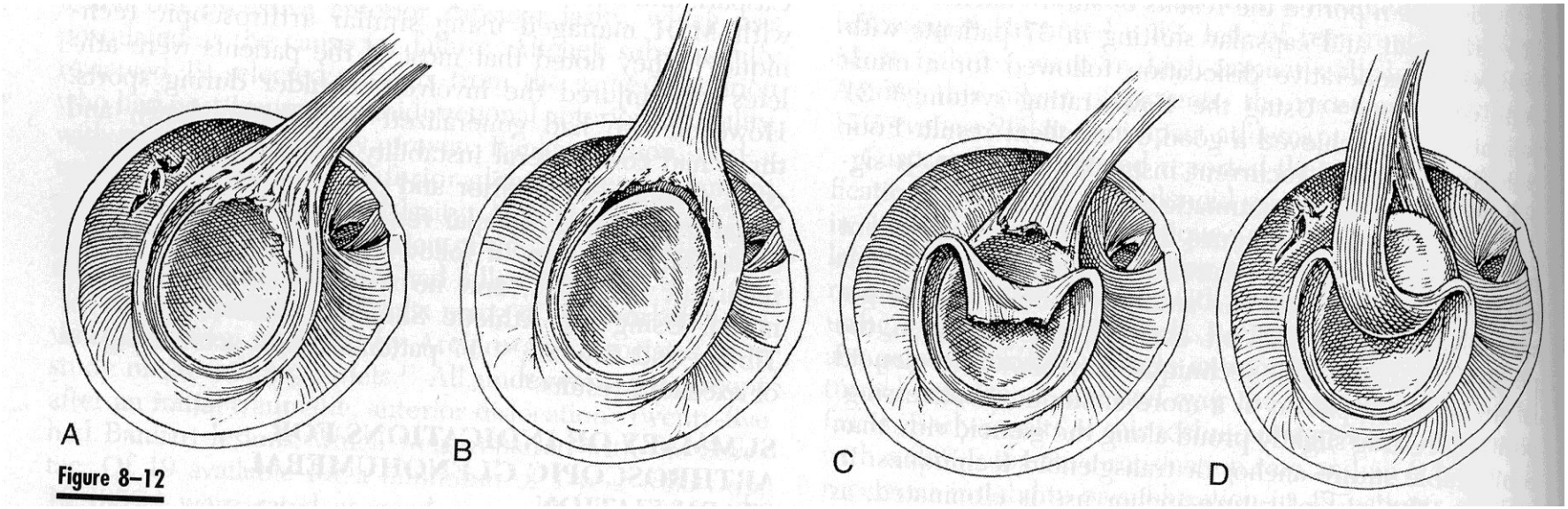


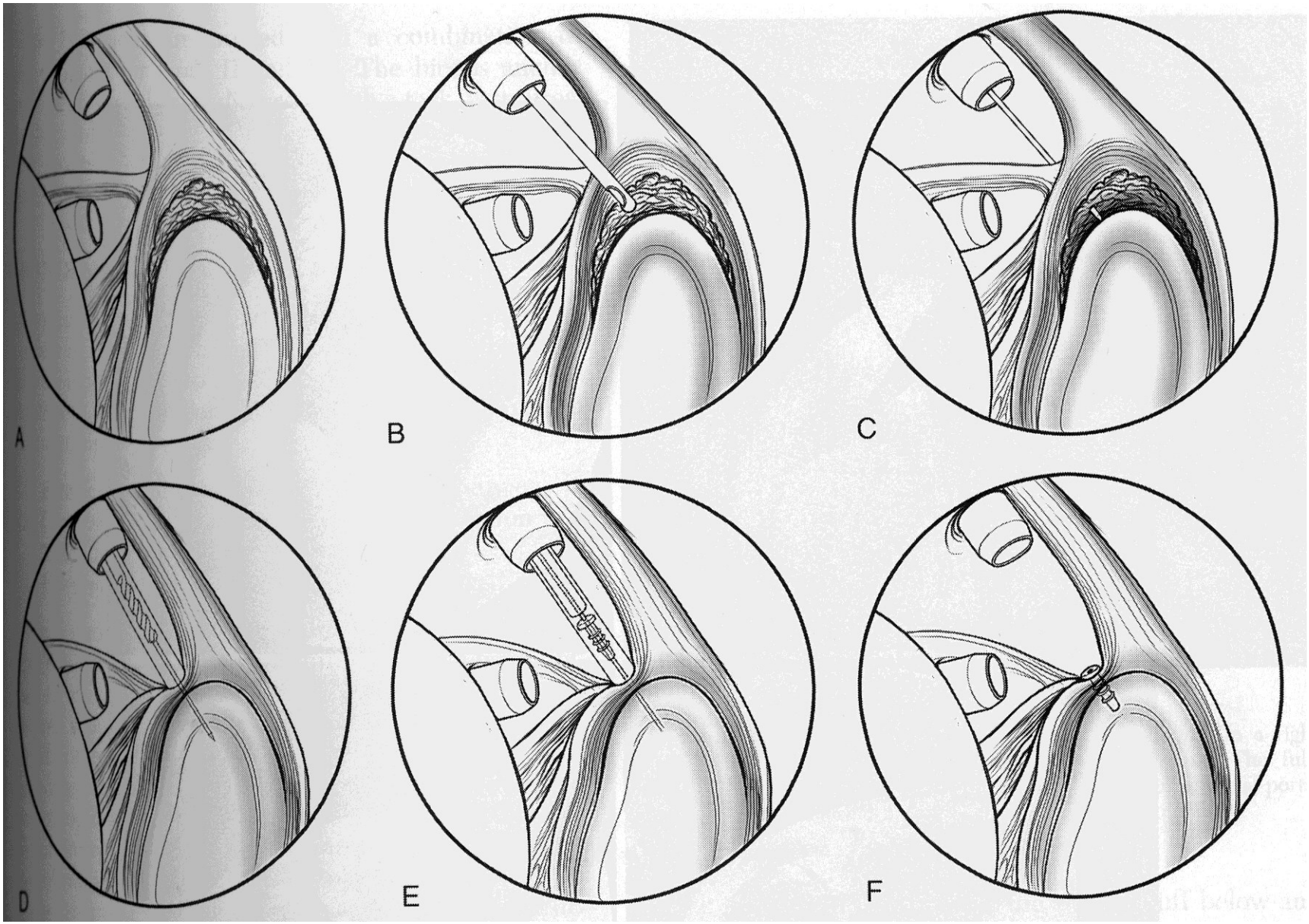
Figure 8–12

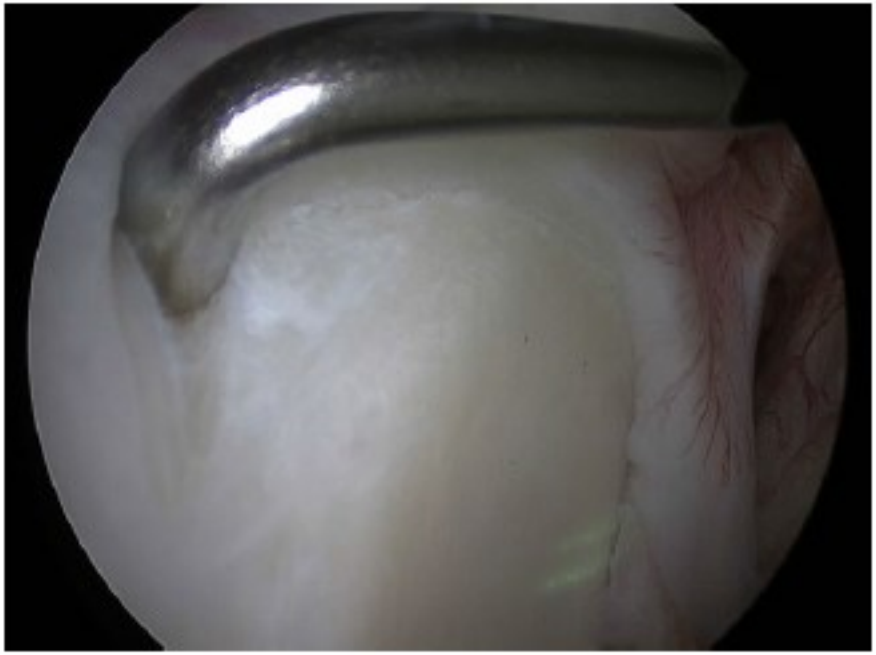
I II III IV

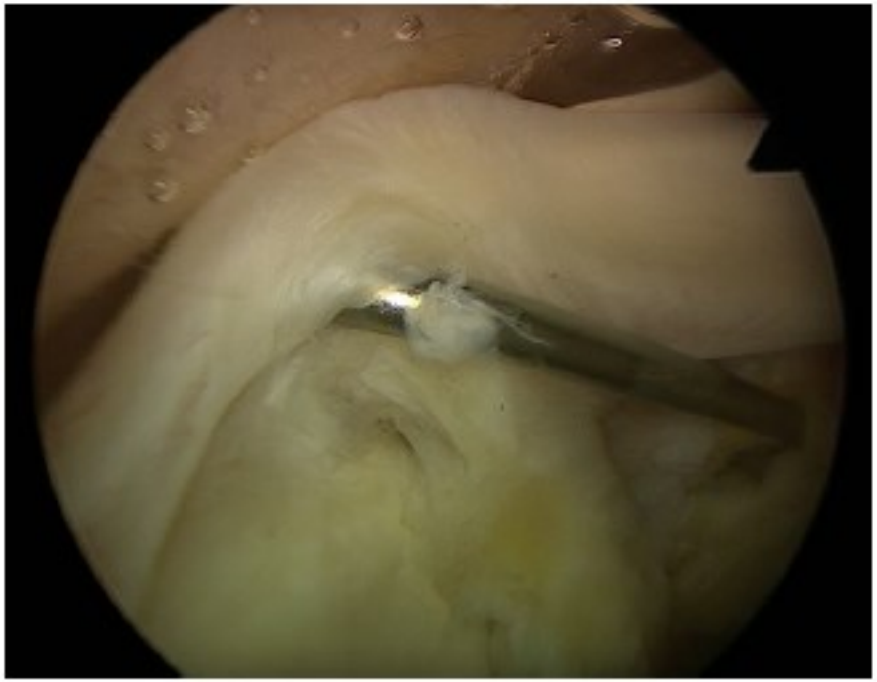
Shoulder

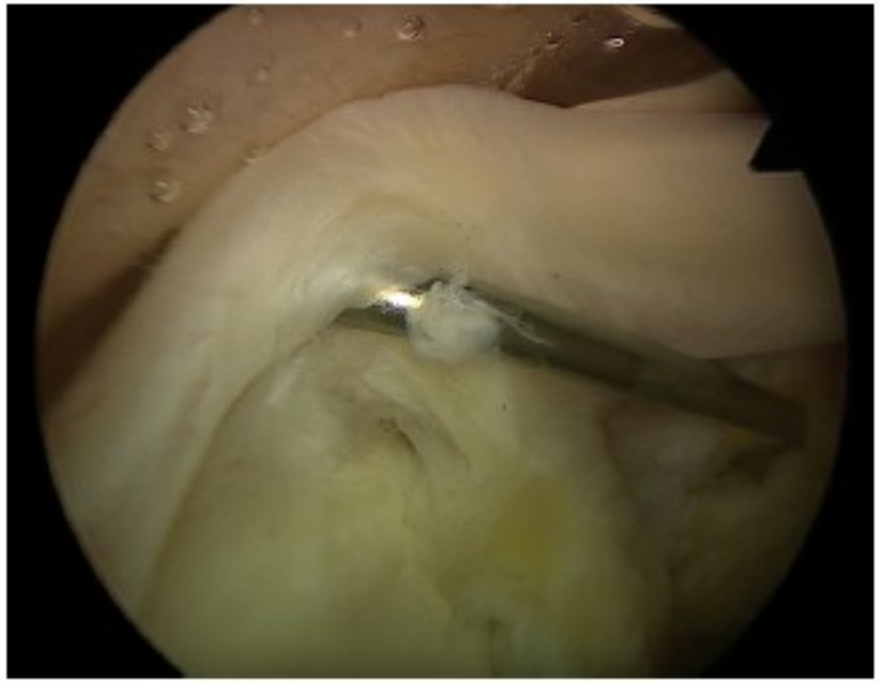
MRI

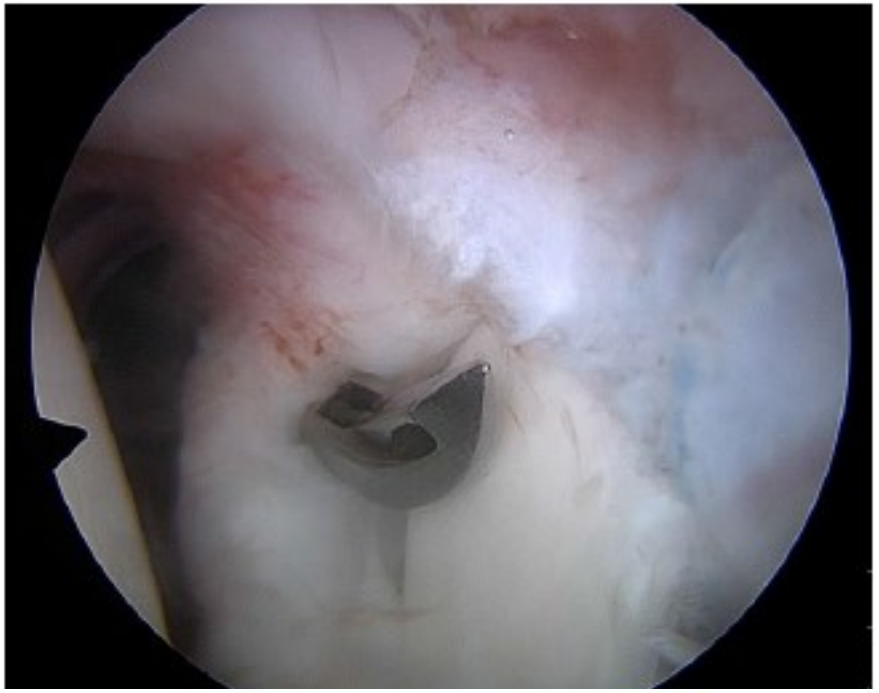
SLAP repair

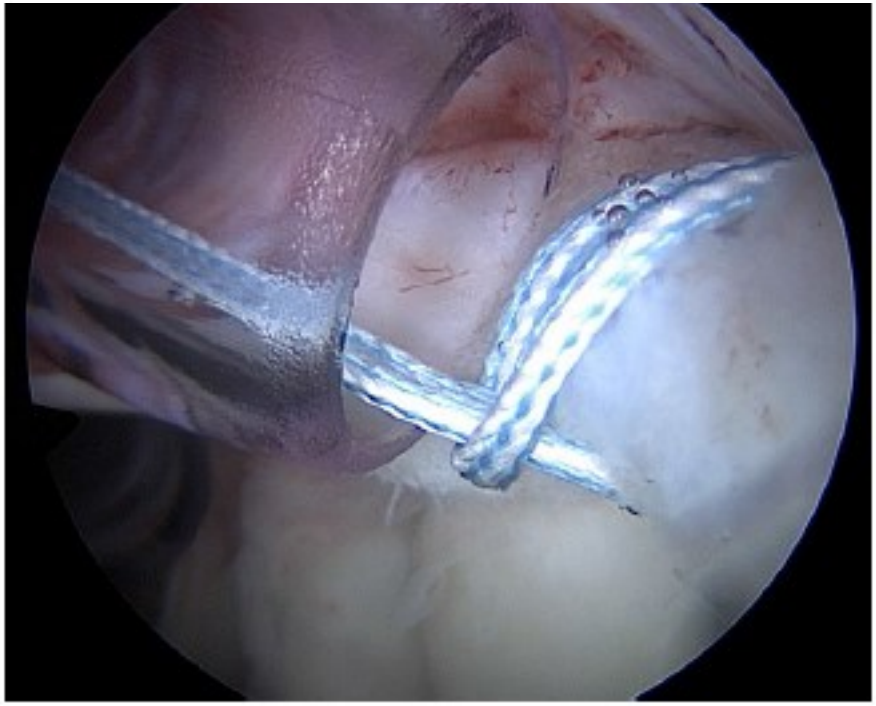


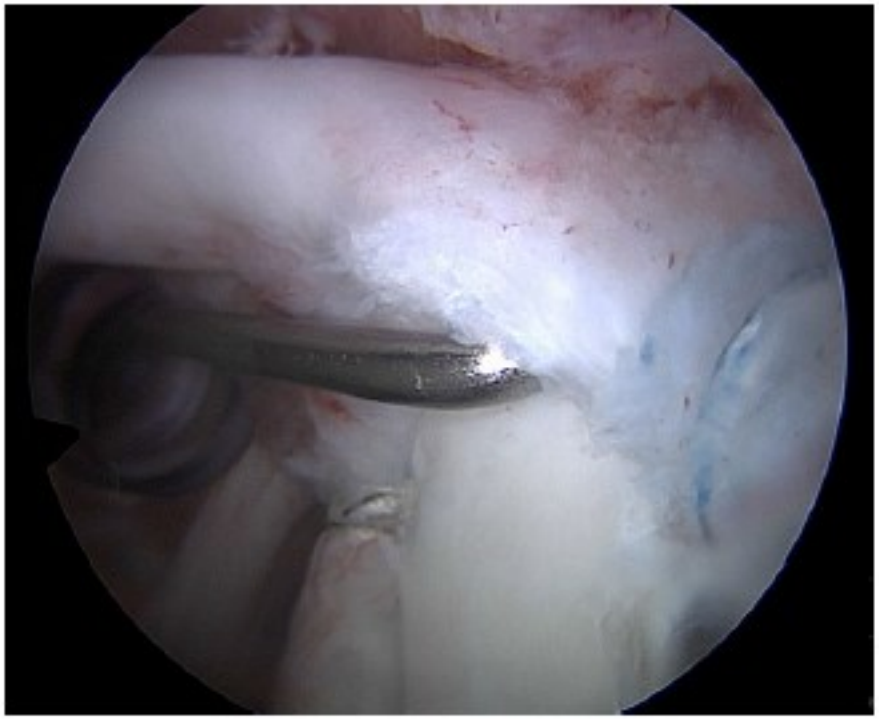


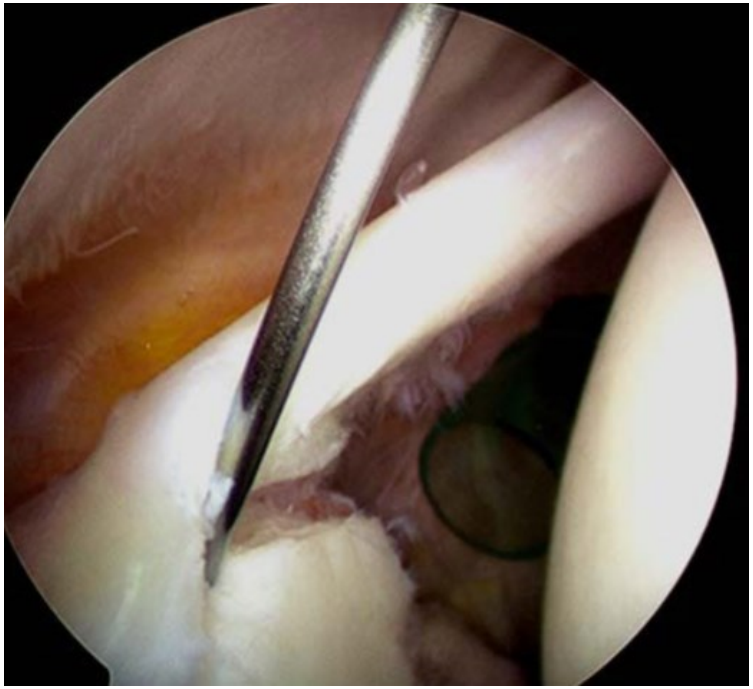


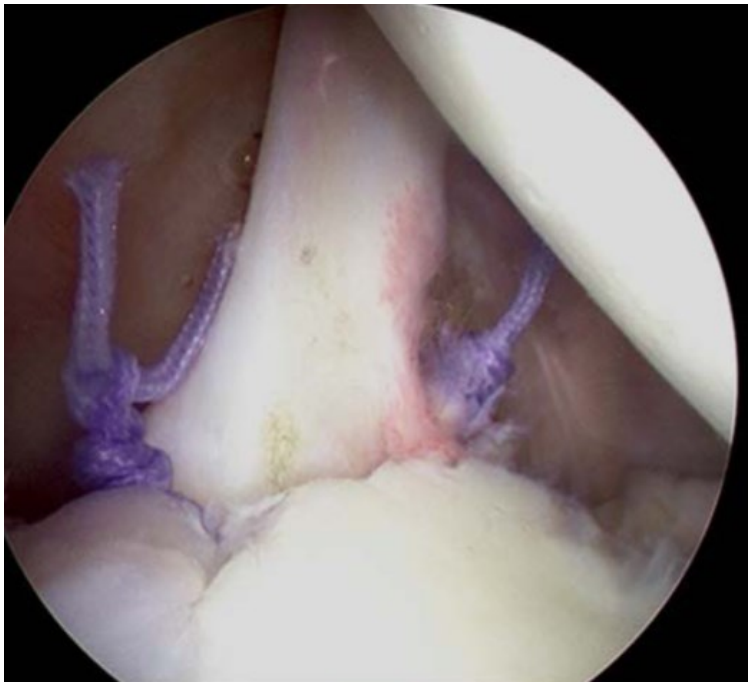




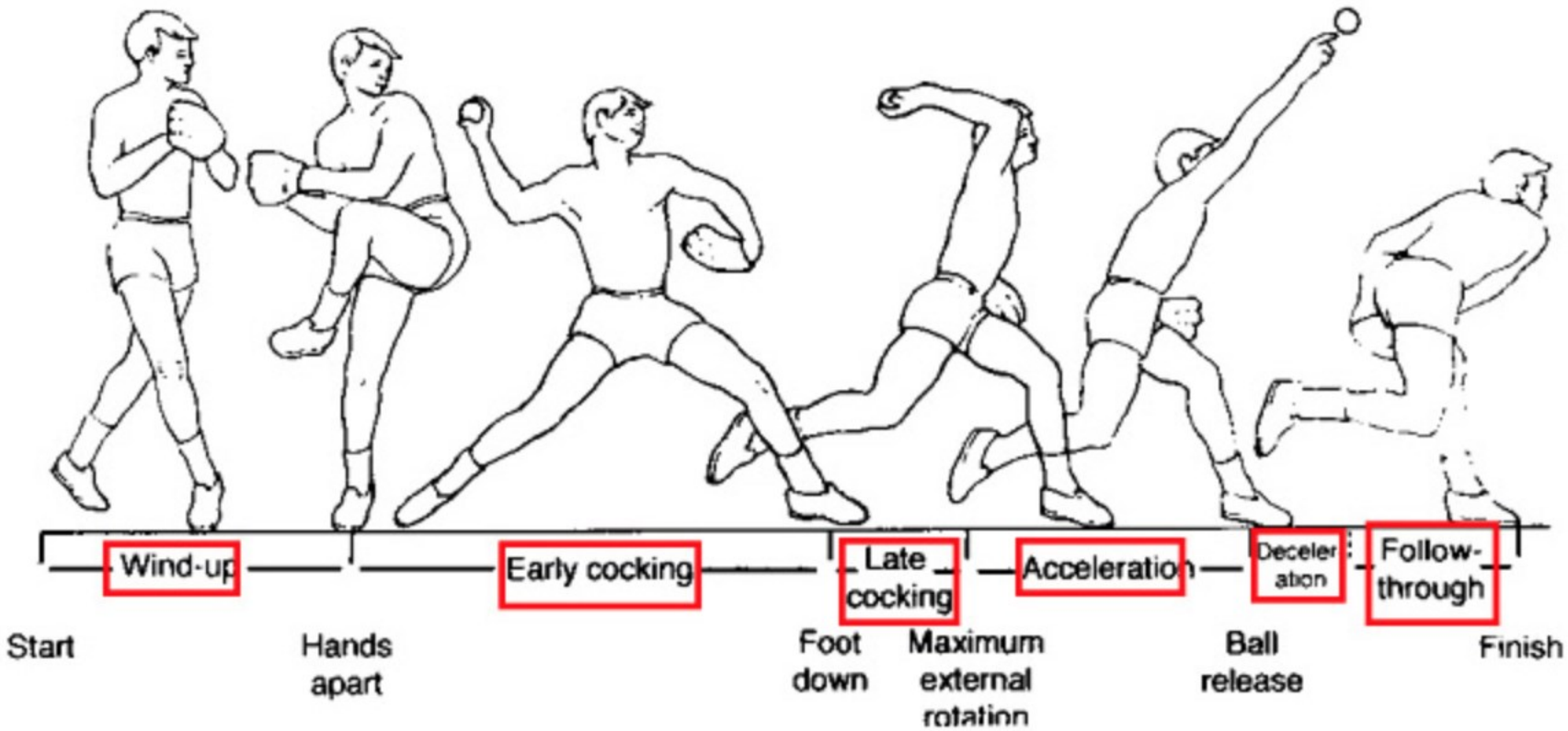








Who to suspect a significant SLAP tear in?


Wind-up
Early cocking
