

Spinal Cord Syndromes

Cervical Cord Syndromes



- Most commonly injured by a **trauma** or **compression** injury
- Symptoms at thoracic level are present up the L1, then the L1-L5 level of paresthesia, numbness, weakness in **upper extremities**

Thoracic Cord Syndromes



- Most commonly caused by a **trauma** or **compression** injury
- Complete loss of pain & temperature sensation in **lower extremities** below the level of lesion
- Some proprioception & vibration

Lumbar Cord Syndromes



- Most commonly caused by **damage to the thoracic vertebrae**
- Complete loss of proprioception, vibration, & sensation
- Motor function is intact

Cauda Equina Syndromes



- Caused by **damage to nerve roots of the lumbar & sacral spine**
- Loss of function in **lower extremities**
- Can cause numbness in the groin (saddle anesthesia)

Conus Medullaris Syndromes



- Most commonly caused by **compression** trauma
- Asymmetrically**, loss of motor function, vibration, sensation, & proprioception in **lower extremities**
- Complete loss of pain, temperature, & sensation

Conus Medullaris Syndromes



- Caused by **damage to the conus medullaris**, **apical ends of spinal cord**
- Asymmetrically**, loss of motor function, vibration, sensation, & proprioception in **lower extremities**

Spinal Cord Injury

The American Spinal Injury Association (ASIA) Impairment Scale

The ASIA Impairment Scale is a standardized neurological examination used to assess motor & sensory impairment following a spinal cord injury.

A

COMPLETE INJURY

- ✗ sensory function below lesion
- ✗ sensory function below lesion

B

INCOMPLETE INJURY

- ✗ sensory function below lesion
- ✓ sensory function below lesion

C

INCOMPLETE INJURY

- ✓ sensory function below lesion
- ✓ sensory function below lesion

muscle grade $\leq$ 3/5

D

INCOMPLETE INJURY

- ✓ sensory function below lesion
- ✓ sensory function below lesion

muscle grade $\geq$ 3/5

FUNCTION REMAINS

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Myelomeres & Functions

Level	Autonomic/Physiologic Function	Motor
C1-C2	Diaphragm (cervical), breathing, neck motion	Independent in arm & hand function, independent in standing (can use independent quadriceps), can use shoulder extension (can flex)
C4	Shoulder, elbow, fingers	Independent quadriceps, can use shoulder extension (can flex)
C5	Shoulders, elbows, wrists, hands, forearms, upper arms	Independent in arm & hand function, can use elbow to stabilize (can flex)
C6	Forearm, wrist, shoulder, arm, hand, fingers, thumb, index, middle, ring, little, palm, back	Independent in arm & hand function, can use elbow to stabilize (can flex)
C7	Forearm, wrist, shoulder, arm, hand, fingers, thumb, index, middle, ring, little, palm, back	Independent in arm & hand function, can use elbow to stabilize (can flex)
C8	Forearm, wrist, shoulder, arm, hand, fingers, thumb, index, middle, ring, little, palm, back	Independent in arm & hand function, can use elbow to stabilize (can flex)
T1-T12	Control of pelvic movement, hips, legs, lower extremities, upper extremities	Independent in arm & hand function, can use elbow to stabilize (can flex)
L1-L5	Control of legs	Independent in arm & hand function, can use elbow to stabilize (can flex)

Spinal Cord Injury Levels

C1-C2	neck flexion & extension are possible
C3	independent neck flexion & extension
C4	shoulder extension, independent arm & hand function
C5	shoulder able to flexion flexion → able to self-feed w/ unassisted arm
C6	independent arm & hand function
C7	elbow flexion, wrist flexion, finger flexion
C8	independent flexion, shoulder, elbow, wrist, finger flexion → can
T1-T12	finger, shoulder
L1-L2	independent arm & hand function
L3-L4	leg flexion
L5	independent arm & hand function
S1	independent arm & hand function
S2	independent arm & hand function

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Based on the ASIA Grade A (complete) injury. Specific functions will vary by ASIA grade.

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Printable Pack

Occupational Therapy Study Guide

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