RAPID RESEARCH

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Inside This Week:

Clinical Understanding of SLAP Tears

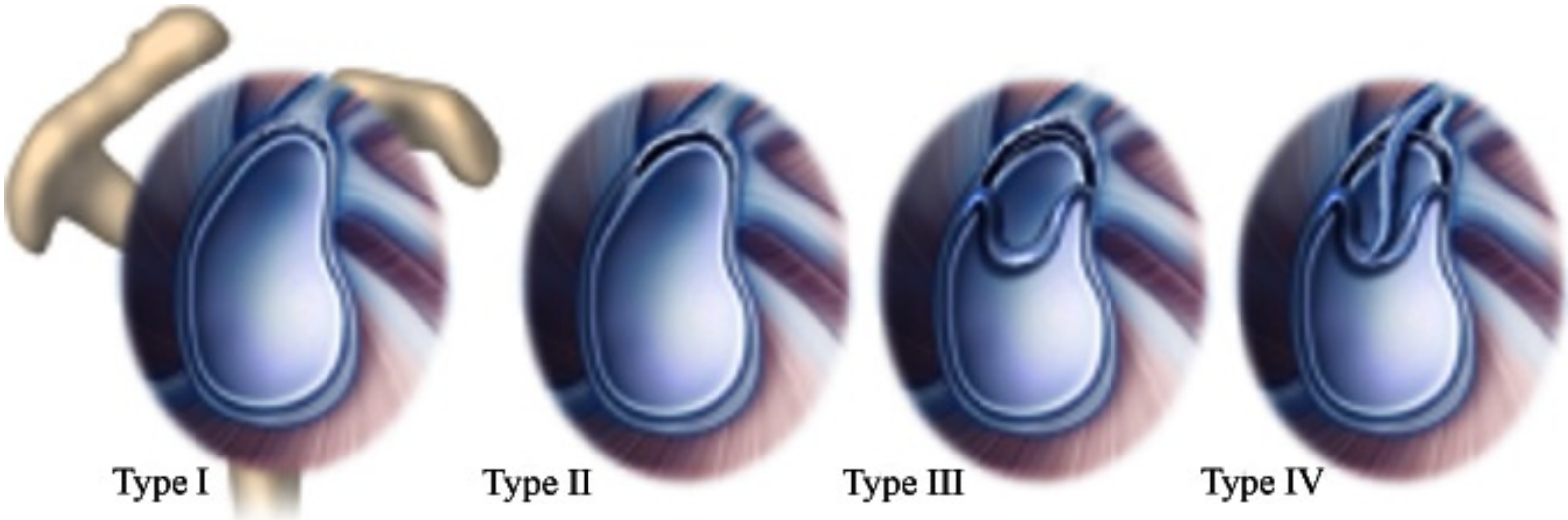
- ✅ Snyder Classification of SLAP Tears
- ✅ Active Compression Test for SLAP Tears
- ✅ Treatment Algorithm for SLAP Tears

SNYDER CLASSIFICATION OF SLAP TEARS

AUGUST 2023

Click for Full Text (Ahsan et al. 2016)

The Snyder classification provides an anatomic description and characterization of injury severity to the superior labrum and biceps anchor.



KEY FINDINGS

Type I Lesion:
- Characterization: Degenerative fraying of the superior labrum free edge.
- Labrum Attachment: Intact peripheral attachment.
- Biceps Tendon: Stable anchor.

Type II SLAP Tear:
- Characterization: Degenerative fraying of the superior labrum with additional detachment.
- Labrum Attachment: Detachment of superior labrum and biceps from the glenoid.
- Biceps Tendon: Unstable labral-biceps anchor.

Type III Lesion:
- Characterization: Bucket-handle tear of the superior labrum.
- Labrum Attachment: Intact biceps tendon anchor.
- Biceps Tendon: Stable anchor.

Type IV Lesion:
- Characterization: Displaced bucket-handle labral tear.
- Labrum Attachment: Extension into the biceps tendon root.
- Biceps Tendon: Affected by the tear extension.

MAIN TAKEAWAYS

The original Snyder classification has provided a basis for anatomic description of superior labral lesions.

However, validation studies have not shown the classification to be reliable using any modality, indicating that the classification and its expansions are not readily reproducible.

