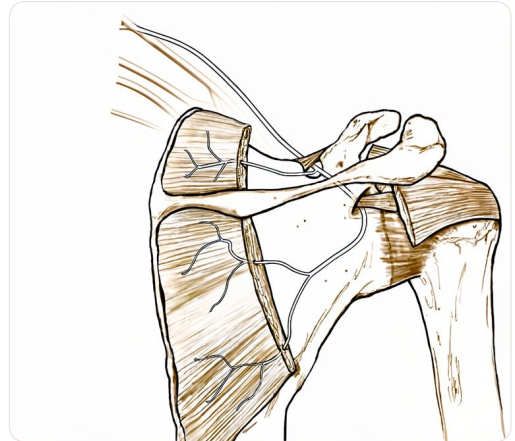


Suprascapular neuropathy

The suprascapular nerve, which can be compressed at the notch of the shoulder blade.

Kieran Hirpara 4.0



What you're feeling

You might feel pain or weakness in your shoulder. In young, active people, these are often the two main things you notice first. The pain usually sits deep in the back of your shoulder or near the top of your shoulder blade. You may feel it when you lift your arm or reach behind your back to fasten a bra.

Your symptoms often get worse after you use your arm. Simple tasks like tucking in a shirt or reaching for a high shelf can become difficult. You might find it hard to sleep on the side of the affected shoulder. The pain can also flare up at night or when you first wake up in the morning.

Sometimes you may notice your shoulder feels weak without any obvious injury. This happens because the nerve that controls your rotator cuff muscles gets squeezed. This squeezing usually occurs at a narrow space called the suprascapular notch or the spinoglenoid notch. If your surgeon finds no clear cause for this squeezing, they will likely start with non-surgical care like physical therapy and anti-inflammatory medicines.

What's actually happening

In your shoulder, a nerve called the suprascapular nerve runs through a narrow tunnel near the top of your shoulder blade. Sometimes, this tunnel is naturally too tight or has extra bone or scar tissue that squeezes the nerve. This squeezing is called entrapment. It can happen because of how your bones are shaped, a buildup of calcium in the ligament, or a small fatty lump pressing on the nerve.

When this nerve is pinched, it sends signals to your shoulder muscles that tell them to stop working properly. This can cause your muscles to waste away and turn into fat, even if the tendons connecting them to the bone are still intact. You might feel pain or sudden weakness because the nerve cannot send the right messages to move your arm. In some cases, a large bruise or blood clot inside the shoulder can also press on this nerve and cause these same symptoms.

Your surgeon knows exactly where this nerve sits to avoid hurting it during surgery. However, if a screw is placed in the wrong spot during a shoulder replacement, it can accidentally trap the nerve. If there is no clear object pressing on the nerve, your surgeon will likely start with non-surgical care like rest and medicine. Surgery to free the nerve is usually reserved for cases where you have worsening pain or weakness that does not get better with other treatments.

What we can do about it

Most cases of suprascapular neuropathy start with non-operative care. You will begin with physical therapy, activity changes, and nonsteroidal anti-inflammatory drugs. Your surgeon may suggest rest or modifying the movements that hurt your shoulder. This approach is the standard first step when there is no clear mechanical compression of the nerve. Many patients find relief through this conservative plan. Some cases, such as those caused by a cyst or a blood clot, can resolve on their own with close monitoring.

If pain persists, your surgeon may discuss medical management options. Nonsteroidal anti-inflammatory drugs help reduce swelling and pain in the area. While the evidence does not specify exact durations for injections like cortisone or hyaluronic acid, these treatments aim to calm inflammation. For some patients, needle aspiration of a cyst or ganglion can lead to clinical and radiologic improvement. The goal is to relieve pressure on the nerve so you can move your shoulder more comfortably.

Surgery is considered when you have progressive pain or weakness, or when a specific structure is compressing the nerve. Your surgeon may recommend an arthroscopic release to free the suprascapular nerve from tight ligaments or notches. This procedure is safe and effective for many patients, including competitive swimmers, often allowing a return to sport with resolved pain. If you have a rotator cuff tear, surgery might focus on repairing the tendon, though adding nerve release does not always improve outcomes in these specific cases. Your surgeon will decide if this step is right for you based on your symptoms and test results.

When to see someone

See your GP if you have shoulder pain or weakness that does not improve with rest. Ask for a specialist review if you notice your shoulder locking or giving way. You should also seek help if symptoms interfere with your sleep or work, or if you experience a sudden worsening of pain. Your surgeon will check for nerve compression at the suprascapular or spinoglenoid notch. While the exact cause is often unclear, early assessment helps avoid missed problems. Initial treatment usually involves physical therapy and anti-inflammatory drugs. Surgery is only needed if there is clear nerve compression or if weakness and pain continue to get worse.