



Sternoclavicular Joint Dysfunction – A Hidden Cause of Headache and Neck-Shoulder Pain

Clinical Insight

Sternoclavicular (SC) joint dysfunction is an underdiagnosed contributor to headache (HA), neck and shoulder pain, paresthesia down the arm, and dizziness in chronic cases. The difficulty is that the SC joint itself often shows **no local symptoms**, which means many clinicians fail to examine it.

Etiology

- Falls on the shoulder or outstretched arm
- Whiplash injuries (seatbelt restraint design is a common factor)
- Direct trauma to the clavicle or upper chest

Key Mechanism

- Dysfunction in the SC joint can inhibit the **Pectoralis Major, clavicular division**, altering clavicular and shoulder biomechanics.
- Compensation from surrounding muscles creates abnormal tension patterns, producing the patient's symptoms.
- These compensation patterns may **mimic cervical disc pathology**, leading to misdiagnosis.

Clinical Considerations

- In some cases, the SC joint can be unstable and requires stabilising techniques.
- Compensation-driven tension in the neck and shoulder girdle contributes directly to pain and neurological symptoms, even at rest.

Diagnosis & Management

- **Neuromuscular Functional Testing (NMFT) and Manual Muscle Testing (MMT)** are invaluable for identifying pectoralis major inhibition and mapping dysfunction to the SC joint.
- Once diagnosed, targeted manual therapy, stabilization, and neuromuscular reactivation can restore function and reduce symptoms.

Clinical Takeaway

If a patient presents with **headache, shoulder/neck pain, paresthesia, or dizziness**, examine the **clavicle and SC joint**. What appears to be a cervical disc problem may actually be driven by SC joint dysfunction and compensating muscles.

Ready to Integrate a Neuromuscular Model?

Let's connect. We help musculoskeletal professionals incorporate neuromuscular testing, diagnostics, and interventions into clinical practice.



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