

Anterior shoulder pain, long head of biceps tendon (LHB) pathology and Superior labral anterior to posterior (SLAP) tears

Physio Edge podcast 077 with Jo Gibson @Shouldergeek1



SYMPTOMS

SLAP - Patients have a history of trauma or overuse, pain deep in the joint, difficult to localise, often loss of power in overhead positions, < 50% have clicking or popping, pain with AB/ER positions that load the biceps. May describe feelings of instability.

Biceps tendon - localised to anterior shoulder over LHB tendon. Aggravated by concentric/ eccentric load biceps and end range ER and AB/ER.

1

REHABILITATION

over 2/3 of all SLAP lesions will respond to conservative management

a. Conservative management should be the first line of treatment

b. Rehab should emphasise cuff and scapula muscles not specific biceps exercises- biceps commonly the victim not the culprit

2

c. 50-80% of throwing power is from the lower quadrant and trunk. Rehabilitation should therefore include the kinetic chain and lower limb to optimise load transfer and break the pain cycle e.g. thoracic rotation, lower limb strength and power generation.

d. Pain should improve with 6-12 weeks of treatment



3

IRRITABLE TENDONS

Limit abduction/external rotation positions and aggravating activities initially

Cuff activation - Use cuff activation & the kinetic chain to improve pain and function by improving load transfer.

Isometrics - Supported

rotator cuff isometrics can be used (scapular plane in mid range external rotation), pushing arm into the wall. If biceps isometrics are used, arm weight should be supported too.



Use the other arm - isometric, concentric or eccentric exercises on the unaffected arm at 70% MVC can help to decrease pain.

BROUGHT TO YOU BY: