

Contralateral Neck Flexion Maneuver in Differentiating Cervical Radiculopathy from Primary Shoulder Pathology

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INTRODUCTION

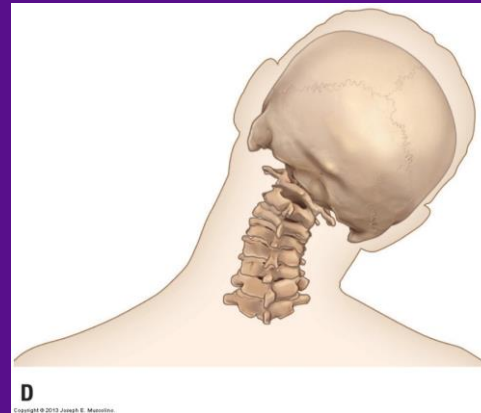
Musculoskeletal pathologies have overlapping clinical presentations that can be difficult to differentiate from one another. For instance, cervical spondylosis not only causes pain in the neck, but can also cause radiating pain in the forearm that can be confused with rotator cuff pathology, nerve compression in the shoulder area, or brachial neuritis. Literature thus far has revealed physical exam maneuvers that aid in diagnosing pathologies of either the shoulder or cervical spine. However, we present a new physical exam maneuver that is helpful in differentiating these two etiologies. By performing a contralateral neck flexion maneuver, the site of nerve root impingement widens so as to relieve the compression of the nerve root. If this maneuver diminishes the patient's shoulder pain, the patient's symptoms may be attributable to cervical nerve root impingement. In contrast, if the patient's shoulder pain persists, the pain may be originating from a shoulder pathology.

PURPOSE

The purpose of this case report is to discuss the clinical utility of a specific physical exam maneuver that helps distinguish primary shoulder pathology from cervical radiculopathy.

METHOD

Case report and Clinical Review



RESULTS

In one case, a 52 year old hispanic overweight male who works as a deputy sheriff presented with left shoulder pain for six months. The patient described the pain as a burning sensation located on the anterior aspect of the shoulder that does not radiate down to the hands, but occasionally does in the left side of his neck. Patient previously has had rotator cuff surgery on this same shoulder in 2021. He denies fevers, chills, or bowel or bladder dysfunction. Upon contralateral neck flexion, the patient's pain diminished, indicating an underlying cervical radiculopathy. He had previously been prescribed low-dose gabapentin, which he had stopped taking. The patient was then scheduled for PT for the shoulder pain, prescribed diclofenac as needed and a brief course of medrol dose pack. He is also a candidate for a cervical epidural steroid injection.

CONCLUSIONS

In essence, pain at the anatomical area of the shoulder can be due to various underlying causes. As such, a contralateral neck flexion maneuver can safely be employed to differentiate symptoms of cervical radiculopathy from primary shoulder pathology.

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