

How to Know If You Have Cervical Radiculopathy After a Car Accident

Pain That Travels From Your Neck Into Your Arm Can Mean a Cervical Nerve Root Is Being Compressed or Irritated

Your neck hurts after the crash, but the pain doesn't stay in your neck. It shoots into your shoulder, runs down your arm, or reaches into your hand. Maybe your thumb is numb. Maybe your middle finger tingles. Maybe you're dropping coffee mugs because your grip suddenly feels unreliable. Those symptoms can point to cervical radiculopathy rather than a simple neck strain.

Cervical radiculopathy happens when a nerve root in the neck is compressed or irritated. The [American Academy of Orthopaedic Surgeons](#) describes it as a pinched nerve that can cause radiating arm pain, numbness, tingling, and weakness. After a collision, the cause may be a traumatic disc herniation, inflammation around a nerve root, or a crash that turns previously silent degenerative narrowing into a symptomatic problem.

Our [Georgia car accident lawyers](#) at Gary Martin Hays & Associates look beyond the words “neck pain” on an emergency-room chart. A cervical radiculopathy claim usually gets stronger when the medical record shows a consistent pattern of radiating symptoms, objective weakness or reflex changes, imaging that matches the affected level, and a timeline connecting those findings to the wreck.

What Does Cervical Radiculopathy Feel Like?

The hallmark is pain, numbness, tingling, weakness, or another neurologic symptom that follows a cervical nerve root from the neck into the shoulder, arm, forearm, or hand. Neck pain can be part of the picture, but it doesn't have to be the worst symptom. Some people are much more bothered by burning arm pain or hand numbness than by the neck itself.

Common symptoms can include:

- **Radiating Arm Pain:** Sharp, burning, electric, or aching pain may begin in the neck or shoulder blade and travel down the arm.
- **Numbness Or Tingling:** Pins-and-needles or reduced sensation may affect part of the forearm, hand, thumb, or fingers depending on which root is involved.
- **Muscle Weakness:** You may notice trouble lifting the arm, bending or straightening the elbow, extending the wrist, gripping, or using the fingers normally.
- **Reflex Changes:** A clinician may find that the biceps, brachioradialis, or triceps reflex is reduced on the affected side.

- **Pain With Certain Neck Movements:** Looking up, turning toward the painful side, or combining extension and rotation can sometimes reproduce or intensify arm symptoms.
- **Temporary Relief With The Hand On The Head:** Some patients notice less arm pain when they rest the hand on top of the head, a position that can temporarily reduce tension on an irritated nerve root.

A symptom list can't diagnose cervical radiculopathy by itself. Shoulder injuries, ulnar neuropathy, carpal tunnel syndrome, thoracic outlet syndrome, brachial plexus injury, and spinal cord problems can overlap with it. The pattern has to be matched to the examination and, when appropriate, imaging or electrodiagnostic testing.

Which Cervical Nerve Root Matches Your Symptoms?

Doctors use dermatomes, myotomes, and reflexes to estimate which cervical nerve root may be affected. Those maps are useful, but they aren't perfect. The American Academy of Physical Medicine and Rehabilitation notes that radicular pain can vary substantially from the textbook pattern, so no one should diagnose a specific level from a finger symptom alone.

Root	Typical Pain / Numbness	Possible Weakness	Reflex Change
C5	Shoulder blade area and outer upper arm	Shoulder abduction; sometimes external rotation	Biceps or brachioradialis may change
C6	Outer forearm, thumb, and sometimes index finger	Biceps, wrist extension, or related movements	Biceps and/or brachioradialis may decrease
C7	Back of the arm and forearm into the middle finger	Triceps, finger extension, and some wrist movements	Triceps may decrease
C8	Inner forearm and little-finger side of the hand	Finger flexion, thumb movement, and hand intrinsic strength	No single dependable deep-tendon reflex

C6 and C7 are among the most commonly affected cervical roots. Still, real people don't always follow a clean diagram. The [AAPM&R cervical radiculopathy review](#) specifically cautions that pain patterns can vary from person to person, which is why strength, sensation, reflexes, imaging, and other findings have to be considered together.

How Can a Car Accident Cause Cervical Radiculopathy?

A collision can create a new nerve-root problem or make an older one symptomatic. In a younger person, a sudden [cervical disc herniation](#) may push disc material into the neural foramen and irritate the exiting nerve. In an older person, the crash may inflame a root that

already had less room because of age-related disc height loss, bone spurs, or foraminal narrowing.

That distinction matters because an MRI can show degeneration that existed before the crash without showing whether it caused symptoms before the crash. A person can have cervical spondylosis for years and function normally, then develop new radiating arm pain, weakness, or numbness after trauma. The medical question is what changed after the collision.

Whiplash can also be part of the same injury sequence. A rapid acceleration-deceleration movement may injure soft tissues in the neck while a disc or foraminal problem irritates a nerve root. That's why [whiplash](#) and cervical radiculopathy shouldn't automatically be treated as competing diagnoses. A person can have both.

