

Causes

- Common site of entrapment: Supraclavicular where nerve breaches middle scalene
- Can be injured by blunt trauma (rare)
- Can be a result from repetitive compression/traction (common)
- Anything that requires middle scalene activation, contralateral cx rotation + ipsilateral arm elevation can stretch the nerve
- Iatrogenic lesions (surgery/biopsy/SOL)
- Polio
- Brachial neuritis (Parsonage Turner)
- Radiation Therapy

Presentation

- Often follows strenuous upper extremity activity/heavy weight lifting
- Arm pain and rapid fatigue
- Weakness/instability when pushing, pulling, lifting, arm above shoulder level
- Some are unable to flex/abduct their shoulder >90 degrees
- Scapula winging + inferior angle prominence
- Palpation = tenderness in supraclavicular region, posterior to carotid artery
- Symptoms increase with contralateral cx rot + ipsilateral arm elevation
- EMG usually provides definite diagnosis

Management

- Condition is rare, so diagnosis is usually delayed
- Prognosis variable
- Conservative treatment usually 1st
- Some degree of recovery within 6-12 months - complete recovery is rare
- Gentle nerve flossing exercises
- Myofascial release and stretching of scalenes
- Scapula stabilisation exercises in supine
- Surgery is considered if no improvement with conservative care >6 months, however functional after effects are still reported (scapula winging, muscle fatigue) but pain levels drastically decrease

