

# Cervical Radiculopathy

Cervical radiculopathy describes a condition in which there is an insult or injury to a nerve root in the neck that results in the patient experiencing pain not only in the neck and shoulder but pain often extends down the arm into specific fingers.

In the case of radiculopathy, the pain a person experiences radiating into their arm or shoulder is what we call referred pain. Although the brain registers the pain in the limb, the real problem is in the compression of a nerve coming from the neck. The arm or shoulder is fine and without any insult or problem to it.

The most common injury causing radiculopathy is a bulging disc in the neck (cervical spine) that pushes backwards and pinches the nerves that run behind it. Often the nerve that is pinched is the nerve that will come out just below the disc that is bulging. As an example, one of the most common pinched nerves in the neck causes patients to experience pain radiating from the neck into the shoulder and down one edge of the arm into the thumb or thumb and index finger of the hand (C6 radiculopathy).

Patients with this condition, if it is severe, are unable to sleep and unable to use their arm comfortably. They can also have weakness of specific muscles in their arm and wrist.

Patients with this condition, when they are examined, have more pain when they bend their neck backwards and look up or look to the side that is hurting them.

Patients with cervical radiculopathy are often initially treated by their primary care physician with rest, nonsteroidal anti-inflammatory medications such as Motrin or naproxen sodium and sometimes a muscle relaxant. On other occasions, if the pain persists, they are referred to physical therapy. Sometimes, however, physical therapy is too painful to tolerate and then they are referred to pain management specialists who perform epidural steroid injections for them.

Cervical Epidural steroid injections, in many patients, have a very high success rate; sometimes as high as 80-90%. High success rates are especially seen when the appropriate diagnosis is made and the injection is performed under x-ray control so that the steroid is placed directly on the nerve roots that are inflamed and irritated.

If epidural steroid injections are performed, but the patient does not improve, the patients are often referred to a spine surgeon and spinal surgery is considered.

It is not uncommon that MRIs show a disc bulging toward the same side that the patient has pain on. Typically, this disc is at the appropriate level for their complaints. Sometimes, however, patients can experience radiculopathy or nerve root irritation without obvious MRI

