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SPINE & SPORTS: Try chiropractic treatment for TOS

Thoracic outlet syndrome (TOS) is a condition hallmarked by numbness, tingling and pain along the neck, shoulder, arm and fingers. TOS is not a common condition; is often tricky to diagnose because it mimics other conditions, such as cervical disc herniation or carpal tunnel syndrome.

Our bodies have numerous tunnels that allow blood vessels and nerves to pass from one region to another. The carpal tunnel in the wrist, for example, contains a nerve that serves part of the hand and fingers. Other tunnels include the tarsal tunnel located in the foot and the cubital tunnel in the elbow.

The thoracic outlet is a very large tunnel located both above and below the collarbone, or clavicle, bordered by neck and chest muscles and the first two ribs. Nerves exiting the cervical spine and large blood vessels exiting the heart pass through the thoracic outlet to reach the arm and hand, and any anatomic barriers or restrictions in the tunnel can cause localized neck and shoulder pain as well as referred extremity pain, numbness and tingling.

In only about 2 percent of TOS cases, blood vessels are compressed in the thoracic outlet. For most people, symptoms are caused by nerves being affected in some way, not from compromised blood flow. The bony structures in the outlet can have growths or projections, or there may be congenital abnormalities such as extra ribs. In most cases the anatomy is perfectly normal, but muscular tension, adhesions and joint malfunction exist in the spine and surrounding tissues in the outlet, irritating the nerves. These can be caused by previous injury or chronic postural strain.

Regardless, a thorough medical history and physical musculoskeletal examination of the TOS patient is important. Sometimes X-rays are required, but only if there are significant exam findings pointing to gross anatomic barriers, such as extra or elongated ribs or large lung tumors. Otherwise, diagnostic workup would include an electromyogram (EMG) to test nerve function, and an MRI to rule out anatomic causes of TOS.

Thankfully, most cases of TOS are caused by various functional restrictions. A doctor of chiropractic (DC) can help. DCs can differentially diagnose the condition and then provide highly skilled manual treatment. DCs are hands-on practitioners trained to palpate, work out, dig out, "unglue" and mobilize the body, unlike any other health care provider.

Once deemed safe to treat, three times per week for a few weeks may be required as an initial course of chiropractic care to see if the condition improves. If so, care would continue with lessening frequency, with the aim to render the TOS manageable or resolved completely.

If treatment fails after a few weeks, a second opinion or more thorough diagnostic workup is necessary. When anatomic barriers compress the nerves or blood vessels, surgery might be the only option for relief.

DCs can co-manage treatment with massage therapists or M.D. physiatrists, and refer to neurologists or surgeons when necessary. With such diversity in the chiropractic field, TOS patients must find a practitioner with advanced soft tissue therapy training who are neuro-orthopedic or sports medicine-oriented versus those whose practice is focused on nutrition or wellness. This requires a little research, but could make all the difference in the outcome of care.

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