



FIGURE 1. Coronal T1-weighted magnetic resonance arthrography image with fat saturation demonstrating high signal in the superior labrum (arrow), which is consistent with a tear.

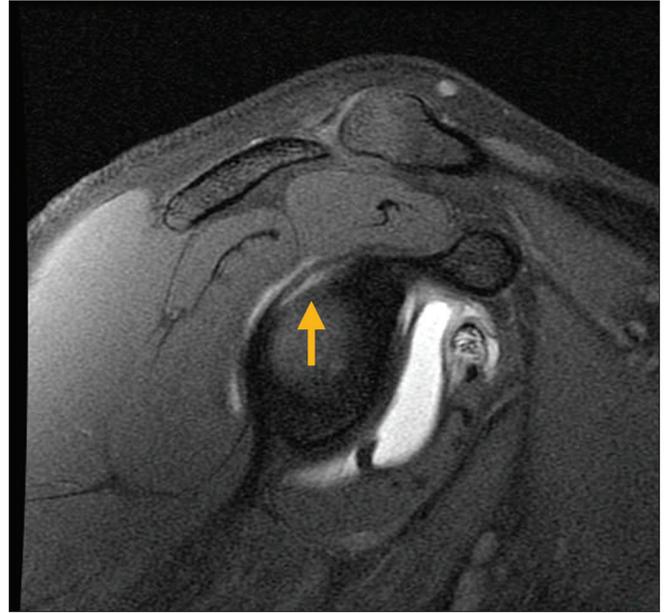


FIGURE 2. Sagittal T1-weighted magnetic resonance arthrography image with fat saturation demonstrating high signal in the posterior superior labrum, which is consistent with a tear (arrow).

Superior Labrum Anterior-to-Posterior Tear

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THE PATIENT WAS A 25-YEAR-OLD male college student with a chief complaint of right shoulder pain, after sustaining an injury while performing a high-velocity, wide-grip pull-up exercise 4 weeks earlier. The patient was initially diagnosed with bicipital tendinitis by his physician and had been treated for 4 weeks by a physical therapist. However, his symptoms did not improve and he was unable to return to his preinjury activity levels. Therefore, the patient sought the services of another physical therapist closer to his home during a college break for a second opinion.

At the time of the initial evaluation with the second physical therapist, the patient complained of deep right shoulder pain with overhead activities, popping and clicking with any active movements of the right shoulder, and locking when he moved his shoulder into an externally rotated position. Physical examination revealed full right shoulder flexion, abduction, and internal rotation, with pain reported beyond 130° of shoulder abduction. Right shoulder external rotation range of motion was limited to 45°, with a mechanical springy block noted at end range. Special testing of the right shoulder

revealed positive active-compression and biceps-load tests.

Due to concern for a labrum tear, the physical therapist referred the patient to an orthopaedic surgeon. Magnetic resonance arthrography revealed findings consistent with a superior labrum anterior-to-posterior tear (**FIGURES 1 and 2**). The patient subsequently underwent arthroscopic labral repair within the next week and continued his postoperative rehabilitation upon returning to college. ● *J Orthop Sports Phys Ther* 2012;42(12):1050. doi:10.2519/jospt.2012.0420