Upper Extremity Proximal Mononeuropathies – Table 1

Accessory nerve	Iatrogenic • Radical neck dissection • Lymph node biopsy from the posterior cervical triangle • Acromioclavicular or sternoclavicular joint dislocation • Spontaneous accessory nerve palsy[1] • Spinal Manipulation[2]
Long thoracic nerve	Stretch injury • Overhead throwing/repetitive activity • Tackling • Weightlifting Parsonage-Turner syndrome Iatrogenic • Mastectomy • Scalenectomy • First rib resection • Chest tube insertion[3] • Chiropractic manipulation[4] Compression • Thoracic outlet • Backpack palsy
Axillary nerve	Shoulder fracture/dislocation Compression • Aneurysm • Tumor • Quadrilateral space • Backpack palsy Parsonage-Turner syndrome[4,5]

Suprascapular nerve	Traction
	
	• Overhead athletes
	• Repetitive overhead activity
	• Weightlifting[6]
	• Retracted rotator cuff tear
	
	Compression
	
	• Stenotic suprascapular or spinoglenoid notch
	• Transverse scapular or spinoglenoid ligament ossification
	• Backpack palsy
	• Spinoglenoid cyst
	  ○ Labrum/capsule injury
	  ○ Sarcoma
	  ○ Metastatic carcinoma
	
	Fracture/dislocation
	
	Iatrogenic
	
	Parsonage-Turner syndrome[4,5]

Musculocutaneous nerve	Intravenous line placement Compression • Fracture callus • Coracobrachialis muscle[7] • Backpack palsy Stretch injury Multifocal motor neuropathy
Upper/lower subscapular nerves	The author is not aware of any reported cases of mononeuropathy. Evaluate for spinal nerve/brachial plexus lesion