

Table 3: Clinical Diagnostic Criteria for neurogenic TOS²⁷

Consortium for Research and Education on Thoracic Outlet (CORE-TOS) standardized clinical diagnostic criteria of neurogenic TOS.		
Upper extremity symptoms extending beyond the distribution of a single cervical nerve root or peripheral nerve, present for at least 12 weeks, not satisfactorily explained by another condition, AND meeting at least 1 criterion in at least 4 of the following 5 categories:		
1	Principal symptoms	1A: Pain in the neck, upper back, shoulder, arm and/or hand 1B: Numbness, paresthesia, and/or weakness in the arm, hand, or digits
2	Symptom characteristics	2A: Pain/paresthesia/weakness exacerbated by elevated arm positions 2B: Pain/paresthesia/weakness exacerbated by prolonged or repetitive arm/hand use, including prolonged work on a keyboard or other repetitive strain tasks 2C: Pain/paresthesia radiate down the arm from the supraclavicular or infraclavicular spaces
3	Clinical history	3A: Symptoms began after occupational, recreational, or accidental injury of the head, neck, or upper extremity, including repetitive upper extremity strain or overuse 3B: Previous ipsilateral clavicle or first rib fracture, or known cervical rib 3C: Previous cervical spine or ipsilateral peripheral nerve surgery without sustained improvement in symptoms 3D: Previous conservative or surgical treatment for ipsilateral TOS
4	Physical examination	4A: Local tenderness on palpation over the scalene triangle and/or subcoracoid space 4B: Arm/hand/digit paresthesia on palpation over the scalene triangle and/or subcoracoid space 4C: Objectively weak handgrip, intrinsic muscles, or digit 5, or thenar/hypothenar atrophy
5	Provocative maneuvers	5A: Positive upper limb tension test (ULTT) 5B: Positive 3-min elevated arm stress test (EAST)