Late cocking
Acceleration
Deceler ation
Follow-through
Start
Hands apart
Foot down
Maximum external rotation
Ball release
Finish

Examination

Active compression (O’Brien’s test)

Dynamic labral shear (O’Drisscoll’s test)

Biceps Load II (Kim II test)

Speed’s test

Labral tension test

Arthroscopy: The Journal of Arthroscopic & Related Surgery

Volume 24, Issue 3, March 2008, Pages 311–317

Original Article

Physical Examination and Magnetic Resonance Imaging in the Diagnosis of Superior Labrum Anterior-Posterior Lesions of the Shoulder: A Sensitivity Analysis

Nirav K. Pandya, M.D., Anne Colton, M.D., David Webner, M.D., Brian Sennett, M.D., G. Russell Huffman, M.D., M.P.H.

Sensitivity

- O'Brien's (active compression) test 90%,
- Mayo (dynamic) shear 80%
- Jobe's relocation test 76%

- Neer's sign 41%
- Hawkin's impingement tests 31%

J Shoulder Elbow Surg (2012) 21, 13-22

ELSEVIER

JOURNAL OF SHOULDER AND ELBOW SURGERY

www.elsevier.com/locate/ymse

Diagnostic accuracy of five orthopedic clinical tests for diagnosis of superior labrum anterior posterior (SLAP) lesions

Chad Cook, PT, PhD, MBA[a,*], Stacy Beaty, MD[b], Michael J. Kissenberth, MD[c], Paul Siffri, MD[c], Stephan G. Pill, MD[c], Richard J. Hawkins, MD[c]

