

Brachial Plexus Injuries After a Car Accident in Georgia

Why Brachial Plexus Nerve Damage Can Be Missed After a Georgia Crash

The X-ray shows no fracture, and the emergency room sends you home expecting the soreness to improve. Two weeks later, the numbness running from your shoulder into your hand is getting worse. Your grip feels unreliable, and lifting your arm sends burning or electric pain down it. Those symptoms can point to a brachial plexus injury even when the first round of testing did not reveal an obvious explanation.

Brachial plexus injuries are different from the broken bones and visible wounds people usually associate with [Georgia car accidents](#). They involve the nerve network that carries movement and sensation between the spinal cord and the shoulder, arm, and hand. When that network is stretched, compressed, ruptured, or torn away from the spinal cord, the resulting weakness and pain can become a long-term problem.

Our Georgia car accident lawyers at [Law Offices of Gary Martin Hays & Associates, P.C.](#) have handled serious injury claims where the full medical picture took time to develop. With brachial plexus damage, that timing matters because the symptoms, diagnostic tests, and functional losses all help connect the nerve injury to the crash.

What Is the Brachial Plexus and Why Can a Crash Injure It?

The brachial plexus is a network formed by five nerve roots, C5 through T1, that carry motor and sensory signals to the shoulder, arm, and hand. The [American Academy of Orthopaedic Surgeons](#) explains that traumatic injuries often occur when the arm is forcefully pulled or stretched. Motor vehicle collisions are one recognized cause.

The [Mayo Clinic](#) describes the damage as ranging from stretching or compression to rupture and, in the most severe cases, avulsion, where a nerve root is torn away from the spinal cord. The location and severity of that damage help determine which muscles weaken, where sensation is lost, and what treatment may be needed.

That is why a person can have a painful, disabling arm injury after a crash without having a broken shoulder or arm. The problem may be in the nerves carrying signals to those structures rather than in the bones themselves.

Crash Forces That Can Damage the Brachial Plexus

A brachial plexus injury can develop through more than one crash mechanism. Common possibilities include:

- **Head-And-Shoulder Separation:** The brachial plexus can be stretched when the shoulder is forced downward while the head moves in the opposite direction. This type of traction can occur during sudden crash movement, including some [rear-end collisions](#).

- **Direct Shoulder Trauma:** A door, interior panel, steering area, or other part of the vehicle can strike the shoulder and injure the nerves directly or force the shoulder into an abnormal position.
- **High-Energy Stretching Of The Arm:** Severe forces that pull the arm away from the body can place traction on the nerve network, particularly in violent side impacts or other high-energy collisions.
- **Multi-Directional Trauma:** In a [rollover crash](#), the shoulder, neck, and arm may absorb forces from several directions. That can produce nerve damage alongside orthopedic or spinal injuries.

Brachial plexus symptoms can also be overshadowed by more obvious [shoulder injuries after a car accident](#). A painful shoulder, bruising, or cervical spasm may receive attention first while numbness, grip weakness, or loss of fine motor control becomes clearer later.

The Most Important Clue May Be What Happens After the ER Visit

Brachial plexus damage does not always announce itself with one unmistakable symptom. Some people notice weakness or numbness immediately. Others become more concerned when symptoms persist or worsen after the expected soreness from the collision begins to fade.

Warning signs can include:

- **Persistent Numbness Or Tingling:** Symptoms may travel from the shoulder into the arm, hand, or fingers.
- **Loss Of Grip Strength:** Dropping objects or struggling with buttons, tools, a steering wheel, or a phone can signal motor involvement.
- **Burning Or Electric Pain:** Nerve pain can feel very different from ordinary muscle soreness and may shoot down the arm.
- **Difficulty Raising Or Bending The Arm:** Damage to different parts of the plexus can weaken shoulder movement, elbow flexion, wrist motion, or hand function.

These kinds of [delayed injury symptoms after a Georgia car accident](#) are important medically and legally. If the first medical record says only “shoulder soreness,” but later records document progressive numbness and weakness, the timeline needs to explain how the symptoms developed rather than leaving the insurance company to characterize the later diagnosis as unrelated.

Persistent [nerve pain after a car accident](#) also deserves medical follow-up because nerve injuries can recover very differently depending on what part of the nerve was damaged.

EMG Timing Matters More Than Most Crash Victims Realize

One of the most useful points in a brachial plexus case is also one many people do not know: an electrodiagnostic study performed very early after an injury may not tell the whole story.

A medical review of adult traumatic brachial plexus injuries notes that, in closed injuries, electromyography (EMG) and nerve conduction studies are commonly performed around three

to four weeks after the injury because some of the electrical changes doctors are looking for take time to develop. Serial testing can then help document whether nerves are recovering or continuing to show denervation.

That timing is discussed in a [peer-reviewed review of adult brachial plexus evaluation](#). It helps explain why a normal fracture X-ray or an early evaluation that does not identify a nerve injury should not automatically end the medical inquiry when weakness, numbness, or loss of function continues.