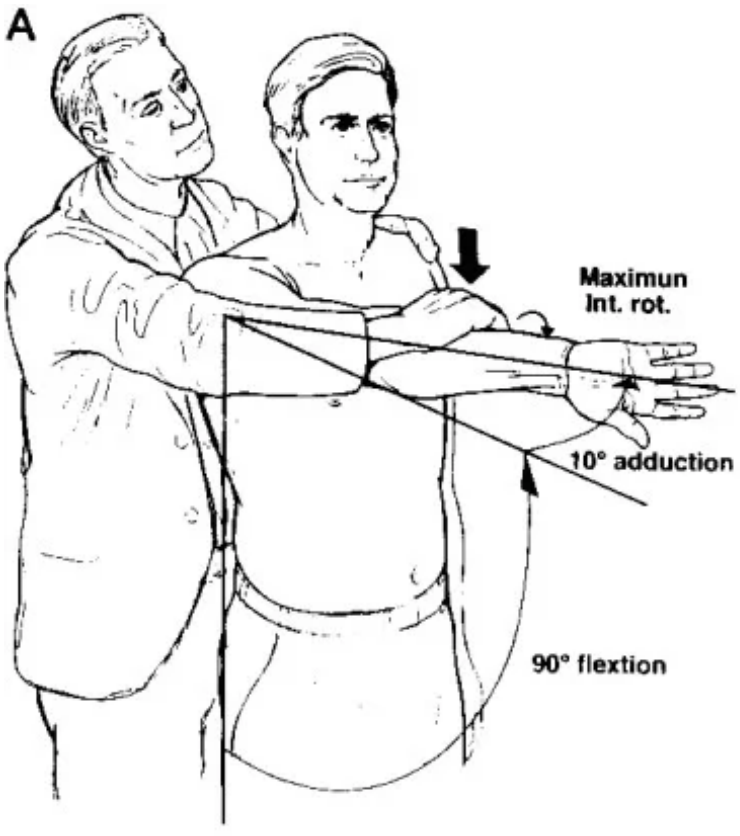
Challenges in correlating clinical symptoms with MRI and physical examination findings make appropriate surgical indications and surgical interventions difficult to establish.

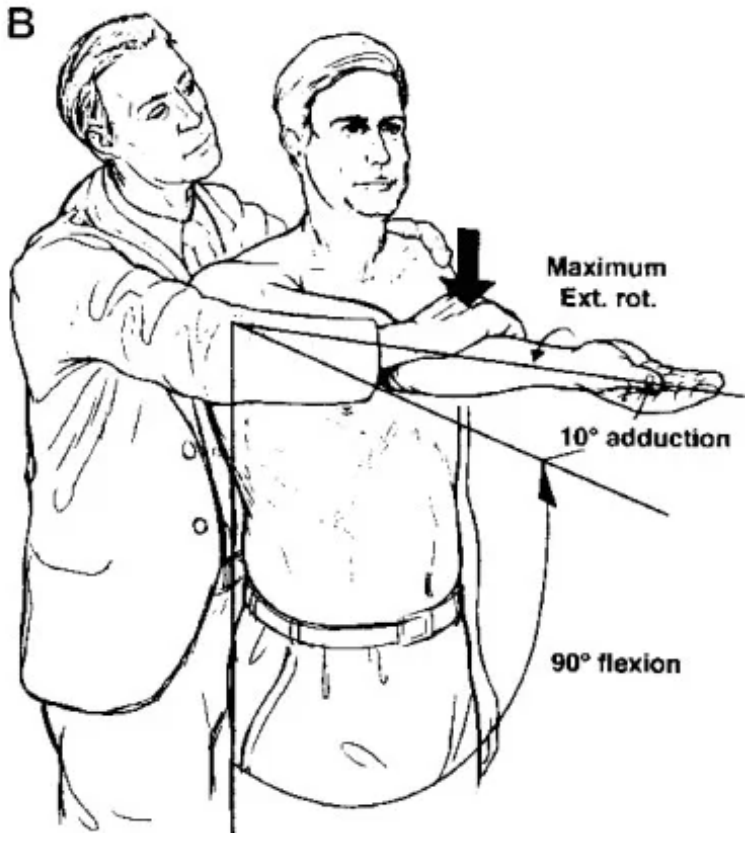
ACTIVE COMPRESSION TEST FOR SLAP TEARS

AUGUST 2023

Click for Full Text (Davis et al. 2018)

This systematic review compiled the available evidence for this test and evaluated its diagnostic accuracy.





KEY FINDINGS

18 studies with 3091 participants

12/18 studies either had high or unclear risk of bias (66.6%).

Active Compression Test Effectiveness:

Sensitivity [71.5%]

Specificity [51.9%]

Post-test Probability:

31.7–40.72% with a positive finding

31.7–20.33% with a negative finding.

MAIN TAKEAWAYS

While the introduction of the Active Compression (O'Brien's) test was originally viewed as a promising test for SLAP lesions in the shoulder, years of studies have begun to show that its diagnostic utility is, in fact, not compelling.

