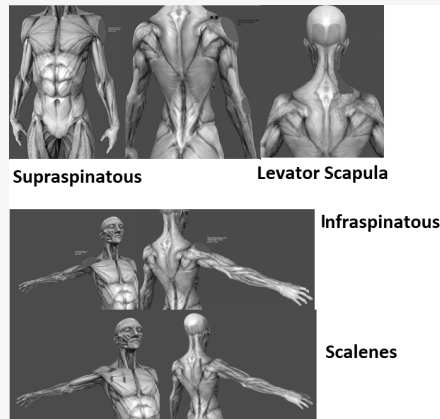


### TrP pain referral similar to cx radiculopathy



- Supraspinatous - C5
- Infraspinatous - C5-7
- Scalenus Anterior - C5-C7
- Levator Scapulae C8,T1

### Cx Disc Herniation

- More likely to occur posterolaterally
- Hard Disc Derangement = older patient with degenerative changes
- Soft Disc Derangement = young pts, trauma commonly benign
- Look out for C8,T1 lesions , disc herniations are rare - could be non-mechanical

### NR Symptoms

| Root | Symptoms                                                                      |
|------|-------------------------------------------------------------------------------|
| C5   | Pain lateral upper arm to elbow, medial scapula border                        |
| C6   | Pain in the lateral forearm, thumb and index finger                           |
| C7   | Neck pain, medial scapula down to middle finger                               |
| C8   | Neck pain, radiating to the shoulder, ulnar side of forearm and little finger |
| T1   | Pain in shoulder and axilla to olecrana                                       |

### Hx Findings

- Sharp, Aching pain in neck radiating into arm
- Sensory Changes in dermatonal fashion , tingling, numbness, loss of sensation
- Bakody's sign (abducting the shoulder and placing hand on their head) reduces symptoms
- Coughing, Sneezing/straining (Valsalva) worsens pain
- Stiffness of neck with decreased ROM
- Myotomal weakness in muscles supplied by effected nerve root
- Pain may wake up patient at night (common in neurological pain)

### Exam Findings

|                                                                                       |                                                                                   |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| - Pt head tilts away from side of radicular pain                                      | - AROM reduced in Extension, rotation and lateral flexion - flexion relieves pain |
| - Tenderness of paraspinal cx muscles, Trps in muscles supplied by the affected nerve | -Cx spine compression & Doorbells +ve, Cx distraction relieves pain               |
| - SMR affected (Diminished & Asymmetrical)                                            | - Gait, LL reflexes & Hoffmans and Babsinki for suspected myelopathy              |

### Cervical Spine Injuries

Fracture

Dislocations

Spondylolisthesis

Disc Derangements

C

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