[a]*Division of Physical Therapy, Walsh University, North Canton, OH, USA*
[b]*Shannon Clinic, San Angelo, TX, USA*
[c]*Steadman Hawkins Clinic of the Carolinas, Greenville, SC, USA*

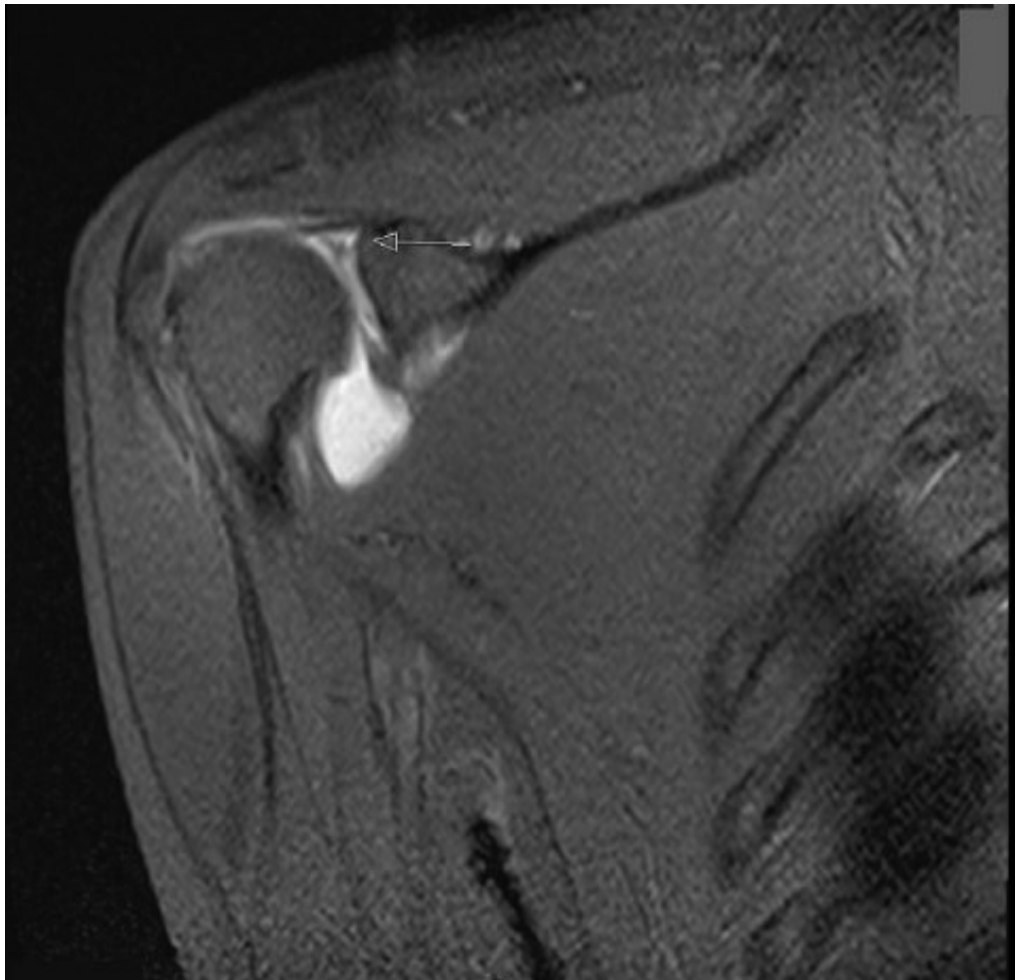
Only Biceps Load II test demonstrated utility SLAP only lesion

- positive predictive value of 26 (95% confidence limits [CL], 18, 31)
- negative predictive value of 93 (95% CL, 84, 97)
- positive likelihood ratio of 1.7 (95% CL, 1.1, 2.6)
- negative likelihood ratio of 0.39 (95% CL, 0.14, 0.91).

