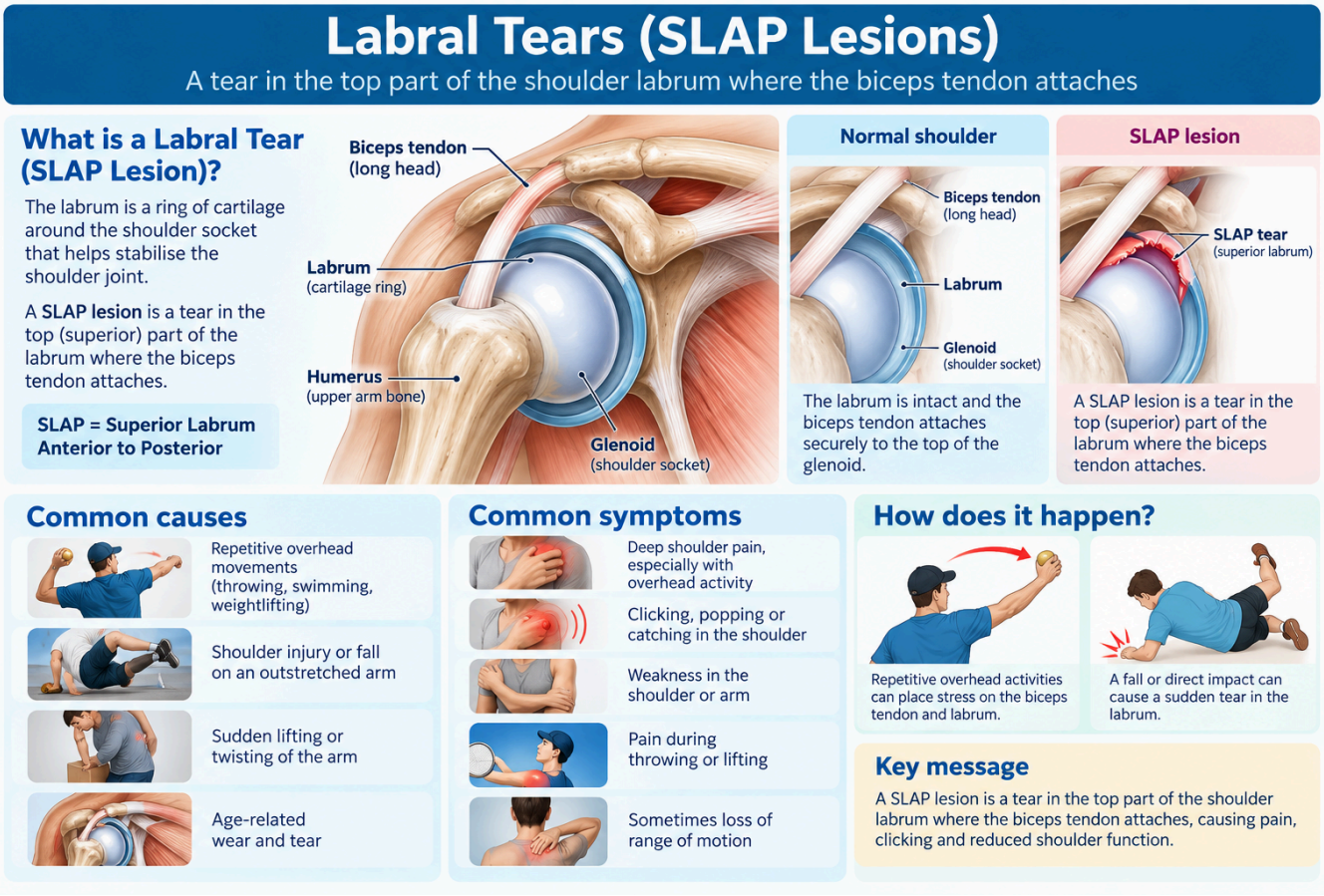
Labral Tears (SLAP Lesions)

Understanding shoulder labrum injuries, symptoms and recovery

Labral Tears (SLAP Lesions)

A guide to symptoms, treatment and recovery



What is a labral tear (SLAP lesion)?

