Comparison of Two Surgical Methods for SLAP Lesions

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ABSTRACT

Clinical Scenario: Superior labrum anterior posterior (SLAP) tears are found in an overhead population, especially athletes. An overhead population includes people who do most of their work above their head, or who have repetitive movements above their head. Two surgical methods being researched for the best outcome include repairing the labrum tear or performing a biceps tenodesis. Focused Clinical Question: In patients with SLAP lesions what is the difference in repair versus biceps tenodesis on function through the ASES score? Search Strategy: For research methods, many data bases were used including PubMed, CINAHL Plus, Cochrane Library and ProQuest Nursing Collection. To narrow down the results, a variety of terms were searched on each of these databases. They are SLAP Lesion Treatment, repair, biceps tenodesis, return to play, and return to full function. Inclusion criteria were SLAP lesion repair, biceps tenodesis, return rates to full function. Exclusion criteria were multiple labrum tears, rotator cuff tears, minimal function before injury or having another repair along with the labrum repair. Evidence Quality Assessment: The PEDro score is used to measure the quality of the studies that are done. The studies ranged from 5/10 to 8/10. And the Oxford levels ranged from 2-3. Results and Summary of Search: Studies found that in an older population biceps tenodesis could be a better option as to repairing the SLAP lesion. The recovery time was shown to be shorter and more of the patients returned to full function. The studies stated that repairing the SLAP lesion should be done in a young active overhead population, as opposed to biceps tenodesis is better for an older non- overhead population. Strengths in the studies were the amount of shoulders evaluated and worked on, whereas weaknesses include lack of follow up with patients. Clinical Bottom Line: Biceps tenodesis is better for an older non-overhead population, whereas SLAP repair is better for a younger overhead athlete population. This is because there could be a deficit with range of motion with biceps tenodesis, because this involves cutting the long head of the tendon. A SORT grade of B is given.

EVIDENCE QUALITY ASSESSMENT

- PEDro scores ranged from 5 to 8.
- Oxford 2011 scores ranged from 2 to 3.

RESULTS AND SUMMARY OF SEARCH

In patients with superior labrum anterior posterior (SLAP) lesions what is the difference in SLAP repair versus biceps tenodesis using ASES scores? Table 1 shows the ASES scores from four different studies. It also shows the level of significance through the p-value. This compares the numbers that were shown between SLAP repair and biceps tenodesis. There is no significant difference between the two.

CLINICAL BOTTOM LINE

- Biceps Tenodesis was found to have a quicker recovery time with return to full function as compared to a SLAP lesion repair.
- SLAP lesion repair is better for patients under 35 years of age.
- Overall, there was no significant difference between the two surgical methods on return to full function based on ASES scores.

IMPLICATIONS

- Patients need to be educated on the best option for their needs based on age and activity level.
- Tenodesis can have a quicker recovery time, however it can be linked to a decreased range of motion because of the cutting of the biceps tendon.
- Repairing a SLAP lesion can lead to a longer recovery time however the biceps tendon remains intact.

REFERENCES