Imaging accuracy

MRI vs MRA

- Who should be ordering this test?



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MRI for SLAP lesions

- performing surgeon 67%
- when read by a radiologist 53%
-

MR arthrograms

- surgeon 72%
- radiologist 50%

Arch Orthop Trauma Surg (2012) 132:905–919
DOI 10.1007/s00402-012-1493-8

ORTHOPAEDIC SURGERY

A meta-analysis of the diagnostic test accuracy of MRA and MRI for the detection of glenoid labral injury

Toby O. Smith · Benjamin T. Drew · Andoni P. Toms

60 studies
4667 shoulders, 4574 patients
MRA
- sensitivity 88%
- specificity 93%
-

MRI
- sensitivity 76%
- specificity 87%

European Journal of Radiology 81 (2012) 2343–2347

Contents lists available at SciVerse ScienceDirect

European Journal of Radiology

journal homepage: www.elsevier.com/locate/ejrad

The diagnostic value of magnetic resonance arthrography of the shoulder in detection and grading of SLAP lesions: Comparison with arthroscopic findings

Mohammed Farghally Amin[a,*], Ahmed Omar Youssef[b]

[a] Department of Radiodiagnosis ElMinya University, ElMinya High Road, ElMinya, Egypt
[b] Department of Orthropedic Surgery El Minya University, ElMinya, Egypt

MRA

- Sensitivity 90%
- Specificity 50%
- PPV 81.8%
- NPV 66.6%

Good surgical candidate?

- Treat with respect

Clin Orthop Relat Res (2012) 470:1595–1600
DOI 10.1007/s11999-012-2295-6

Clinical Orthopaedics and Related Research®
A Publication of The Association of Bone and Joint Surgeons®

SYMPOSIUM: INJURIES IN OVERHEAD ATHLETES

Return to Play After Type II Superior Labral Anterior-Posterior Lesion Repairs in Athletes

A Systematic Review

William M. Sayde MD, Steven B. Cohen MD,
Michael G. Ciccotti MD, Christopher C. Dodson MD

506 patients
198 over head athletes
81 baseball players
83% good-excellent patient satisfaction
73% returned to previous level play
Only 63% overhead athletes

A Prospective Analysis of 179 Type 2 Superior Labrum Anterior and Posterior Repairs

Outcomes and Factors Associated With Success and Failure

CDR Matthew T. Provencher,*† MD, MC USN, LCDR Frank McCormick,‡ MD, MC USNR,
CDR Christopher Dewing,† MD, MC USN, LT Sean McIntire,† MD, MC USN,
and CDR Daniel Solomon,§ MD, MC USNR
Investigation performed at the Naval Medical Center San Diego, San Diego, California

Am J Sports Med (2013)

- Clinical and statistically significant improvement
- in shoulder outcomes
- Reliable return to previous activity level limited
- 37% failure rate
- 28% revision
- Age >36 associated with higher chance of failure

Arthroscopic Treatment of Concomitant Superior Labral Anterior Posterior (SLAP) Lesions and Rotator Cuff Tears in Patients Over the Age of 45 Years

Amy E. Abbot, MD, Xinning Li,* MD, and Brian D. Busconi, MD
From the Division of Sports Medicine, Department of Orthopedic Surgery, University of Massachusetts Medical Center, Worcester, Massachusetts

AM J Sports Med (2009)

- over the age of 45 years
- minimally retracted rotator cuff tear and associated SLAP lesion,
- arthroscopic repair of the rotator cuff with combined debridement type II SLAP lesion
- rather than repair SLAP lesion
- provide greater patient satisfaction and functional outcome
- in terms of pain relief and motion.

No Advantages in Repairing a Type II Superior Labrum Anterior and Posterior (SLAP) Lesion When Associated With Rotator Cuff Repair in Patients Over Age 50

A Randomized Controlled Trial

Francesco Franceschi,* MD, Umile Giuseppe Longo,* MD, Laura Ruzzini,* MD, Giacomo Rizzello,* MD, Nicola Maffulli,†‡ MD, PhD, FRCS (Orth), and Vincenzo Denaro,* MD
*From the *Department of Orthopaedic and Trauma Surgery, Campus Biomedico University, Rome, Italy, and the ‡Department of Trauma and Orthopaedic Surgery, University Hospital of North Staffordshire, Keele University School of Medicine, Stoke on Trent, United Kingdom*

Am J Sports Med (2008)

- no advantages in repairing a type II SLAP lesion when associated with a rotator cuff tear
- over 50 years of age
- association of rotator cuff repair and biceps tenotomy provides better clinical outcome
- compared with repair of the type II SLAP lesion and the rotator cuff

Clinical Sports Medicine Update

Surgical Treatment of Symptomatic Superior Labrum Anterior-Posterior Tears in Patients Older Than 40 Years

CME

A Systematic Review

John Erickson,*† MD, Kyle Lavery,† MD, James Monica,† MD,
Charles Gatt,† MD, and Aman Dhawan,† MD
Investigation performed at Robert Wood Johnson Medical School, Rutgers University, New Brunswick, New Jersey, USA

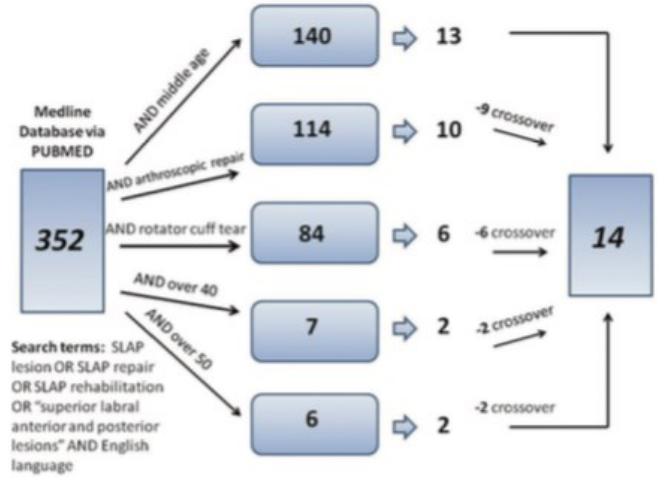


Figure 1. Study flowchart.

Am J Sports Med Vol 43(5) 1274-1282 (2015)

Arthroscopic type II or IV SLAP repairs

Independent risk factors for increased surgical complications

- >40 YO
- Work compensation status

Patients >35

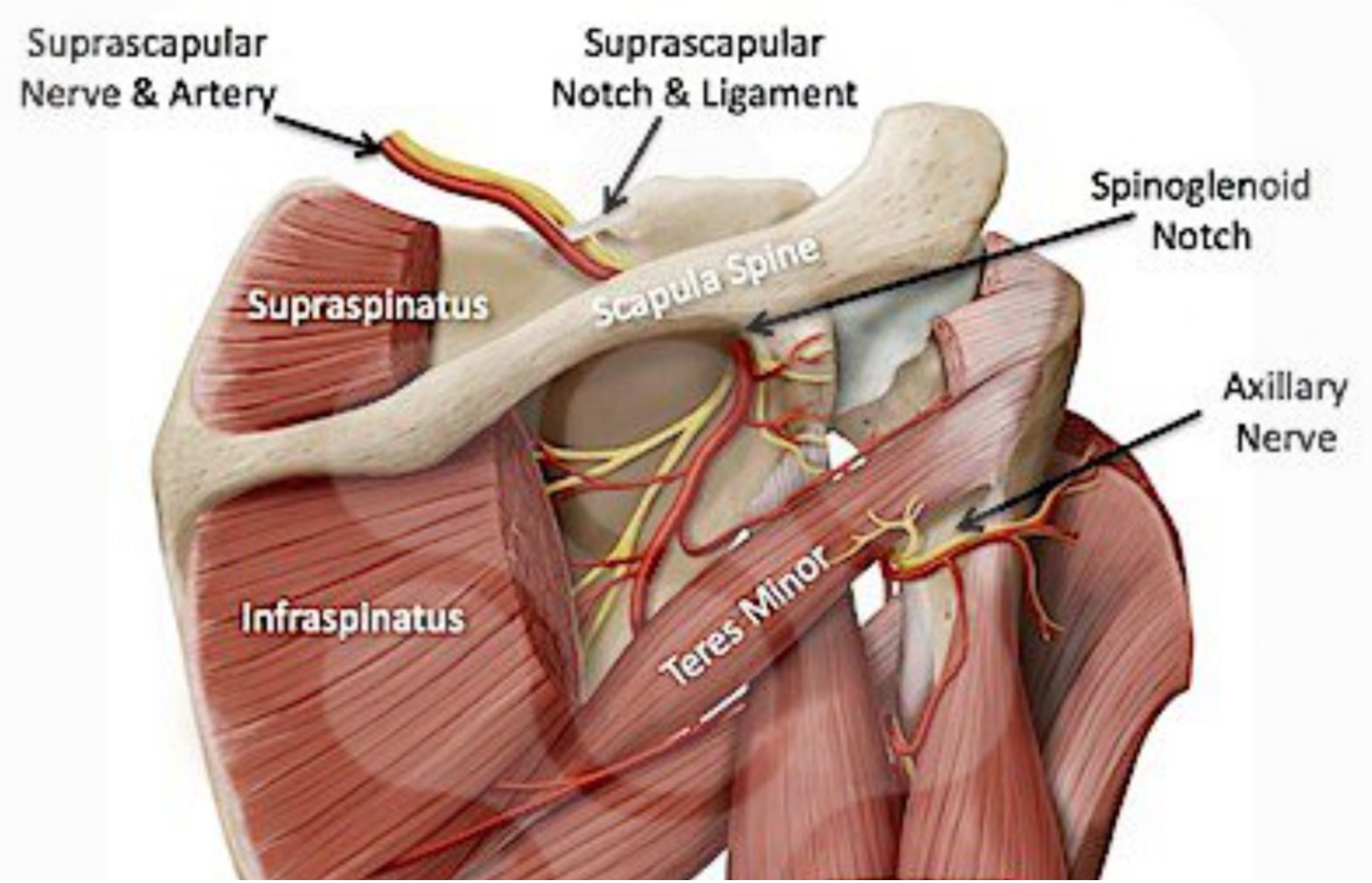
- Treatment focused on other shoulder pathologies
- Symptoms rarely due to isolated SLAP in these patients

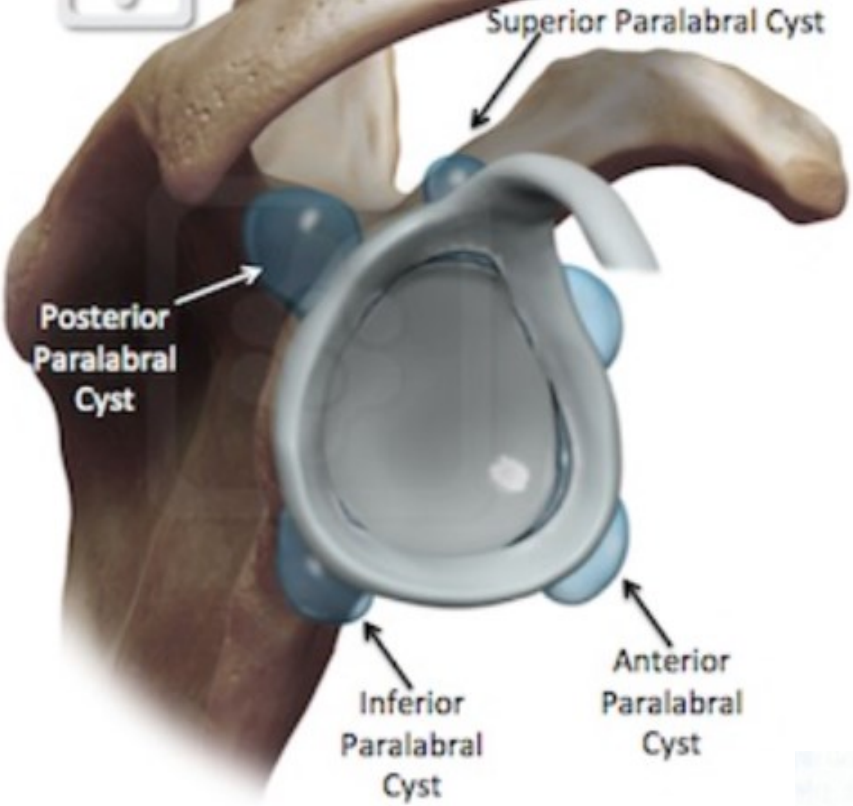
Aims of conservative treatment

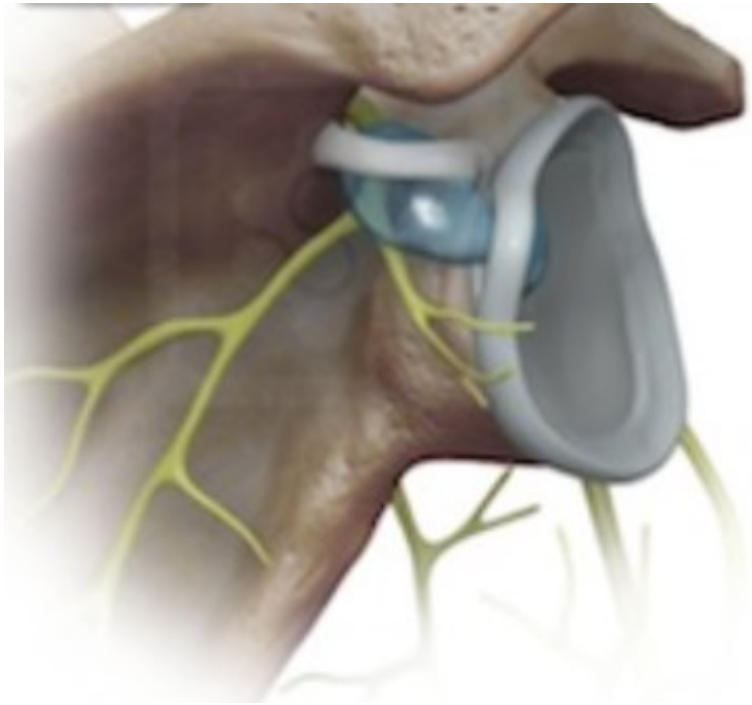
- Reduce pain and inflammation
- Restore pain free ROM
- Improve function and strength scapular stabilizers
- Improve R/C strength

