



Nerve Pain & Radiculopathy

Understanding sensations, finding the true source, and targeting treatment

What Are You Actually Experiencing?

Paresthesias: Tingling, pins-and-needles, buzzing sensations
Numbness: Reduced sensation, feeling like touching through a glove
Weakness: Difficulty with specific movements, muscle fatigue
Radiating pain: Sharp, shooting, or burning pain traveling down a limb

The Unexpectedly Common Culprit: Myofascial Referral

After trauma or strain, most "nerve pain" doesn't come from nerves at all. It comes from tense, ischemic muscles that send pain to predictable remote zones. This myofascial referred pain mimics radiculopathy but has different examination findings and responds to completely different treatment.

True Nerve Compression

Radiculopathy: Nerve root compressed in spine - dermatomal pattern, reflex changes
Peripheral entrapment: Carpal tunnel, ulnar neuropathy - specific nerve distribution
Plexopathy: Brachial plexus injury - multiple nerve involvement after trauma

How I Sort This Out: Sensory Mapping

In clinic, I use detailed bedside examination to map exactly where your sensations are abnormal. This converts subjective experience into objective visual patterns:

- Neat dermatomal pattern suggests radiculopathy
- Patchy, multi-dermatomal pattern suggests myofascial referral
- Peripheral nerve distribution suggests entrapment (carpal tunnel, etc.)

Treatment Matches Mechanism

Once we know what's driving symptoms, treatment becomes targeted: trigger point injections for myofascial referral, epidural injections for radiculopathy, surgical consultation for severe compression. No guessing, no shotgun approaches - just the right intervention at the right time.