

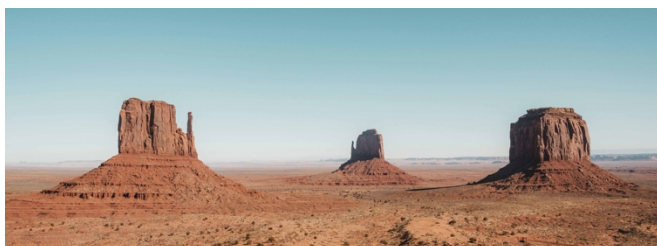


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**August 2024**

Special Newsletter for  
Attorneys

### **This Month's Topic:**

Low Speed Auto Accidents--without damage to either automobile--may result in significant bodily injury.

### **GO MD Review Answer:**

Motor vehicle injuries may damage the brachial plexus, which is composed of nerves that run from the spinal cord to the hand, arm, and shoulder. Collectively, this grouping of injuries results in symptoms known as thoracic outlet syndrome (TOS). There is ample evidence in medical practice, backed by credible literature, indicating that collisions at speeds as low as 6 mph can result in TOS.

TOS may arise in low-speed collisions as a combination of neck or shoulder trauma and, in many cases, an anatomic predisposition. This causation is documented in the medical literature from observations of thousands of patients whose symptoms of pain in their necks and arms, as well as numbness in their hands, developed soon after a motor vehicle crash. These findings were followed by studies demonstrating significant cell changes in patients with TOS neck and back muscles.

Because the site of pathology in TOS is the scalene (tiny muscles in the neck) muscles, we can expect there should be abnormalities found there. In fact, muscle scarring findings have been reported in the medical literature.

Based on the above observations, namely a history of neck or shoulder trauma with variations in normal anatomy & cell changes in scalene muscles, one can readily explain the pathophysiology of TOS. The underlying pathology in most patients is scarring of the scalene muscles caused by shoulder or neck injuries. The tight scalene muscles (due to scarring) cause neck pain, headaches, and temporomandibular joint (TMJ) symptoms, usually developing within a few days of the crash. As scarring and swelling in the muscles develop, the muscles compress the brachial plexus. The compression elicits symptoms of pain, numbness, and weakness in the upper extremity.

Typically, the defense will argue that such injury cannot arise from a low-impact collision—easily refuted by abundant medical evidence. Similarly, the defense will cite a pre-existing condition as the source of the problem. Such a statement is, at best, misleading. TOS may arise in persons with an anatomic predisposition, including abnormal scalene muscle hypertrophy, the passage of the brachial plexus through the anterior scalene muscle rather than the posterior, or the presence of a cervical rib.

**However, the underlying anomalies require superimposed trauma— *even trauma caused by low-impact forces—to cause TOS to occur.***

The onset of extremity symptoms may be delayed a few days to weeks, and in some patients, even months – as it takes time for scar tissue to develop and compress. As the pathophysiology becomes established, scarring adds to the problem. These injuries set up a vicious cycle. Pain, bad posture, poor physical conditioning, and anxiety then aggravate that cycle. In conclusion, the anatomic problems that lead to TOS are now well-known and documented in the medical literature.

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**P.S.---Please reply if you have a case to discuss!**

**P.P.S. ---If you found this newsletter helpful, please reply with: Yes**

**Best regards,**

**Joe Schifilliti MD, MJ**

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