Cervical Radiculopathy (Pinched Nerve in the Neck)

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What Is Cervical Radiculopathy?

Cervical radiculopathy occurs when a nerve root in the neck becomes irritated or compressed as it exits the spinal column. This can cause pain, numbness, tingling, or weakness that travels from the neck into the shoulder, arm, or hand. It is commonly referred to as a "pinched nerve."

Common Symptoms

Symptoms may include:

- Pain that radiates from the neck into the shoulder, arm, or hand
- Numbness or tingling in the arm or fingers
- Weakness in the shoulder, arm, or hand
- Neck pain or stiffness
- Burning, shooting, or electric-like pain
- Symptoms that worsen when looking up or turning the head
- Symptoms usually affect only one side but may occasionally occur on both sides.

What Causes Cervical Radiculopathy?

Common causes include:

- Herniated or bulging cervical disc
- Bone spurs (arthritis)
- Age-related narrowing of the spinal canal or nerve openings (foraminal stenosis)
- Degenerative disc disease
- Trauma, such as whiplash or sports injuries
- Less commonly, tumors, infections, or inflammatory conditions

How Is It Diagnosed?

Diagnosis begins with a review of your symptoms, medical history, and a physical examination. Your provider may evaluate:

- Neck movement and flexibility
- Muscle strength
- Reflexes
- Sensation to light touch
- Signs of nerve irritation, such as the Spurling test

X-rays may be used to evaluate spinal alignment or arthritis. MRI is the preferred imaging study when symptoms are severe, persistent, or associated with weakness. In some cases, nerve conduction studies (EMG/NCS) may be recommended.

Treatment

Most patients (90-95%)improve without surgery. Conservative treatment may include:

- Chiropractic adjustments (when appropriate)
- Cervical traction
- Nerve gliding (nerve mobilization) exercises
- Therapeutic exercises to improve strength and mobility
- Ice for relief

Some patients may also benefit from anti-inflammatory medications or corticosteroid injections prescribed by their medical provider. Surgery is generally reserved for patients with progressive neurological deficits, severe weakness, or persistent symptoms that fail to improve after an adequate course of conservative care.

Prognosis

Most people recover well with conservative treatment. Research suggests that many patients experience significant improvement within **6–12 weeks**, although numbness or weakness may take longer to resolve. Recovery depends on the cause of the nerve compression, symptom severity, and adherence to treatment.

Typical Duration of Care

Treatment plans vary depending on symptom severity and response to care:

- **Mild radiculopathy:** 6–12 visits over 3–6 weeks
- **Moderate to severe cases:** 12–24 visits over 3–6 months, often with co-management when appropriate.

When to Seek Immediate Medical Attention

- Progressive weakness in the arm or hand
- Loss of balance or difficulty walking
- Loss of bowel or bladder control
- Severe pain following significant trauma
- Fever, unexplained weight loss, or other signs of serious illness
- Numbness involving both arms or both legs
- Rapidly worsening neurological symptoms

References

- North American Spine Society. *Evidence-Based Clinical Guidelines for Cervical Radiculopathy from Degenerative Disorders.*
- American Physical Therapy Association. Clinical Practice Guidelines: Neck Pain.
- American Academy of Orthopaedic Surgeons. Cervical Radiculopathy clinical resources.
- Blanpied PR, et al. *Neck Pain: Revision 2017 Clinical Practice Guidelines.* Journal of Orthopaedic & Sports Physical Therapy. 2017.
- Eubanks JD. Cervical Radiculopathy: Nonoperative Management of Neck Pain and Radicular Symptoms. *American Family Physician.* 2010.