

Title: Radicular Pain: Mind Over Matter**Lead Author:** Ziya Aktig, MD (PGY-1, Bon Secours St. Francis Family Medicine Residency)

Abstract: Musculoskeletal pain is a very common chief complaint in primary care. We present this case to highlight the importance of considering functional neurologic syndrome as a possible cause. Our patient was a 49 year old female with a history of carpal tunnel syndrome and chronic right shoulder pain refractory to subacromial injections, home exercise and physical therapy, who presented with new neck pain and numbness in her right arm without an inciting event. The pain was described as a dull ache over both sides of the neck with numbness and tingling extending down to both hands, right worse than left. She had tried diclofenac gel, prednisone and cyclobenzaprine with no improvement. The patient also reported decreased range of motion in her right shoulder and inability to lift her arm. Physical exam was notable for bilateral cervical paraspinal muscle tenderness, and decreased sensation in the C5-T1 distribution on the right side. Active and passive range of motion of her right shoulder was significantly reduced in all directions. Neer's and Hawkins' were positive and Spurling's was negative. We performed an ultrasound-guided glenohumeral injection, for both diagnostic and therapeutic reasons, after which the patient reported complete relief of symptoms including resolution of paresthesias of her hands and marked improvements in her range of motion. This case illustrates the importance of considering functional neurological disorder as a possible cause of musculoskeletal pain and neuropathy. In considering and recognizing this etiology early, the primary care physician may be able to avoid unnecessary imaging and treatment.