The labrum is a ring of cartilage around the shoulder socket that helps stabilise the joint. A SLAP lesion is a tear in its upper part, where the biceps tendon attaches.

Common symptoms

Deep shoulder pain, clicking or catching, weakness, pain when throwing or lifting, and sometimes reduced range of movement.

Causes, diagnosis and treatment

Understanding the injury and available care options

Common causes

Repetitive overhead movements such as throwing, swimming or weightlifting; a fall onto an outstretched arm; sudden lifting or twisting; or age-related wear and tear.

Diagnosis

Assessment includes your medical history, a shoulder examination and special clinical tests. An MRI arthrogram may be recommended to help confirm a labral tear.

1. Conservative treatment

Modify activities that aggravate pain. Pain relief such as paracetamol or NSAIDs may be advised by your GP. Physiotherapy may include rotator cuff and shoulder-stabiliser strengthening, mobility work and gradual return to activity.

2. Injections

Corticosteroid injections may help reduce pain and inflammation in selected cases.

3. Surgery

If symptoms persist despite non-surgical treatment, arthroscopic labral repair may be considered. Guided rehabilitation is important after surgery.

Exercises and self-management

Rehabilitation guided by your physiotherapist

Labral Tears (SLAP Lesions) Exercises

Gentle exercises to improve shoulder stability, strength and function

1 Isometric external rotation



- Stand side-on to a wall with a folded towel between your wrist and the wall.
- Keep your elbow at 90° and tucked into your side.
- Gently press your hand outwards into the wall.
- Hold for 5–10 seconds.
- Repeat 10 times, 2–3 times daily.

2 Isometric internal rotation



- Stand side-on to a wall with a folded towel between your wrist and the wall.
- Keep your elbow at 90° and tucked into your side.
- Gently press your hand inwards into the wall.
- Hold for 5–10 seconds.
- Repeat 10 times, 2–3 times daily.

3 Isometric shoulder flexion



- Stand facing a wall with a folded towel between your hand and the wall.
- Keep your arm in front of you at shoulder height.
- Gently press your hand into the wall.
- Hold for 5–10 seconds.
- Repeat 10 times, 2–3 times daily.

4 Isometric shoulder extension



- Stand with your back to a wall.
- Place a folded towel between the back of your hand and the wall.
- Keep your arm straight and close to your side.
- Gently press backwards into the wall.
- Hold for 5–10 seconds.
- Repeat 10 times, 2–3 times daily.

5 Scapular retraction (shoulder blade squeeze)



- Sit or stand upright with good posture.
- Gently squeeze your shoulder blades together, keeping your shoulders relaxed and down.
- Hold for 5 seconds, then relax.
- Repeat 10–15 times, 2–3 times daily.

6 Pendulum swings (mobility exercise)



- Lean forward, supporting yourself on a table or chair with the unaffected arm.
- Let the affected arm hang down relaxed.
- Gently swing the arm in small circles, then try backwards and side to side.
- Repeat for 30–60 seconds, 2–3 times daily.

Exercise tips

Start gently
Begin with the exercises recommended by your physiotherapist.

Avoid sharp pain
Do not push through sharp pain. Mild discomfort is acceptable.

Progress gradually
Increase repetitions as your pain allows.

Seek advice
Stop and seek advice if you experience increased pain, swelling or reduced function.

Precautions and next steps

Supporting a safe return to daily activities

Avoid aggravating movements

Reduce heavy lifting and overhead activity during flare-ups. Resume activities gradually, guided by symptoms and professional advice.

Maintain shoulder control

Keep good posture and shoulder alignment. Follow a structured physiotherapy programme to improve strength and stability.

When to seek medical advice

Seek review for persistent shoulder pain despite rest and physiotherapy, repeated instability or dislocations, or weakness affecting daily activities.

Recovery outlook

Many people improve with physiotherapy and activity modification. Recovery may take weeks to months. Surgery can be considered when indicated, followed by rehabilitation.

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