



THORACIC OUTLET SYNDROME

Thoracic Outlet syndrome (TOS) is a difficult condition to describe as the symptoms are variable. TOS is caused by compression of the nerves and/or blood vessels as they leave the neck to enter the upper limb.

TOS causes pain, pins and needles, and sometimes numbness down the arm and into the hands and fingers (usually the little and ring fingers). A feeling of weakness or heaviness of the upper limb may also be felt as well as pain in the neck, shoulder blade, chest and facial region. Rarely symptoms of colour changes and / or swelling in the hand may also be present. Usually pain is aggravated by holding the arm up in a raised position for prolonged periods (such as hanging up the washing), carrying things by your side, sitting for a prolonged period of time (such as using the computer) or lying on your side at night. So with this long list of aches and pains and other assorted symptoms, which may or may not be present, TOS can be a difficult condition to diagnose.

The cause of TOS is usually multifactorial and can be a combination of the way you were born (such as an extra rib in your neck, which isn't that uncommon) and acquired factors (such as muscle weakness due to overuse, trauma or poor posture). The pain is usually created by the shoulder girdle drooping, creating a pulling force on either the nerves or blood vessels of the upper limb (or a combination of both nerves and blood vessels being involved). Your doctor and physiotherapist will assess you to determine what is contributing to your TOS symptoms and this may involve some further tests.

TREATMENT Most often TOS can be very well treated with a combination of shoulder blade taping or bracing, shoulder girdle strengthening exercises and postural correction. Some of these exercises and taping techniques are very specific and need to be closely supervised by your physiotherapist and doctor. Some modification of activities may be required for a short period until symptoms are under control.

Usually patients are significantly improved within 3 months provided they are correctly managed and comply with the advice and exercises from their treating practitioners. In some patients an ongoing home exercise programme is required.