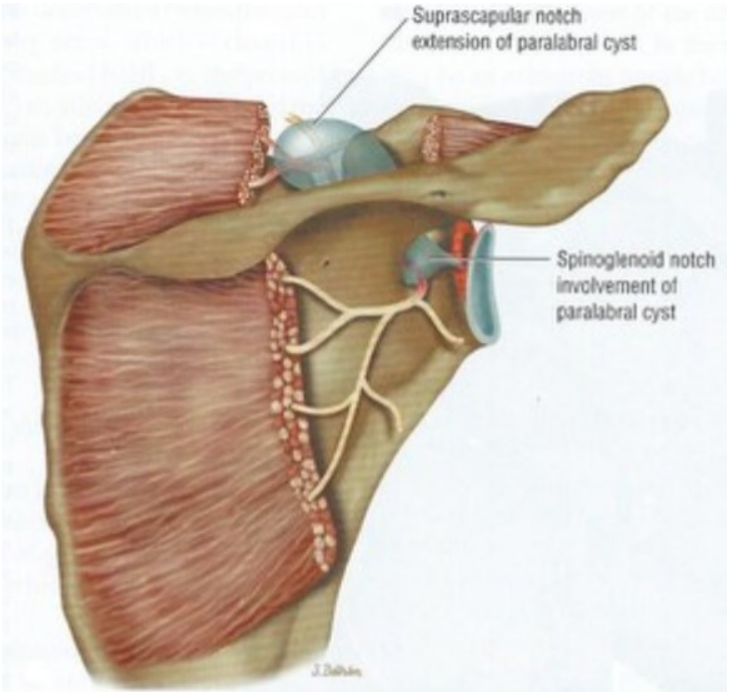
- Manage other pathologies

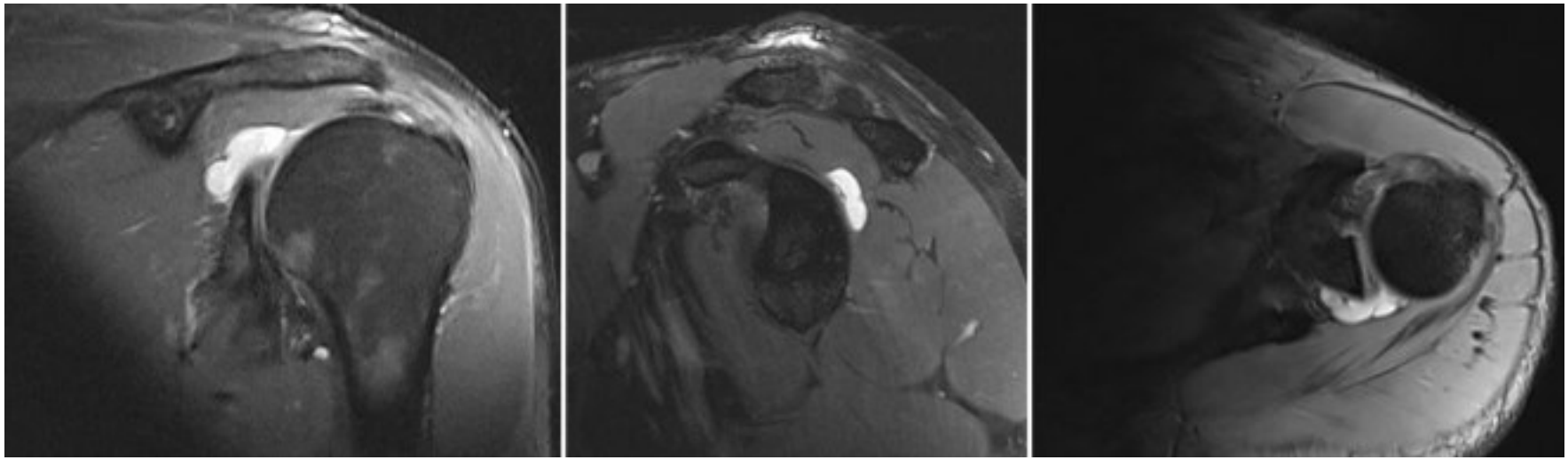

Supraspinatus
muscle wasting
Infraspinatus
muscle wasting

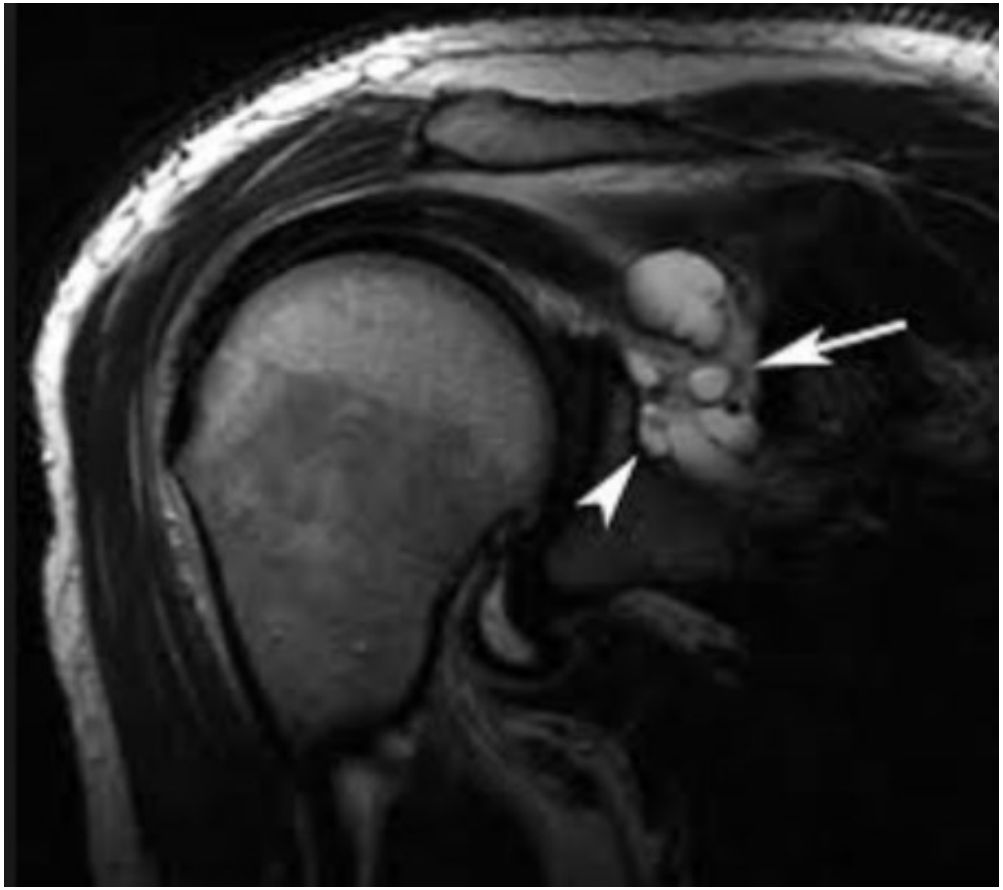

Suprascapular
Nerve & Artery
Suprascapular
Notch & Ligament
Spinoglenoid
Notch
Scapula Spine
Supraspinatus
Axillary
Nerve
Infraspinatus
Teres Minor

