

Cervical Myelopathy After a Car Accident in Georgia

When a Neck Injury Starts Affecting the Spinal Cord

Neck pain after a collision is common. Cervical myelopathy is different. Instead of affecting only muscles, joints, or a single nerve root, myelopathy means the spinal cord in the neck is being injured or compressed enough to interfere with neurologic function. That can affect the hands, arms, legs, balance, coordination, and, in severe cases, bladder or bowel control.

A crash can create that problem through a traumatic disc herniation, fracture, dislocation, ligament injury, swelling, instability, or direct spinal cord trauma. It can also expose a more complicated medical question when the person already had cervical stenosis or degenerative changes before the wreck.

Our [Georgia car accident lawyers](#) at Gary Martin Hays & Associates know that the label on an MRI isn't enough by itself. In a serious spinal claim, the real issue is whether the collision caused new spinal cord dysfunction, worsened a previously stable condition, or changed a person who was functioning normally into someone dealing with weakness, clumsy hands, balance problems, or permanent restrictions.

What Is Cervical Myelopathy?

The cervical spine is the neck portion of the spine. The spinal cord travels through a canal formed by the vertebrae, discs, ligaments, and surrounding structures. Cervical myelopathy develops when the spinal cord becomes damaged or compressed in that area.

That makes it different from ordinary [neck and back pain after a car accident](#). It also isn't the same thing as cervical radiculopathy. Radiculopathy usually involves a nerve root leaving the spine and can cause pain, numbness, tingling, or weakness along a particular arm or hand distribution. Myelopathy involves the spinal cord itself, so the effects can extend below the level of compression and involve both the upper and lower body.

Doctors often look for upper-motor-neuron findings when they suspect myelopathy. Those can include abnormal reflexes, hyperreflexia, clonus, a Hoffmann sign, a Babinski response, gait changes, or loss of fine motor control. The diagnosis usually depends on matching those examination findings with the person's symptoms and imaging rather than relying on one test in isolation.

How Can a Car Accident Cause or Worsen Cervical Myelopathy?

There isn't one single crash mechanism that produces cervical myelopathy. What matters is what happened to the spinal canal, spinal cord, discs, vertebrae, and supporting ligaments during the collision.

A [herniated cervical disc](#) can protrude far enough to compress the spinal cord. A fracture or dislocation can narrow the canal or injure the cord directly. Ligament damage can create instability. Swelling or bleeding around the cord can also become clinically important. In some

traumatic injuries, the spinal cord itself is bruised or develops abnormal signal even when there isn't a dramatic fracture.

Hyperextension is another mechanism doctors pay attention to, particularly in people who already have a narrow cervical canal. Traumatic central cord syndrome, for example, is an incomplete cervical spinal cord injury that can occur after the neck is forcefully extended and is often associated with pre-existing arthritic narrowing. It typically causes greater weakness in the arms than the legs, although individual presentations vary.

That doesn't mean every person with cervical stenosis will suffer a spinal cord injury in a relatively minor crash. Medical research has not established that conclusion. A serious causation analysis has to stay patient-specific and ask what actually changed after this collision.

Which Symptoms Can Point to a Spinal Cord Problem Instead of Ordinary Whiplash?

Early cervical myelopathy can be easy to mistake for more familiar post-crash complaints. A person may initially describe neck stiffness or tingling and only later realize that their hands aren't working normally or that their balance has changed.

- **Loss of Hand Dexterity:** Buttons, handwriting, typing, gripping small objects, or using tools may suddenly feel awkward. Some people start dropping things they normally would not.
- **Walking or Balance Problems:** A person may feel unsteady, develop a wide or stiff gait, trip more often, or have trouble with stairs.
- **Weakness in the Arms or Legs:** Myelopathy can affect strength on more than one side of the body and can involve the legs even when the original pain was mainly in the neck.
- **Numbness or Tingling:** Abnormal sensation may involve the hands, arms, torso, or legs rather than following one isolated nerve root. Persistent [numbness and tingling after a wreck](#) deserves medical evaluation when it is new or worsening.
- **Electric-Shock Sensations With Neck Movement:** Some people describe a shock-like sensation traveling down the spine or into the limbs when the neck flexes.
- **Bowel or Bladder Changes:** Loss of control or significant new urinary or bowel dysfunction can occur in severe spinal cord disease and requires prompt medical attention.

