Thoracic Outlet Syndrome After a Car Accident in Georgia

Why Thoracic Outlet Syndrome Can Be Hard to Diagnose After a Georgia Crash

Your arm starts going numb after the collision. The tingling runs from your shoulder into your fingers, your grip feels weaker, and certain positions make the pain worse. The emergency room didn't find a fracture, and a cervical MRI may not fully explain what you're feeling. One possible cause is thoracic outlet syndrome, a condition involving compression or irritation of nerves or blood vessels between the neck and shoulder. Trauma from a car accident is a recognized cause.

The symptoms don't always fit neatly into the first post-crash diagnosis. Neck and shoulder soreness can dominate the early medical record, while numbness, weakness, swelling, or color changes become more noticeable later. In a Georgia car accident claim, that evolving medical picture can become important when an insurer argues that later-reported symptoms must have come from something else.

Our Georgia car accident lawyers at the Law Offices of Gary Martin Hays & Associates, P.C. handle serious injury claims in which the medical story takes time to become clear. With thoracic outlet syndrome, the key is building a record that connects the crash mechanism, the progression of symptoms, the diagnostic workup, and the effect the condition has on everyday life.

What Thoracic Outlet Syndrome Is and How Trauma Can Cause It

The thoracic outlet is the space between the collarbone and first rib. The brachial plexus nerves, subclavian artery, and subclavian vein pass through this crowded area on their way from the neck and chest into the arm. Thoracic outlet syndrome, or TOS, develops when one or more of those structures are irritated or compressed.

The Mayo Clinic identifies three main types. Neurogenic TOS affects the brachial plexus and accounts for about 95% of diagnosed cases. Venous TOS affects the subclavian vein, while arterial TOS affects the subclavian artery. Trauma, including a car accident, can cause tissue changes in the thoracic outlet that put pressure on nerves or blood vessels.

A crash can load the neck, shoulder, and upper chest in several ways. A shoulder belt can transmit force across the chest, an occupant may brace against the steering wheel, or sudden movement can strain the neck and shoulder. The same rapid motion that causes whiplash and radiating arm symptoms can also complicate the early evaluation of pain coming from the thoracic outlet.

Several crash-related factors can affect how TOS develops and how the medical record looks:

- **Shoulder and Neck Loading:** Different crash directions can place different stresses on the neck, collarbone, first-rib area, and shoulder. Direct impact isn't required for those tissues to be strained or compressed.

- **Pre-Existing Anatomy:** Some people naturally have a narrower thoracic outlet, a cervical rib, or other anatomical differences. That history doesn't automatically rule out crash causation. The medical question is whether the collision caused new symptoms or made an underlying condition worse, just as with other pre-existing injuries aggravated by a Georgia crash.
- **Post-Crash Swelling and Tissue Changes:** Trauma can cause injured tissues to swell or thicken. That process can increase pressure within the thoracic outlet, so symptoms may evolve rather than appearing all at once. There isn't one fixed timetable that applies to every patient.

Why Thoracic Outlet Syndrome Can Be Difficult to Diagnose

TOS can be difficult to diagnose because its symptoms overlap with cervical spine problems, shoulder injuries, peripheral nerve conditions, and other causes of arm pain. A standard X-ray or MRI may help rule out some problems without conclusively proving neurogenic TOS. That's one reason persistent pain with no clear finding on early imaging shouldn't simply be dismissed.

Diagnosis usually relies on the history, physical examination, and tests selected for the suspected type of TOS. Provocative movements may reproduce symptoms. Ultrasound can help evaluate venous or arterial compression, while CT or MRI can identify anatomical differences or other possible causes. Electromyography and nerve-conduction testing can help assess nerve damage, although electrodiagnostic findings aren't identical in every neurogenic TOS case.

The overlap with cervical radiculopathy and serious shoulder injuries after a crash matters because treatment depends on the source of the symptoms. Burning, tingling, numbness, and weakness can also fit broader patterns of nerve pain after a car accident. A careful workup helps separate these conditions instead of assuming every arm symptom comes from the cervical spine.

Neurogenic and Vascular TOS Can Look Very Different

Neurogenic TOS can cause pain, tingling, weakness, fatigue, or loss of muscle strength in the shoulder, arm, or hand. Many people improve with conservative treatment, especially physical therapy. When nerve compression persists, however, chronic pain, disability, or long-term nerve damage can occur.

Vascular TOS creates a different set of concerns. Venous compression can cause arm swelling, heaviness, pain, and changes in skin color, and severe cases can involve blood clots. Arterial compression can cause a cold or pale hand, a weak pulse, or painful color changes in the fingers. Sudden swelling, major color changes, a cold hand, or a weak pulse after a crash warrants urgent medical attention rather than waiting for a routine follow-up.

Treatment depends on the type and severity of TOS. Physical therapy is commonly the first treatment for neurogenic TOS and may focus on posture, stretching, strengthening, and reducing pressure through the outlet. Medicines or injections may also be used. Surgery may be considered when conservative treatment doesn't work or symptoms worsen. Vascular TOS can

require blood-thinning medication, treatment for a clot, or surgery to relieve compression and repair damaged blood vessels.

A Seatbelt-Related Injury Does Not Automatically Mean the Restraint Was Defective

Shoulder-belt loading can be part of the medical explanation for TOS without automatically creating a product-liability case. A properly functioning seatbelt can transmit substantial force while still preventing far worse injuries. Our discussion of seatbelt injuries after a Georgia crash addresses that distinction. A defect claim requires separate evidence that something was wrong with the restraint's design, manufacture, or performance; the injury alone doesn't prove a defective seatbelt.

For most TOS claims arising from a two-vehicle wreck, the central questions remain whether another driver's negligence caused the collision and whether the medical evidence connects that collision to the condition. If symptoms developed gradually, the records showing when they began and how they changed can matter just as much as the first emergency-room note.

Why the Medical Timeline Matters in a Georgia TOS Claim

A later TOS diagnosis doesn't automatically mean the condition is unrelated to the crash. At the same time, a lawyer still needs medical evidence rather than assumptions. Records showing early neck, shoulder, chest, or arm complaints; later numbness or weakness; referrals to specialists; diagnostic testing; and the response to treatment can help build a coherent timeline. Delayed symptoms can still become an important part of a Georgia car accident claim, especially when changes are reported promptly and the medical record documents how the condition developed over time.

The value of a serious TOS claim can include medically necessary treatment, lost income or reduced earning ability, and the physical limitations the injury creates. Georgia's 2025 tort reform also changed the evidence juries may hear about past medical expenses. Under the state's new SB 68 medical-damages rules, both billed charges and amounts actually paid may be presented, and the jury determines the reasonable value of medically necessary care. Long-term pain and functional loss can also affect pain and suffering after a Georgia car accident.

Our Georgia Car Accident Attorneys Can Help Build a Strong TOS Claim

If arm numbness, shoulder pain, weakness, swelling, or other upper-extremity symptoms developed after a Georgia car wreck, don't assume a normal early scan or a later diagnosis ends the claim. Get appropriate medical care, describe how the symptoms have changed, and keep following the treatment plan.

Seeing a doctor promptly after a car accident can help connect changing symptoms to the crash and create a clearer medical record of how the injury developed over time. Then contact us so we can review how the medical evidence fits the crash.

Since 1993, we've recovered more than $1 billion for Georgia families in injury cases. We handle car accident claims on a contingency fee basis, so you don't pay attorney's fees unless we recover compensation for you.