

Signs useful in evaluating cervical radiculopathy

Signs useful in evaluating [cervical radiculopathy](#):

General information

Almost all [herniated cervical discs](#) cause [painful](#) limitation of [neck motion](#). [Neck extension](#) usually aggravates [pain](#) when [cervical disc disease](#) is present (a minority of patients instead exhibit pain with [cervical flexion](#)). Some patients find relief in elevating the arm and cupping the back or the top of the head with the hand ([abduction relief sign](#), [shoulder abduction test](#)). [Lhermitte's sign](#)

Miscellaneous

The following tests were found to be specific, but not particularly sensitive in detecting cervical root compression

1. [Spurling's sign](#): radicular pain reproduced when the examiner exerts downward pressure on vertex while tilting head towards symptomatic side (sometimes adding neck extension). Causes narrowing of the intervertebral foramen and possibly increases disc bulge. Used as a "mechanical sign" analogous to SLR for lumbar disc herniation
2. [axial manual traction](#): 10–15 kg of axial traction is applied to a supine patient with radicular symptoms (pull up on patient's mandible and occiput). The reduction or disappearance of radicular symptoms is a positive finding
3. [shoulder abduction test](#): a sitting patient with radicular symptoms lifts their hand above their head. The reduction or disappearance of radicular symptoms is a positive finding. Moderately sensitive, fairly specific

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