A doctor may also find abnormal reflexes that the patient would never notice at home. New weakness, worsening balance, difficulty using the hands, or bowel or bladder changes after trauma shouldn't be dismissed as routine soreness.

Why a Normal CT Scan Doesn't Automatically Rule Out Cervical Myelopathy

Emergency departments often use CT scans after significant trauma because CT is excellent at identifying many fractures and bony injuries. But myelopathy is a spinal cord problem, and some of the most important causes involve soft tissue, discs, ligaments, or the cord itself.

When spinal cord or nerve-root injury is suspected after blunt trauma, MRI is generally the more useful next study for evaluating cord compression, disc material, ligament injury, epidural abnormalities, and signal changes within the spinal cord. A patient can therefore have a CT that doesn't show an acute fracture and still need further evaluation because the neurologic examination doesn't fit a simple strain.

That is why [medical imaging after a Georgia car accident](#) has to be read together with the symptoms and physical examination. An MRI can show where the canal is tight and whether the cord is compressed, but imaging alone doesn't tell the whole causation story either. Degenerative narrowing can exist before a crash without causing the same symptoms the patient develops afterward.

What If the MRI Shows Pre-Existing Cervical Stenosis?

This is one of the most important issues in a cervical myelopathy injury claim. Many adults have age-related changes in the cervical spine. Some have [spinal stenosis](#) without knowing it because they weren't having neurologic symptoms before the collision.

If the first post-crash MRI says “degenerative,” “spondylotic,” “multilevel,” or “chronic,” the insurance company may argue that the wreck had nothing to do with the myelopathy. That conclusion can be too simple. A scan taken after the collision may establish that narrowing existed beforehand, but it doesn't automatically establish what the person's neurologic function was before the wreck or whether the collision caused a new disc injury, cord contusion, instability, or symptomatic worsening.

The claim also shouldn't overreach in the opposite direction. If the stenosis clearly predates the accident, the medical question isn't whether the crash somehow created years of degeneration in one afternoon. The more precise question is whether the trauma [aggravated a pre-existing cervical condition](#) or caused a new injury on top of it.

Georgia law doesn't require an injured person to have a perfect spine before a negligent driver hits them. The [eggshell plaintiff rule](#) can make a defendant responsible for the harm actually caused even when a pre-existing condition made the injured person more vulnerable. The evidence still has to show what changed.

Five Parts of the Medical Timeline Can Help Separate Old Degeneration From New Myelopathy

When causation is disputed, one dramatic MRI phrase rarely resolves the case. A stronger analysis usually follows the medical chronology.

1. **The Pre-Crash Baseline:** Prior records can show whether the person already had neck pain, arm symptoms, balance problems, hand clumsiness, weakness, or a known diagnosis of cervical myelopathy. Just as important, the absence of those problems before the wreck may help define the baseline.
2. **The Crash Mechanism:** Vehicle damage, occupant movement, reports, photographs, and witness accounts can help explain whether the neck experienced flexion,

extension, rotation, direct impact, or other forces capable of injuring cervical structures.

3. **The Neurologic Symptom Timeline:** Medical records should document when weakness, numbness, gait changes, hand dysfunction, or other neurologic symptoms first appeared and whether they progressed. That becomes especially important when [symptoms develop or worsen after the initial evaluation](#).
4. **The Imaging and Examination Findings:** MRI findings should be compared with the neurologic exam. The level of cord compression, any cord signal abnormality, disc injury, fracture, instability, and the distribution of clinical findings should make medical sense together.
5. **The Specialist's Causation and Prognosis:** A spine surgeon, neurologist, physiatrist, or other treating specialist may be able to explain whether the collision produced a new injury, aggravated existing compression, or changed the expected course of a previously stable condition.

