STEVEN CHUDIK MD SHOULDER, KNEE & SPORTS MEDICINE

Axillary Nerve Palsy

Axillary nerve injury is an uncommon condition which results in weakness of the deltoid muscle and numbness on the side of the shoulder. Nerves carry signals from the brain to maintain and communicate with skeletal muscles, causing them to contract on demand. When the nerve to a specific muscle is injured, the muscles innervated (controlled) by that nerve are affected, then weaken and atrophy (muscle wasting). Axillary nerve injury is typically caused by a direct impact to the shoulder or excessive stretching associated with a shoulder dislocation or fracture.



Atrophy of left deltoid muscle



The patient lacks deltoid muscle contraction when attempting to raise the arm

Frequent Signs and Symptoms

- Numbness, tingling, or burning in the upper outer arm on the side of the shoulder
- Weakness of the shoulder
- Difficulty raising the arm
- Atrophy (wasting away) of the deltoid muscle

Etiology (Causes)

- Stretching of the axillary nerve from a shoulder dislocation or fracture-dislocation
- Direct impact to the axillary nerve from a direct blow to the shoulder





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Risk Factors

- Contact sports, such as football and rugby
- Poor physical conditioning (strength and flexibility)
- Complications during shoulder surgery

Prevention

- Appropriately warm up and stretch before practice or competition
- Wear properly fitting shoulder pads when applicable
- Maintain appropriate conditioning, specifically shoulder flexibility, muscle strength, and endurance

Outcomes

Injury associated with dislocation usually resolves spontaneously. Nerve injury due to a direct blow to the shoulder is more likely to have a delayed or difficult recovery. In rare cases, surgery may be indicated.

Potential Complications

- Permanent weakness of the shoulder, particularly when lifting the arm
- Persistent pain and numbness in the shoulder
- Permanent atrophy (wasting away) of the deltoid muscle
- Stiffness of the shoulder
- Difficulty participating in some competitive sports

Treatment Considerations

Initial treatment consists of refraining from the aggravating activity, including sports, while the nerve is healing to allow for complete recovery and to prevent further nerve injury. Exercises to maintain shoulder range of motion while waiting for nerve recovery are also important to prevent shoulder stiffness. As the nerve and muscle function recover, referral to a physical therapist or athletic trainer to help restore the muscle function and strength is usually necessary. Recovery periods may range from months to a year. If the nerve does not recover in a timely fashion or if the nerve is completely severed, surgery to explore, release, repair, or graft the nerve may be indicated. However, outcomes are limited. While some athletes, such as football linemen, may be able to return to their activities, others, such as overhead or throwing athletes, may have difficulties participating.



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Possible Medications

• Pain relievers are usually not prescribed for this condition.

Modalities

- **Cold** is used to relieve pain and reduce inflammation. Cold should be applied for 10 to 15 minutes every two to three hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage with a cloth between the ice and your skin to prevent burning /freezing your skin.
- **Heat** may be used for five to 10 minutes before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak. Be careful not to apply heat for too long as it may burn the skin.

Notify my office if symptoms persist

This information is provided by Dr. Steven Chudik. It is not to be used for diagnosis and treatment. For a proper evaluation and diagnosis, contact Dr. Chudik at *contactus@chudikmd.com/*, or 630-324-0402.





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