The [Mayo Clinic diagnostic guidance](#) lists several tools doctors may use, including a physical examination, EMG, nerve conduction studies, MRI, high-resolution techniques such as magnetic resonance neurography, and CT myelography when more information about the nerve roots is needed.

Brachial Plexus Injury and Cervical Radiculopathy Can Look Similar

Arm pain, numbness, tingling, and weakness can also come from a cervical disc or nerve-root injury. That overlap can create a real diagnostic challenge after a crash.

The C5-T1 roots that form the brachial plexus originate near the same part of the spine where a crash can also cause disc herniation or other [neck and back injuries](#). A doctor may need the physical examination, symptom pattern, electrodiagnostic testing, and imaging together to distinguish a plexus injury from cervical radiculopathy or determine whether both are present.

That distinction matters because the treatment and prognosis may be different. It also matters in an injury claim because the medical records need to connect the correct diagnosis to the collision instead of relying on a vague label such as “neck pain” or “shoulder strain.”

Brachial Plexus Damage Ranges From Temporary Stretching To Avulsion

Doctors may describe traumatic brachial plexus damage in several ways depending on how much of the nerve structure has been disrupted:

- **Stretch Or Compression Injuries:** Milder injuries may temporarily interrupt nerve function without completely tearing the nerve. Some can improve with time and rehabilitation.
- **Rupture:** A nerve can tear within the brachial plexus while remaining attached at the spinal cord. Serious ruptures may require surgical reconstruction.
- **Avulsion:** The nerve root is torn away from the spinal cord. Mayo Clinic identifies avulsion as the most serious type of brachial plexus injury, and treatment may involve nerve transfer or other reconstructive procedures rather than repairing the root at the spinal cord.

Serious injuries are time-sensitive. Mayo Clinic notes that delaying certain brachial plexus surgeries can reduce the chance of a successful repair, which is another reason persistent weakness or loss of function should not simply be watched indefinitely without appropriate medical evaluation.

How Brachial Plexus Damage Can Change the Value of a Georgia Injury Claim

The value of a serious nerve injury claim depends on what the injury actually changes in the person's life. Someone who cannot lift an arm overhead may lose the ability to perform construction, warehouse, healthcare, mechanical, or other physical work. Someone with hand weakness may struggle with typing, driving, cooking, childcare, or any job that depends on grip and fine motor control.

A claim may need to account for medical treatment, rehabilitation, surgery, lost income, reduced earning capacity, pain, and future limitations. Those are the same types of losses that can shape [Georgia car accident settlements](#), but a lasting nerve injury can make the future-cost analysis particularly important.

Our [case results](#) include a \$200,000 rear-end accident settlement in a case where the vehicle had only minor damage but the client suffered significant injuries and was recommended for neck surgery. That was not a brachial plexus case, but it does illustrate an important point: the appearance of the vehicle or the absence of a dramatic first scan does not determine the seriousness of an injury. The medical evidence does.

A Strong Brachial Plexus Claim Needs a Clear Medical Timeline

When an insurance company disputes whether nerve damage came from a crash, the strongest response is usually a clear chronology rather than a single test result. The records should show what happened in the collision, what symptoms appeared first, how those symptoms changed, what testing was performed, and how the injury affected daily function over time.

Important evidence can include:

- **The Crash Mechanism:** Vehicle damage, photographs, reports, and witness information can help explain the forces placed on the neck, shoulder, and arm.
- **The Symptom Timeline:** Medical records should document when numbness, weakness, pain, or loss of grip first appeared and whether those symptoms progressed.
- **Objective Testing:** EMG, nerve conduction studies, MRI, and other testing may help identify the location and severity of the injury when clinically appropriate.
- **Functional Loss:** Work restrictions, therapy notes, grip measurements, range-of-motion findings, and descriptions of lost activities can show what the nerve damage means outside the examination room.
- **Pre-Crash Medical History:** Prior records can help establish whether the same arm, shoulder, or nerve symptoms existed before the collision or developed afterward.

That full timeline is especially important when the insurer argues that delayed symptoms, a pre-existing neck condition, or an initially normal X-ray means the crash did not cause the nerve injury.

Our Georgia Car Accident Attorneys Can Help When Nerve Damage Was Missed at First

If you are experiencing persistent numbness, weakness, burning pain, or loss of grip after a Georgia crash, an early report that showed no fracture does not necessarily explain what is

happening now. Continue working with your medical providers, and do not assume you should accept a settlement before the nature and long-term effects of the injury are understood.

The Georgia car accident lawyers at Law Offices of Gary Martin Hays & Associates, P.C. can investigate the crash, collect the medical and insurance records, document how the injury affects your work and daily life, and fight back when an insurer tries to minimize nerve damage because it was not obvious on the first day.

If you or someone you love suffered a serious arm or shoulder nerve injury in a collision, [contact us](#) for a free case evaluation. There are no upfront attorney's fees, and you pay no attorney's fee unless we recover compensation for you.