

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Parsonage-Turner Syndrome of the Shoulder

The brachial plexus is a network of nerves branching off the cervical nerve roots exiting the neck and extending through the shoulder region. These nerves are responsible for the muscular function and sensation in the shoulder, arm, and hand. Parsonage-Turner Syndrome (PTS) is a rare condition that affects these nerves and causes sudden pain and weakness in the muscles of the arm controlled by the brachial plexus. There is no known cause.

Frequent Signs and Symptoms

- Sharp pain in the shoulder and upper arm
- Numbness or tingling in the arm and/or hand
- Loss of power in the shoulder/difficulty raising the arm above shoulder level
- Paralysis of the shoulder and arm (in advanced cases)
- Atrophy of the shoulder and arm muscles

Etiology (Causes)

- Unknown etiology

Risk Factors

- Recent surgery or trauma
- Recent infection
- Post-vaccination

Outcomes

Typically, patients experience spontaneous resolution of symptoms, although it may take several years for older patients. Children tend to experience spontaneous resolution more rapidly than adults.

Potential Complications

- Permanent weakness of the shoulder
- Persistent pain in the shoulder
- Inability to compete at previous level



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Treatment Considerations

X-Rays and MRI scans will typically be unremarkable. An EMG study may help the clinician differentiate between Parsonage-Turner Syndrome and cervical radiculopathy or other nerve conditions. The most effective diagnosis is achieved by recognizing the pattern of a sudden onset of sharp pain followed by paralysis, although the symptoms are not always the same in each case. While the patient is waiting for symptoms to resolve, he or she can benefit from physical therapy to maintain as much motion and functional strength as possible.

Possible Medications

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (DO NOT take within seven days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Pain relievers may be prescribed by your physician, usually only after surgery. Use only as directed.

Modalities (Heat and Cold)

- 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 before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak.

Notify My Office If Symptoms Worsen

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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