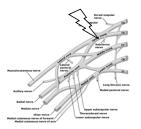
Brachioplexus and Nerve Problems in Athletes

Mark R. Bagg, MD Hand Center of San Antonio January 23, 2015

Brachioplexus Injuries

Stinger Injuries

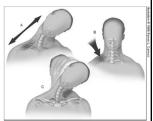
- Sudden onset of paresthesia/ dysesthesia
- Usually due to a stretch injury of the C5/C6 root or superior trunk
- Most are self limited



Stinger Injury

Mechanism

- A. Traction injury
- B. Direct blow
- C. Nerve compression



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Stinger Injury

- **Epidemiology**
 - Underreported
 - Primarily Football (65%) and Rugby (72%)
 - Wrestling, hockey, gymnastics, basketball, boxing





Stinger Injury

- History
 - Trauma to neck and shoulder
 - Burning pain in supraclavicular area radiating down the arm
 - Frequently resolves in 1-2 min
 - Prior history?

Stinger Injury

- **Physical Exam**
 - Acute- will hold arm against side
 - Chronic- n shoulder d
 - Access for
 - Sensation
 - Muscle we
 - Spurling to
 - Tinel's sig



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Stinger Injuries

- Evaluation
 - Electrodiagnostic studies
 - Imaging studies
 - C-spine
 - MRI
 - CT

Stinger Injuries

- Differential Diagnosis
 - KEY POINT: Bilateral symptoms, cervical spine tenderness, lower extremity findings
 - C-spine fracture
 - Cervical dislocation
 - Spinal cord contusion



Stinger Injuries

- Differential Diagnosis
 - Clavicle Fracture
 - Shoulder Dislocation
 - AC separation/ sprain





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Stinger Injuries

Management

- Improve flexibility, strength and posture
- Chest-out posturing
- Restore pain free mobility
- Concentric and eccentric strengthening program
- Sports specific therapy

Stinger Injuries

• Protective Equipment

- Modification of Shoulder Pads
- Neck Roll
- Cowboy Collar
- Custom Orthosis





Stinger Injuries

Return to Sport

- Exam and Re-exam
- Resolution of symptoms
- Full, painless motion of neck and shoulder
- Normal strength
- Must remain asymptomatic in practice

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Peripheral Nerve Median Ulnar Radial Peripheral Nerve..... **Acute injuries Compression neuropathy Chronic repetitive injury** "Double crush" syndrome Peripheral Nerve Neuropraxia **Axonotemesis** Neurotmesis

Peripheral Nerve	
•	
• Pain	
Numbness and tinglingWeakness	
	-
	-
Peripheral Nerve	
1 oriphorus ton volum	
• Weakness	
Sensory lossAtrophy	-
тиорпу	
Peripheral Nerve	
i cripherar Nerve	
• History	-
PhysicalRadiograph, EMG, and MRI	
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Median Nerve Pronator muscle. Flexor digitorum profundus. Carpal tunnel. An eighteen year old lad develops weakness and mild pain following a direct blow to his forearm. He has no sensory deficit. **Diagnosis: Anterior Interosseous Nerve Palsy**

 A forty year old golfer has numbness and tingling in the hand following a distal radius fracture six years ago.

Diagnosis: Carpal Tunnel Syndrome

- Phalen's
- Tinnels
- Dirkens compression test



Ulnar Nerve

- Cervical rib.
- Thoracic outlet.
- Cubital tunnel.
- Guyons canal.



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A forty year old recreational cyclist has a fall and develops numbness in the ring and little finger. He also has generalized weakness in the hand.	
Numbness and tingling in the little and ring finger, weakness in grip strength and pinch.	

Diagnosis: Hook of Hamate fracture with secondary ulnar nerve compression in Guyon's Canal	
A fourteen year old baseball	-
pitcher falls and injures his elbow, he has pain along the inner border of his arm and weakness in his grip.	
5 1	
Diagnosis: Fracture dislocation of the elbow with entrapment of the ulnar nerve	
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Radial Nerve Posterior interosseous nerve at the supinator muscle. Superficially at the wrist. An eighteen year old boxer develops pain and weakness in his arm and an inability to extend his metacarpophalangeal joints.

Diagnosis:	
Posterior Interosseous Nerve Palsy Secondary to Compression by soft tissue tumor	
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Peripheral Nerve	
Pitfalls in the diagnosis of	
peripheral nerve injuries include cervical disk disease,	
brachial plexus lesions, central	
cord or brainstem lesions.	
Thank you	
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