

RADICULITIS SYNDROME

The *radiculitis syndrome* arises from pressure exerted on cervical nerve roots, generally as the result of cervical spondylosis or cervical disc herniation. The most common compression occurs unilaterally in the interspaces between the fifth, sixth, or seventh cervical vertebrae (C5, C6, or C7) with pressure exerted on the C6 or C7 spinal nerve roots.

Radiculitis typically causes a stiff painful neck with paresthesia that extends down the lateral aspect of the involved arm into the fingers. Weakness may be demonstrated by strength testing of muscles within the involved muscle groups.

If cervical nerve root compression arises from disc herniation, flexion of the neck will trigger or aggravate reactionary pain and paresthesia. If cervical nerve root compression arises from cervical spondylosis, extension of the neck will produce the same symptoms of pain and paresthesia.

Compression of the C6 spinal nerve root will produce paresthesia of the thumb and index finger and depression of the bicipital stretch reflex, accompanied by a dull ache arising from the medial deltoid and upper interscapular region. Compression of the C7 spinal nerve root will produce paresthesia in the middle and index fingers while depressing the triceps stretch reflex, decreasing triceps strength, and referring pain into the posterior deltoid and superior medial aspect of the scapula. C8 compression causes pain to be referred into the dermatomes covering the lower trapezius and scapular muscles.

Inflammation of the paraspinous areas of the involved vertebrae is not unusual and may be determined through differential skin resistance survey.

Treatment

Treatment of *radiculitis* centers around relieving pressure exerted on the entrapped cervical nerve root. This may be accomplished through horizontal cervical traction with vibration or electrical stimulation and vibration enhancement. Any accompanying inflammation should be treated appropriately, and based on the findings of a DSR survey.

Trigger Points

The following trigger point formations may, singly or in combination, imitate or contribute to the pain associated with the *radiculitis syndrome*: Upper trapezius [A], Posterior cervical group, Levator scapulae, Scalenus, Scalenus (minimus), Infraspinatus, Infraspinatus (abnormal), Medial teres major, Lateral teres major, Teres minor, Coracobrachialis, Lower splenius cervicis, Upper trapezius [B], Middle trapezius [A], Middle trapezius [B], Middle trapezius [C], Lower trapezius [A], Lower trapezius [B], Cervical multifidus (C4-C5), Supraspinatus (muscle), Supraspinatus (tendon), Latissimus dorsi (upper portion), Serratus posterior superior, Serratus anterior, Subclavius, Subscapularis, Posterior deltoid, Anterior deltoid, Pectoralis major (clavicular fibers), Pectoralis major (sternal portion), Pectoralis minor, Sternalis, Rhomboids, Medial triceps (deep fibers), Medial triceps (lateral fibers), Lateral triceps, Triceps (long head), Distal medial triceps, Anconeus, Biceps brachii, Brachialis, Supinator, Extensor carpi radialis brevis, Extensor carpi ulnaris, Middle finger extensor, Ring finger extensor, Palmaris longus, Flexor carpi radialis, Flexor carpi ulnaris, Brachioradialis, Pronator teres, Extensor indicis, Flexor digitorum sublimis (Radial head), Flexor pollicis longus, Second dorsal interosseus, Opponens pollicis, Adductor pollicis, First dorsal interosseus, Multifidus (T4-T5), Iliocostalis thoracis (T6), and Extensor carpi radialis longus.