INTRODUCTION

Neurogenic Thoracic Outlet Syndrome (NTOS) has been found to be the most common form of Thoracic Outlet Syndrome (TOS), consisting of 90-95% of clinical cases. The anatomic depiction of NTOS consists of musculature, parietal, and weakness in the upper extremity.

Provocative testing is the most common diagnostic test utilized in primary care practice and includes Wirth’s, Adams’, and Costotransverse Processes (Table 1). These have substantial variation with limited reproducibility between physicians, resulting in frequently nonreproducible or controversial results.1,2 Despite this, provocative testing is the gold standard for diagnosis of all forms of Thoracic Outlet Syndrome (TOS). These tests utilize the close relationship of the brachial plexus and the vessels to evaluate for structural derangement. It is important for the physician to be aware of the nuances identified in the clinical setting. Visualization of the brachial plexus and vascular structures can aid in diagnosis and treatment. This case report describes the usefulness of ultrasound in the clinical setting, providing primary care physicians with new tools for patient care.

The knowledge of an individual’s unique anatomy, along with the increasing accessibility of ultrasound in the clinical setting, provides primary care physicians with new tools for patient care.