What Does the Physical Examination Look For?

The neurologic exam is one of the most important parts of the diagnosis. A doctor may compare strength, sensation, and reflexes from one side to the other and look for a pattern that fits a cervical root.

The [American Academy of Family Physicians](#) identifies painful neck movement, muscle spasm, diminished deep-tendon reflexes, and weakness among common findings. The Spurling test, upper-limb tension testing, and the shoulder-abduction test can also help when they're interpreted as part of the full exam.

- **Spurling Test:** The neck is extended and turned toward the symptomatic side while compression is applied. Reproduction of the familiar arm symptoms can support cervical radiculopathy, but a negative test doesn't rule it out.
- **Strength Testing:** Specific muscles are tested against resistance to look for weakness that matches a cervical myotome.
- **Reflex Testing:** Asymmetry in the biceps, brachioradialis, or triceps reflex can provide objective evidence of nerve-root dysfunction.
- **Sensory Examination:** The clinician compares light touch or other sensation across the arm and hand instead of relying only on the patient's description of numbness.
- **Upper-Limb Tension Testing:** Positioning the arm and neck can place tension on neural structures and help assess whether the symptoms behave like nerve-root irritation.

No single maneuver is the cervical radiculopathy test. A convincing diagnosis usually comes from several pieces lining up rather than one positive sign.

MRI Shows Structure, But It Doesn't Always Prove Which Nerve Is Causing the Symptoms

MRI can show disc herniation, foraminal narrowing, spinal-canal narrowing, and other soft-tissue abnormalities. In someone with persistent or increasing radicular symptoms, the [American College of Radiology](#) considers noncontrast cervical MRI an appropriate imaging study in common radiculopathy scenarios.

The difficult part is interpretation. An MRI may show multiple bulging discs or several levels of degeneration, especially in an older patient. Finding a C5-C6 disc problem doesn't automatically prove that level is responsible for every arm symptom. The imaging has to be compared with the pain distribution, weakness, sensory findings, reflexes, and specialist examination.

The reverse is also true. A person can have meaningful nerve-root symptoms without a dramatic MRI phrase. Inflammation around a root, subtle foraminal compromise, or a primarily sensory problem may not produce the kind of picture an insurance adjuster expects to see.

When Does an EMG Help?

Electromyography and nerve-conduction studies can be especially useful when the diagnosis is uncertain or when doctors need to distinguish radiculopathy from a peripheral nerve problem. The tests answer a different question from MRI. MRI shows anatomy; electrodiagnostic testing looks for evidence that nerves or muscles aren't functioning normally.

Timing matters. According to [AAPM&R guidance on electrodiagnosis of radiculopathy](#), denervation changes may appear first in cervical paraspinal muscles roughly 7 to 10 days after injury and then in limb muscles over the following weeks. Needle EMG is often most informative when performed around three to four weeks after the injury rather than immediately after the crash.

A normal EMG doesn't automatically end the diagnosis. Needle EMG has limited sensitivity for cervical radiculopathy, and a purely sensory root problem may not create the motor-axon changes the test is designed to detect. That's why the test has to be interpreted with the clinical exam and MRI instead of being treated as a standalone verdict.

Cervical Radiculopathy Can Be Confused With Brachial Plexus Injury or Thoracic Outlet Syndrome

Burning pain, numbness, tingling, and weakness in the arm aren't unique to cervical radiculopathy. A [brachial plexus injury](#) can produce similar symptoms because the plexus carries signals from the cervical roots into the arm. The location of the injury is different, and EMG or nerve-conduction testing may help separate a root problem from a plexus problem.

[Thoracic outlet syndrome](#) can also overlap. Neurogenic TOS may cause arm pain, tingling, weakness, or hand symptoms, while vascular forms can involve swelling, color change, or circulation problems. A careful workup matters because treatment aimed at the wrong location may not help.

Peripheral nerve entrapments can create another layer of confusion. Numbness in the little finger may come from C8 radiculopathy or an ulnar nerve problem. Thumb and index-finger symptoms may overlap with C6 radiculopathy or median-nerve conditions. That's one reason nerve-conduction studies can be useful: sensory responses often behave differently in a root lesion than they do in a more peripheral nerve injury.

Radiculopathy and Cervical Myelopathy Aren't the Same Problem

Radiculopathy involves a nerve root leaving the cervical spine. Myelopathy involves the spinal cord itself. The difference matters because spinal-cord symptoms can be more urgent and can affect much more than one arm.

Warning signs of [cervical myelopathy after a car accident](#) can include hand clumsiness, trouble with buttons or handwriting, balance problems, an unsteady gait, abnormal reflexes in the legs, or weakness affecting more than a single nerve-root pattern. New bowel or bladder changes or rapidly worsening neurologic deficits also deserve immediate medical attention.

