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Type IX SLAP Lesion to Non-Throwing Shoulder of Baseball Player

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BACKGROUND

The patient is a 20-year-old male Division I baseball outfielder. Patient has previously received surgery for an ACL reconstruction but has no history of any previous shoulder pathologies.

DIFFERENTIAL DIAGNOSIS

During the incident, the patient experienced a subluxation of his right shoulder while following through his swing in a summer game. After receiving an MRI this case was officially diagnosed as a type IX SLAP Lesion.

RELATED LITERATURE

SLAP lesions for many years have been defined into four different classifications. However, overtime researchers have begun to expand these classifications to include SLAP lesions that have yet to be classified.¹ This diagnosis of a type IX SLAP lesion is described as a SLAP lesion that extends the entire circumference of the glenoid.¹

TREATMENT

After the physician reviewed the MRI, he suggested a conservative, non-operative, approach. The physician implemented a rehab protocol that involved strengthening of the glenohumeral joint and modification of the patient's swing and follow through. The patient adhered to this protocol daily and did not experience any significant pain or recurrence of the injury. A surgical option was never deemed to be necessary as a result of the positive outcomes.

UNIQUENESS

This case is unique for two reasons; the SLAP lesion occurred on the patient's non-throwing shoulder and this diagnosis is uncommon. In most cases, baseball players that experience SLAP lesion develop the pathology over time; biceps tendinopathy causes a portion of the labrum to pull away. In throwing athletes, this degeneration of the Labrum is caused by the high levels of stress and repetitive motion place on the labrum during the deceleration phase of throwing. This patient is unique because the trauma occurred during the deceleration or follow through of his swing. The mechanism of injury which ultimately caused this distinctive diagnosis makes this case unlike other SLAP lesions. As previously stated, SLAP lesions have commonly been understood to have four classifications. Through research there have been an increase in these classifications, to which they are now beginning to be used in orthopedic medicine for diagnosis.

CONCLUSIONS

This athlete was involved in an uncommon scenario in which throwing was not a factor in the occurrence of his pathology, which is a pathology most common in throwing athletes because of the mechanics involved in throwing. This case is important in the field of Athletic Training because injuries are not always what they seem. Diagnosing a patient involves looking at all the clinical findings and digging deep to find the answer. A labral tear may have not be considered in similar cases because it is not commonly seen on the non-throwing arm of throwing athletes. It just goes to show that injuries can happen anywhere.

Horgan, Gironda-Whitaker. Type IX SLAP Lesion
To Non-Throwing Shoulder of Baseball Player.
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KEY WORDS: *throwing, glenohumeral, labrum, shoulder, SLAP lesion, classification, non-dominant*