The shoulder is a well-used and important joint. It allows you to move your arm at will and then bears the weight of objects you pick up, as well as the weight of your arm if you are reaching up or beyond your immediate reach. Because of the way the shoulder joint performs, if a nerve is compressed, it can cause significant pain that affects how your arm will react, so it's important that nerve compression of the shoulder be pinpointed and diagnosed quickly.

One type of nerve injury is called the suprascapular nerve impingement. Along the back of your neck runs the uppermost discs that make up the spine, numbered from C1 to C7, with C1 being the upper most and C7 being the last in this group. These levels, with each level and nerves affecting a different part of the body. With suprascapular nerve impingement, the nerve, and across the collarbone, is affected. Even this, however, has subsections that need to be diagnosed because there appears to be more than one nerve.

The two most common notches are the suprascapular notch and the spinoglenoid notch, usually caused by a narrowed area where nerves pass. The signs of these notches are shoulder pain in the back and side of the shoulder and perhaps difficulty raising your arm strength. If the problem isn't resolved after a year, then surgery is usually the next choice.

To treat this, if there is no obvious reason causing the nerve pressure (seen by x-ray or further tests), there is no rush for management is usually the way to go. This may mean reducing the activity of the shoulder, using anti-inflammatory medications to reduce swelling and relieve pain, and Physical Therapy. If, after six months, there is no improvement, then it may be necessary for surgery. During the surgery, the surgeon relieves the compression from the nerve.

Another shoulder issue is called long thoracic nerve palsy, which comes from the C5, C6, and C7 area. The nerve passes out to most of the nerves that control movement in your arm. The purpose of this nerve is to move the scapula, the bone at the back of your shoulder, as necessary.

If this area has become injured, it's usually because of a blunt trauma to the area or if your neck is turned, with your head facing in the opposite direction. Signs of this injury are usually pain underneath the scapula, difficulty raising the arm, and a popping or clicking sound coming from the scapula region when you try to lift your arm. The majority of patients recover without surgery, although it can take as long as two years for full recovery. To do this, the activity of the arm strength. If the problem isn't resolved after a year, then surgery is usually the next choice.

Quadrilateral space syndrome is a condition where a nerve that comes up from behind the brachial plexus and provides sensation to the muscle around the shoulder itself. If there is damage in that part, patients may complain of shoulder discomfort, not necessarily pain, especially when the shoulder is forward, with the arm raised. This injury is often found in adults between the ages of 20 ad 35 years and usually on the dominant hand.

Treatment for quadrilateral space syndrome is usually rest for the shoulder, anti-inflammatory medications to reduce arm pain and weakness of the arm on the hurt side. If the artery is being pressed upon, the arm may be painful and difficult to raise.

Finally, the last injury covered in this article is the thoracic outlet syndrome, which occurs in the area bordered by the shoulder, arm, and across the collarbone, is affected. Even this, however, has subsections that need to be diagnosed because there appears to be five different types according to the end location, called notches.

To diagnose this problem, doctors do a neurological (nerve) examination and see if they can reproduce the symptoms and to see if there is any blockage in the artery. As with the other shoulder injuries, first treatment is conservative, to try to be done.

The authors of this study concluded that the various shoulder nerve syndromes can be quite similar in symptoms and is effective.

Jason A. Freedman and James A. Shankwiler. Nerve compression syndromes about the shoulder girdle. In Current Orthopedic Practice