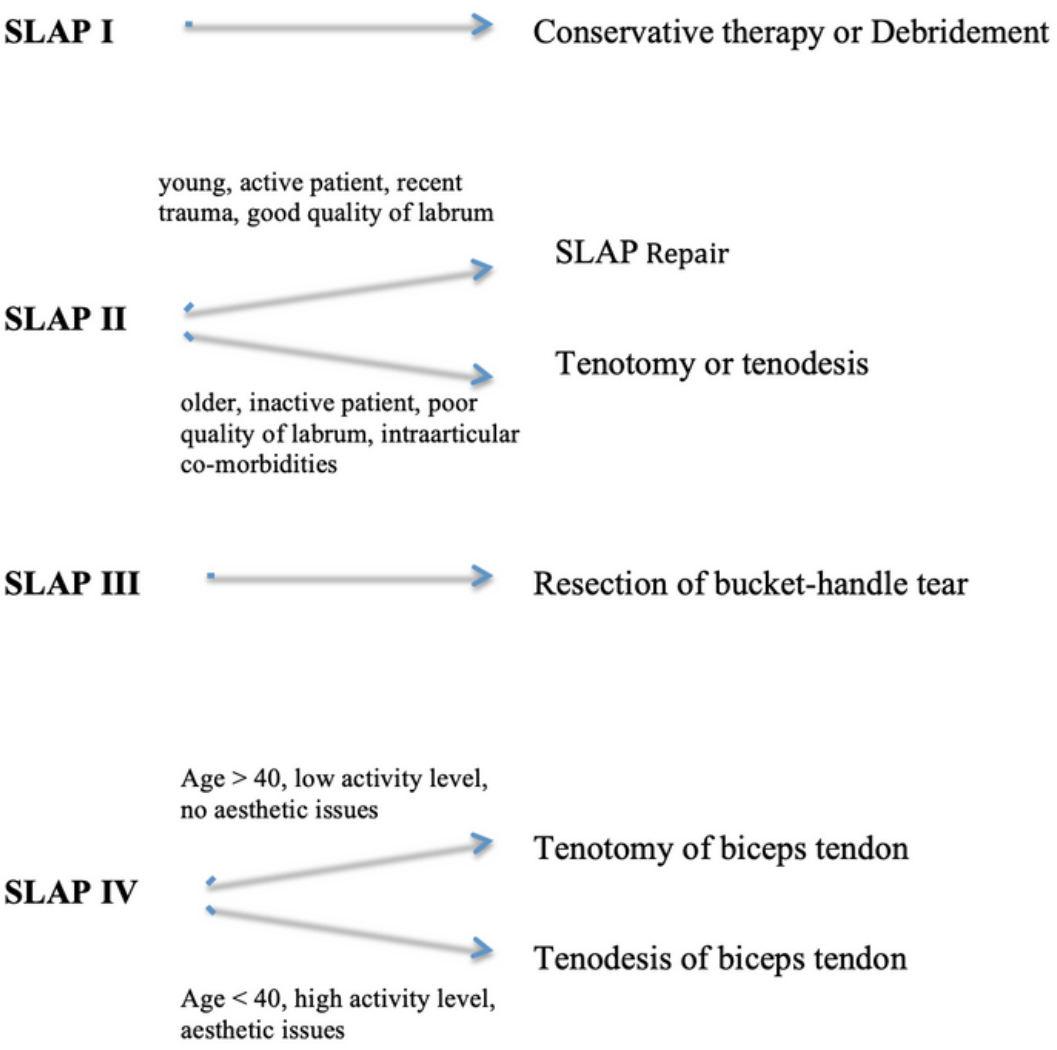
Clinicians should remain cautious when using the Active Compression Test in isolation when suspicious of a SLAP lesion of any severity.

TREATMENT ALGORITHM FOR SLAP TEARS

AUGUST 2023

Click for Full Text (Stathellis et al. 2018)

This review created an algorithm on how to treat SLAP lesions according to their type and data on the factors that influence the surgical outcome



KEY FINDINGS

Variability in Surgical Approaches:

- Type II SLAP lesions (most common variant) prompt significant debate among surgeons about the appropriate treatment.
- Type III SLAP treated by excising the bucket-handle tear.
- Type IV SLAP treated with tenotomy or tenodesis of the long head of biceps tendon.

1. **Arthroscopic Treatment Recommendation:**
   - In young, active patients with good labral quality, reattaching labrum to glenoid alongside tenodesis/tenotomy of biceps tendon could be considered.
   - Treatment choice guided by lesion characteristics and patient factors
   - Treatment decisions influenced by factors like lesion type, patient age, gender, cause of lesion, functional requirements, sporting activity level, and patient expectations.

MAIN TAKEAWAYS

Factors Affecting Treatment Choice:

- Tenodesis of biceps tendon favored in overhead athletes, older patients, and cases with type II SLAP lesion.
- SLAP repair suggested for patients with healthy labrum.
- Trending biceps tenodesis vs. SLAP repairs over time.

Conservative Approach and Decision for Surgery:

- Initial approach includes anti-inflammatory drugs, physiotherapy, and addressing technique flaws.
- Conservative approach should last 3-6 months

Surgical Techniques and Criteria:

- Surgical techniques based on lesion type and patient.
- Labrum fixation, tenotomy, or tenodesis of biceps tendon are treatment options.

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