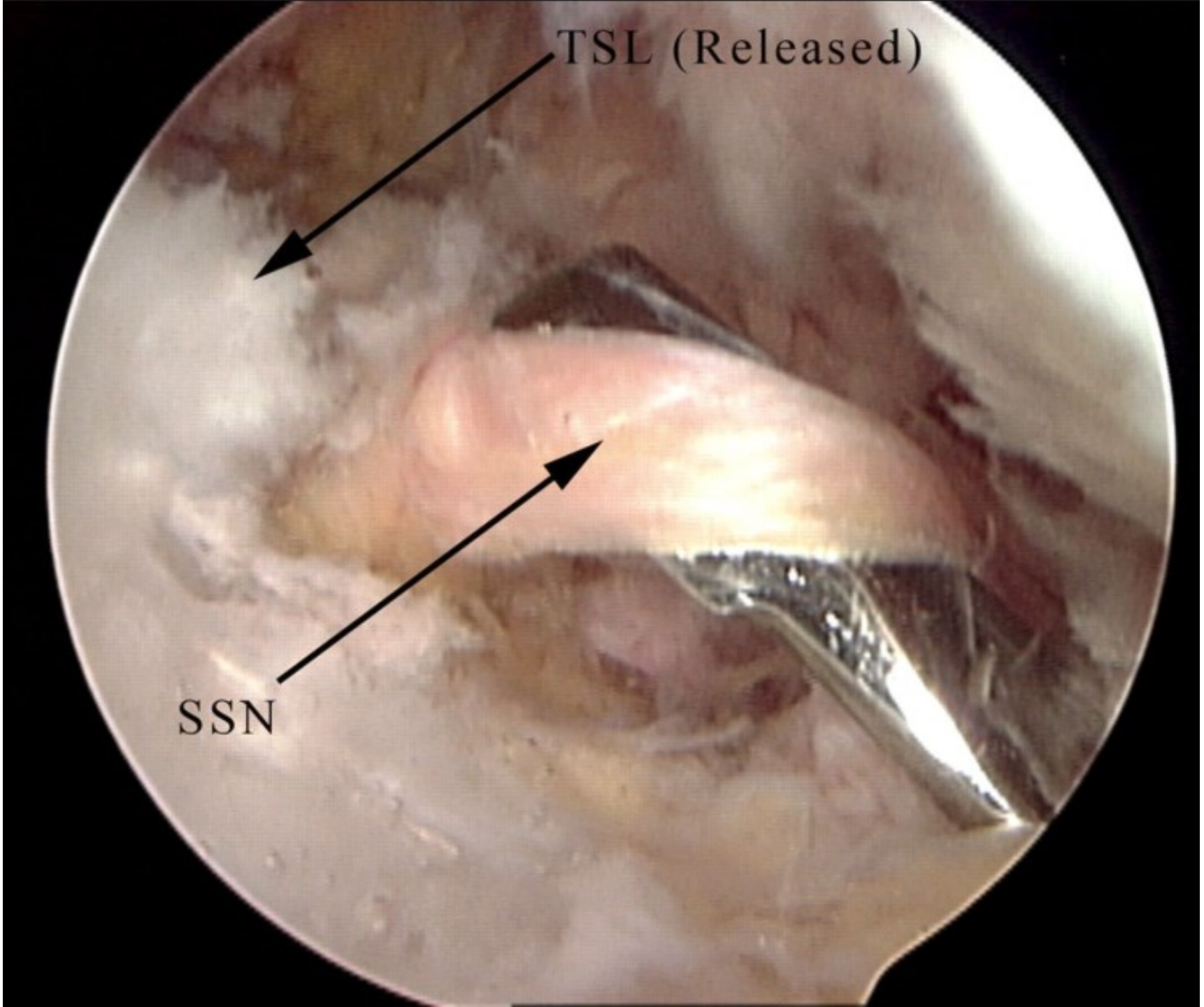

Superior Paralabral Cyst
Posterior Paralabral Cyst
Inferior Paralabral Cyst
Anterior Paralabral Cyst



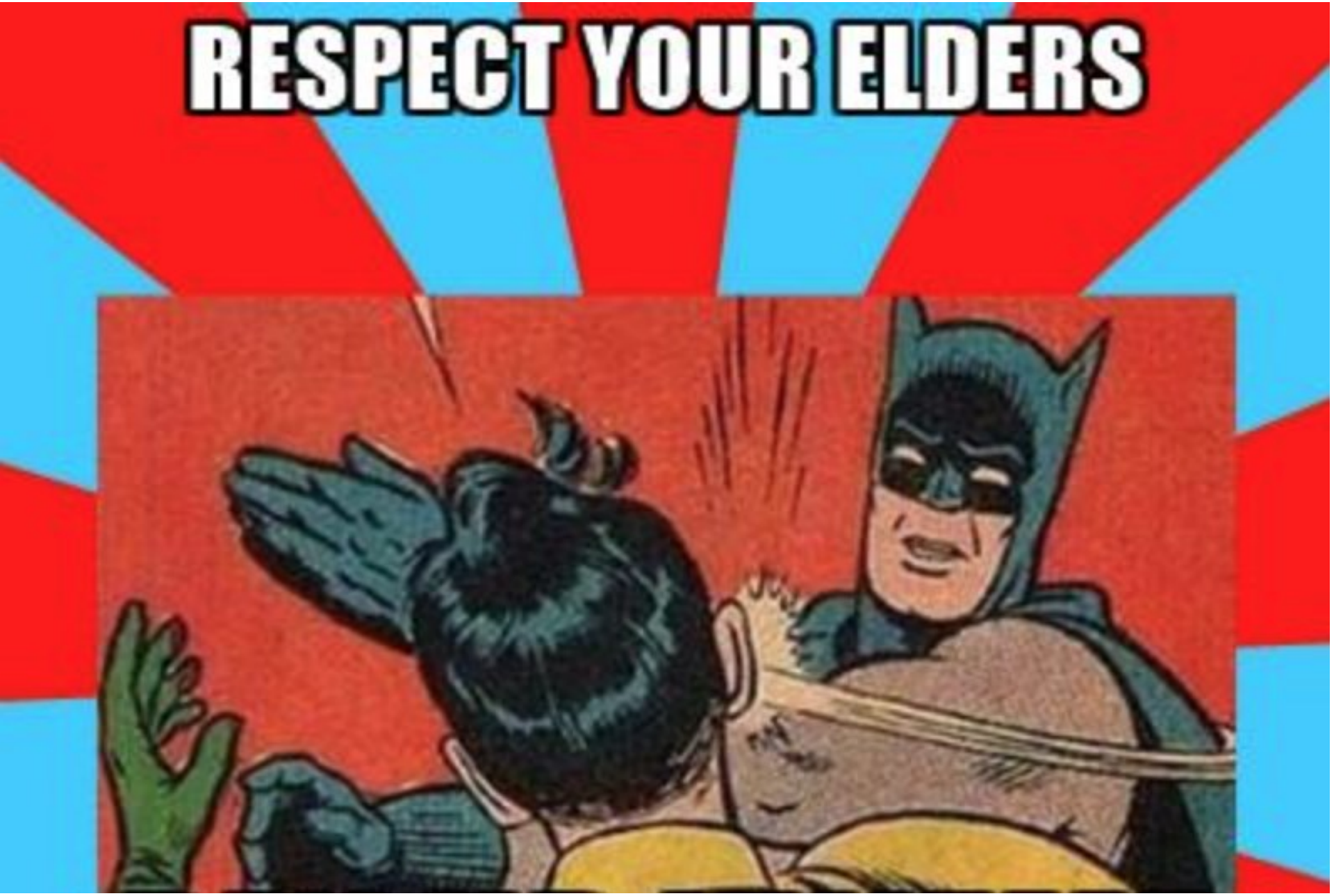

Suprascapular notch extension of paralabral cyst
Spinoglenoid notch involvement of paralabral cyst






TSL (Released)
SSN


SLAP
HAPPY


RESPECT YOUR ELDERS