

A study of Date and Gray was undertaken to investigate the frequency of [cervical radiculopathy](#) and [suprascapular neuropathy](#) in patients with [shoulder](#) pain who were initially diagnosed with a [musculoskeletal syndrome](#). Thirty-three subjects with a diagnosis of unilateral or bilateral [impingement syndrome](#) were entered into the study. A neurological examination was performed, followed by [electromyography](#) on 38 upper extremities and associated cervical paraspinal muscles to search for electrodiagnostic evidence for a suprascapular neuropathy and/or cervical radiculopathy. There were no subjects with electrodiagnostic evidence for suprascapular neuropathy. In two studies (5.3%), there was electrodiagnostic evidence for a C5/6 radiculopathy, and in nine (23.7%) additional subjects, there was electrodiagnostic evidence for a possible cervical radiculopathy. The remaining 27 (71.1%) studies showed no significant electrodiagnostic evidence for a cervical radiculopathy. Of the 11 subjects with abnormal electrodiagnostic studies, the neurological examination in 7 (63.6%) was normal except for pain-limited manual muscle testing, and the other 4 (36.4%) had an abnormality in either sensation testing, muscle bulk, or muscle stretch reflexes. One case of a patient with an initial diagnosis of soft tissue injury is presented. In patients undergoing evaluation for shoulder pain, cervical radiculopathy as a possible etiology should be considered, even when there is an equivocal clinical examination <sup>1)</sup>.

<sup>1)</sup>

Date ES, Gray LA. Electrodiagnostic evidence for cervical radiculopathy and suprascapular neuropathy in shoulder pain. Electromyogr Clin Neurophysiol. 1996 Sep;36(6):333-9. PubMed PMID: 8891472.

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