In a serious spinal case, [treating-physician testimony](#) can be especially important because the doctor can explain why the examination, imaging, treatment choices, and functional changes point to one conclusion rather than another.

How Is Cervical Myelopathy Treated After a Crash?

Treatment depends on what is compressing or injuring the spinal cord, how severe the neurologic deficits are, whether the condition is stable or progressing, and whether there is traumatic instability.

An acute traumatic spinal cord problem may require immobilization, urgent specialist assessment, and close neurologic monitoring. When a disc, fracture, instability, or other structural problem is significantly compressing the cord, surgery may be considered to decompress the spinal cord and, when necessary, stabilize the cervical spine.

Degenerative cervical myelopathy can be managed differently depending on severity. Mild, neurologically stable cases may sometimes be monitored or treated conservatively, while moderate, severe, or rapidly progressive myelopathy is more likely to lead to a surgical recommendation. Even after decompression, some patients are left with residual weakness, numbness, spasticity, balance problems, or other deficits.

That uncertain recovery is what makes cervical myelopathy different from a neck strain that is expected to resolve. A serious [spinal injury after a Georgia car accident](#) can change work ability, independence, mobility, driving, sleep, household responsibilities, and the need for future medical care.

How Insurance Companies May Try to Minimize a Cervical Myelopathy Claim

Cervical myelopathy claims give an insurer several medical phrases it can pull out of context. “Degenerative stenosis” can be turned into “this was already there.” “No acute fracture on CT”

can be turned into “the crash didn't injure the spine.” A delay between the wreck and a formal myelopathy diagnosis can be turned into “the symptoms must have come from something else.”

Those arguments have to be tested against the full medical record. The defense may be right that some degeneration existed before the crash, but that still leaves the before-and-after neurologic function to explain. It may be right that the CT didn't show a fracture, but that doesn't make MRI findings or a documented abnormal neurologic exam disappear.

The strongest response isn't exaggeration. It's precision: identify what was old, what was new, what became symptomatic, what the specialists concluded, and how the person's function actually changed.

What Compensation May Be Available for Cervical Myelopathy After a Georgia Crash?

When cervical myelopathy causes lasting neurologic problems, the damages can extend far beyond the emergency-room bill. Depending on the evidence, a Georgia injury claim may include past and future medical treatment, spinal surgery, rehabilitation, medications, assistive devices, lost income, reduced future earning capacity, pain, loss of normal function, and other losses caused by the injury.

If permanent weakness, balance problems, hand dysfunction, or work restrictions change the person's career, the claim may require evidence showing [lost earning capacity](#) rather than only adding up wages already missed.

When the spinal cord injury will require long-term therapy, equipment, home assistance, additional surgery, or other future support, a [life care planner can help organize those future needs](#) around the actual medical prognosis instead of a generic estimate.

Georgia's current rules for [medical-expense evidence under SB 68](#) also matter for causes of action arising on or after April 21, 2025. Past medical damages now require attention to the reasonable value of medically necessary care and the evidence the jury is permitted to consider. Future care still has to be supported by the medical evidence and a reasonably certain prognosis.

Our Georgia Car Accident Lawyers Can Build the Medical Timeline the Claim Needs

Cervical myelopathy cases are rarely about one diagnosis code. They're about whether a crash changed the spinal cord, the person's neurologic function, and the future they were expecting to have.

Our attorneys can gather pre-crash and post-crash medical records, compare imaging, preserve collision evidence, work with treating specialists, document lost work and daily limitations, and identify future-care needs when the condition is permanent. We can also separate legitimate pre-existing findings from the new harm the collision actually caused.

If you or someone you love developed hand weakness, balance problems, numbness, gait changes, or other signs of cervical myelopathy after a Georgia car accident, [contact Gary Martin Hays & Associates](#) for a free consultation. We can review the medical timeline, explain what evidence may matter, and help you understand your options.