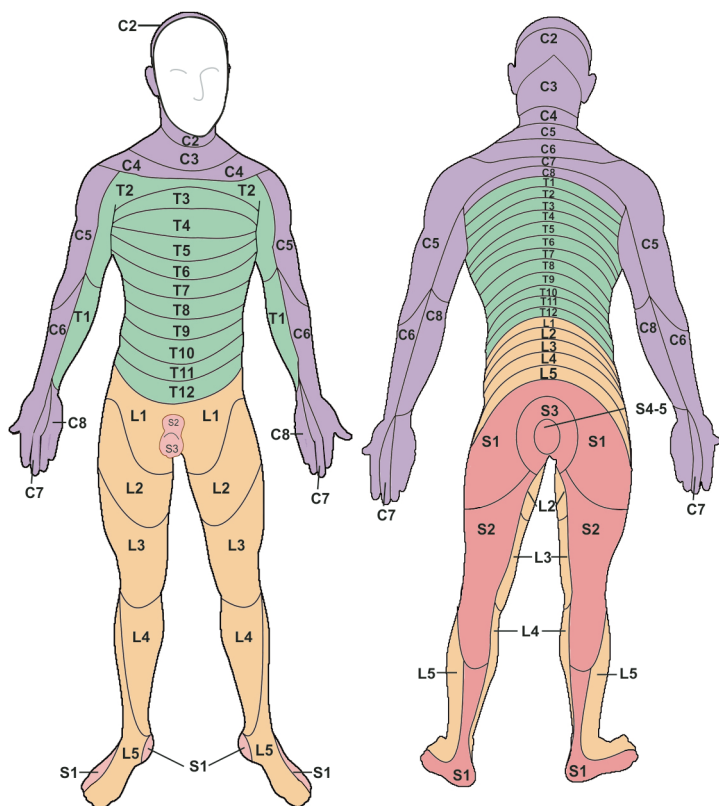




CLINICAL SYNDROMES-Central Cord • Brown-Sequard • Anterior Cord • Conus Medullaris • Cauda Equina

STANDARD NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY



EVALUATION (motor and sensory)

C2, C3, C4	Diaphragm
C5	Elbow flexors
C6	Wrist extensors
C7	Elbow extensors
C8	Finger flexors
L2	Hip flexors
L3	Knee Flexors
L4	Ankle dorsiflexors
L5	Long toe extensors
S1	Ankle plantar flexors
S2, S3, S4	Anal sphincter

By American Spinal Injury Association

ASIA IMPAIRMENT SCALE

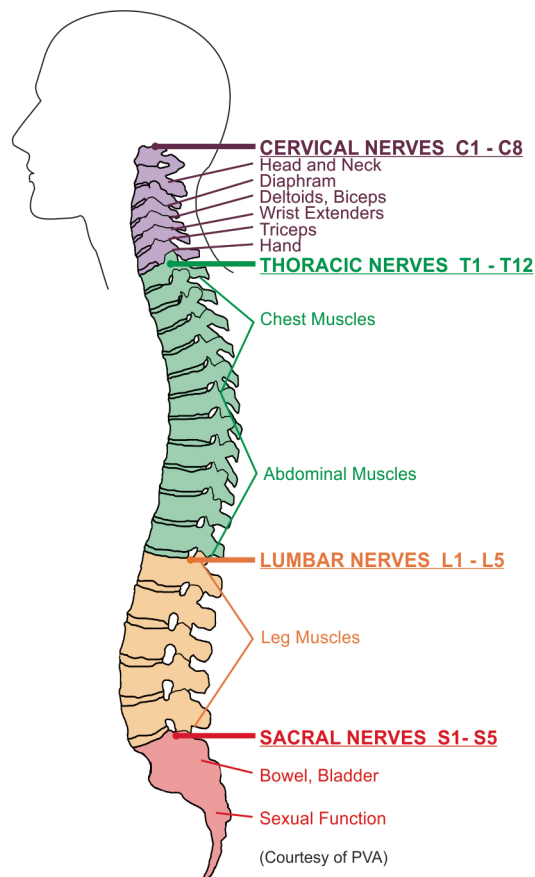
A= Complete: No motor or sensory function is preserved in the sacral segments S4-S5.

B=Incomplete: Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5.

C=Incomplete: Motor function is preserved below the neurological level, and more than half of the key muscles below the neurological level have a muscle grade less than 3.

D=Incomplete: Motor function is preserved below the neurological level, and a least half of the key muscles below the neurological level have a muscle grade of 3 or more.

E=Normal: Motor and sensory function is normal.



Important Considerations in Early Medical Management of Spinal Cord Injury, (suggestions include, but not limited to):

1. Keeping skin healthy in order to prevent breakdown
Evaluate for proper equipment, padding, positioning, transfers and weight shifts.
2. Ensuring proper bowel management by initiating scheduled bowel regimen.
3. Proper bladder assessment and care in order to determine best method of bladder management.
4. Awareness of possible Autonomic Dysreflexia (AD) for patients with injuries above T6. Symptoms include but not limited to high blood pressure, low pulse, headache, etc. (Medical Emergency-seek help immediately)
5. Early referral to specialized rehabilitation.

LEARN MORE | Learn about Craig's specialized Spinal Cord Injury Rehabilitation Program and access more resources at craighospital.org.

MAKE A REFERRAL

Contact our admissions team at **303.789.8344**.