

THORACIC OUTLET SYNDROME

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The use of hand held devices (HHD) such as mobile phones, game controls, tablets, portable media players and personal digital assistants have increased dramatically in past decade. This drastic change has led to new batch of difficult to treat, musculoskeletal disorders of the upper extremities such as myofascial pain syndrome of neck and upper back and thoracic outlet syndrome. The thoracic outlet anatomy and how the bundle passes through the passageway is complex for even musculoskeletal experts. So for doctors trained in other specialties there can be an inadequate understanding about nature and cause of thoracic outlet syndrome. A syndrome rather than a disease, the Mayo Clinic, Cleveland Clinic and the National Institute of neurological disorders and stroke, plus top 10 ranked hospitals for neurology and neurosurgery agree persistent compression of nerves, arteries and veins traveling through the thoracic outlet is what leads to thoracic outlet syndrome. I will discuss the three models of human movement, the inverted pendulum model, the spring-mass model and the integrated spring-mass model (ISMM). The (ISMM), which integrates the spring suspension systems of the foot and shoulder region as well as the torsion spring of the spine and the mass, the head. I will discuss my clinical findings show compressive disorders like TOS and herniated discs are merely an over control of tension on the human spring mechanism leading to these syndromes. I will give brief review of the symptoms and their patterns, the common orthopedic tests, and diagnostic tests, the 16 different common conservative therapies and the 10 reasons for when surgery is medically necessary. I will discuss an alternative treatment for this disorder based on the integrated spring mass model.

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