If symptoms are progressing rather than stabilizing, they shouldn't be dismissed as ordinary post-crash soreness. A nerve-root injury can be painful and disabling, but spinal-cord involvement changes the medical urgency.

What If the MRI Shows Pre-Existing Degeneration?

This is one of the most common disputes in a cervical radiculopathy claim. An insurer may point to disc degeneration, osteophytes, or foraminal narrowing and argue that the problem was already there.

The better question is whether those findings were symptomatic before the collision. If you were working, driving, sleeping, exercising, and using the arm normally before the crash, then developed new radiating pain, numbness, weakness, or reflex changes afterward, that before-and-after difference matters.

Prior medical records can be especially useful here. They may show no earlier arm complaints, no neurologic deficits, no treatment for cervical radiculopathy, or a much milder condition that changed after the wreck. The strongest medical causation analysis doesn't pretend age-related findings are new. It separates the old anatomy from the new symptoms and new functional loss.

How Is Cervical Radiculopathy Treated?

Many cervical radiculopathy cases improve without surgery. Treatment may include medication, physical therapy, activity modification, and exercises aimed at restoring motion and reducing nerve irritation. Some patients may receive a cervical epidural steroid injection or another targeted procedure when symptoms persist.

Surgery may be considered when a structural problem continues compressing the root, pain remains disabling despite conservative care, or progressive weakness or another neurologic deficit changes the risk-benefit calculation. The exact procedure depends on the level, anatomy, and cause of the compression.

Recovery isn't measured only by whether the pain score falls. Grip strength, arm endurance, sleep, driving tolerance, ability to work overhead, ability to lift, and fine-motor use of the hand may all determine whether the person has actually returned to normal function.

What Evidence Helps Connect Cervical Radiculopathy to a Georgia Car Accident?

A strong claim usually develops from a medical timeline rather than one test result. The most useful evidence often shows how the symptoms started, how they progressed, what the examination found, and whether the imaging or electrodiagnostic studies fit the same story.

- **Early Symptom Reports:** Records showing neck pain with radiating arm pain, numbness, tingling, or weakness soon after the crash help establish when the neurologic problem began.
- **Neurologic Examinations:** Repeated strength, reflex, and sensory findings can show a consistent deficit over time.
- **MRI Findings:** Imaging can identify a disc herniation or foraminal narrowing at a level that corresponds with the clinical pattern.
- **EMG And Nerve-Conduction Testing:** Electrodiagnostic evidence may help confirm motor-root involvement or distinguish a root lesion from plexus or peripheral nerve injury.
- **Pre-Crash Records:** Older records can show whether the same symptoms existed before the collision or whether the person was functioning normally despite degenerative imaging findings.
- **Work And Daily-Life Evidence:** Difficulty gripping tools, typing, lifting, driving, sleeping, or performing repetitive arm work helps show what the neurologic injury actually changed.

Getting the symptoms into the medical record early matters. [Seeing a doctor soon after a car accident](#) gives the provider a chance to document the neurologic complaint, test strength and reflexes, and order follow-up care if the symptoms don't resolve.

A [pain journal](#) can also capture details that aren't always obvious during a short office visit, such as which fingers go numb, what movements trigger the arm pain, whether weakness makes you drop objects, or how often the symptoms interrupt sleep.

When Arm Weakness Changes Your Work

Cervical radiculopathy can be especially disruptive for people who depend on arm strength, grip, overhead work, driving, keyboarding, fine-motor control, or repetitive hand use. A mechanic who can't hold a tool overhead, a nurse who can't safely lift, or an electrician whose hand strength has changed may face a very different work future even if they can still perform some daily activities.

If the neurologic deficit becomes permanent or limits the work you can perform, the claim may need evidence of [lost earning capacity](#) rather than only a total of paychecks missed during treatment. Medical restrictions, vocational evidence, job history, and the long-term prognosis can all become important.

Talk With Our Georgia Car Accident Lawyers About Cervical Radiculopathy

Cervical radiculopathy can look deceptively simple on paper: neck pain, arm pain, numbness. In a real case, the important details are much more specific. Which fingers are affected? Is there measurable weakness? Has a reflex changed? Does the MRI show compression at the same level? Was the same problem present before the crash? Was the EMG performed at a time when it could reasonably detect denervation?

At [Gary Martin Hays & Associates](#), we can build that medical timeline and compare the neurologic findings with the crash, imaging, electrodiagnostic testing, prior records, treatment history, and work impact. When an insurance company points to pre-existing degeneration or a nondramatic MRI, the response has to come from the full medical picture rather than one phrase in a radiology report.

If radiating arm pain, numbness, tingling, or weakness began after a Georgia car accident, [contact us online](#) for a free consultation. We can review what changed after the crash and explain what medical and factual evidence may be needed to document a cervical radiculopathy claim.