



The Nerve to Masquerade

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Francis is a 49-year-old business woman who attended a “power Internet workshop” for a period of four days some weeks ago. She started to notice a stiffness on the right side of her neck soon after. During the ensuing days, she began to experience pain in her right forearm and the right medial arm. This migratory pain was accompanied by some paraesthesiae. She began to have pain that interfered with her sleep.

She comes to you unsure about what is going on. She just wants to sleep!

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You finish taking her history and discover that she has already had chiropractic treatment and some over-the-counter anti-inflammatories. She had no significant relief with any of these treatments. You are initially suspicious of an overuse type of injury of the shoulder, forearm, or elbow. Piecing together the neurologic symptoms of the right arm paraesthesiae, you begin to think of a radicular type of pain. You ask her a few more clarifying questions to sort things out before examining her.

She indicates that she has an aching type of pain in her forearm, which is made worse when she abducts and extends her arm. She also points to the right side of her neck as an area of stiffness. She makes the point that she does not have much pain there that bothers her through the daytime, but has difficulty

sleeping through the night.

You proceed with the physical examination and test her head and neck thoroughly, as well as her shoulder, elbow, and wrist. You also perform a full neurologic examination.

The history has created a differential diagnosis and the physical examination should allow you to arrive at a provisional diagnosis:

- Francis has vague restrictions in the range of motion of her head and neck.
- She isn't particularly tender over any of the upper back/neck musculature.
- Her neck musculature strength is good, and there is no spinal tenderness.
- Her rotator cuff is sound.
- She has no local tenderness of her right elbow and has average strength.
- She is a little weak in her right wrist extensors.

- Her wrist examination, including the Phalen's test (for carpal tunnel syndrome), is negative.
- Her motor examination of the upper extremity shows definite weakness of her right triceps muscle and her right thumb extensor.
- Her sensory examination is normal and her reflex examination is equal and symmetrical, with bilateral absent triceps reflexes.
- She has evidence of nerve root tension signs in her right arm with hyper-extending of her right wrist and arm/shoulder.

Frances emphasizes that she used basic pain medicines at night and it had no effect on controlling her pain. She is a little frustrated and quite tired.

At this point, you are pretty sure this is not a local problem with a muscle, but is more complicated, involving one of the upper extremity nerve roots. Nerves can be

irritated by tight muscles and can cause radicular pain down the whole arm.

You hold off on any investigations for now and recommend physiotherapy, modified activity, the use of stronger pain medicines during the night and a followup in three weeks.

Francis returns for a followup from her treatment sessions. She reports that her neck stiffness is resolved; she has less right arm pain and no longer requires pain medicine to sleep. She is very grateful for your assistance and she is left in the hands of the treating physical therapist.

Just like the back, the neck can cause a host of confusing symptoms that make diagnosis difficult. Francis had symptoms that could have been misinterpreted and treated incorrectly. It is really important to think anatomically when trying to piece the puzzle together. Only ask the questions you really want

answers to. Over time, you will see some patients who will have "the nerve to masquerade" their symptoms. So, have your sensors working overtime so you don't get fooled.

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