C5 to C8 Spinal Cord Injury Intervention Guide

Secrets From a Student Clinician

Body Structures Affected

C5

- Total paralysis of wrists, hands, trunk, and legs
- Biceps preserved, can raise arms and bend elbows
- Can supinate forearm

C₆

- Triceps, wrist flexion, hands, trunk, and legs
- Preserved wrist extension and pronation of forearm
- Use of tenodesis grasp

C7

- Preserved triceps, wrist flexion, and finger extension
- All head, neck, shoulder, elbow, and wrist movement is preserved
- Full sensation at head, neck, shoulder, outer arms, and radial-side fingers
- Tenodesis grasp pattern preserved

C8

- Decreased sensation in inner forearm, axilla, ulnar-side fingers, trunk, and lower body
- Paralysis of trunk and lower body
- Weakened finger abduction
- Can grasp and release objects
 - **No voluntary control of bowel or bladder at any level**

Intervention Approach

Modify

 Use of compensation strategies for grasping/releasing objects, use of adaptive equipment for toileting, bathing, and dressing

Maintain

• Preserve functional use of neck and arms by maintaining joint integrity through active and passive range of motion exercises

Establish, Restore

• Improve upper extremity strength necessary for functional transfers

Prevent

- Prevent development of shoulder injuries due to overuse as a result of wheelchair propulsion
- Prevent skin breakdown in high risk areas

Complete vs. Incomplete Injury

The information in this resource is most appropriate for complete injuries.

For incomplete injuries, an establish/restore approach is used to improve existing strength and encourage return to previous function.

**Some incomplete injuries at this level can work on standing, walking, and regaining lower extremity strength.

Intervention Focus

- Learning adaptive techniques to complete ADLs (dressing, bathing, feeding, grooming)
- · Improving upper extremity strength to facilitate transitional movement during functional transfers
- · Education regarding autonomic dysreflexia, skin integrity, and stretching to preserve joints
- Participating in self-catheterization and upright bowel program
- Trialing durable medical equipment for toileting and bathing including transfers from chair to equipment
- Practicing weight shifting from supported and unsupported positions to maintain skin integrity, complete safe transfers, and participate in ADLs
- Learning compensatory strategies and bed mobility techniques for dressing and self-catheterization from bed level

Intervention Ideas

- 1. Participating in transitional movement on mat table or similar surface using leg loops and/or bed ladder to improve strength, increase activity tolerance, and prepare for bed level dressing
- 2. Reaching in challenging ranges outside of base of support while in unsupported short sit position to improve coordination and balance
- 3. Completing transfers via slide board or lateral pop over strategies from surfaces of similar and alternating heights
- 4. Participating in functional mobility on uneven terrain or across long distances with a focus on wheelchair skills and/or propulsion techniques
- 5. Completing upper extremity and lower extremity stretches to reduce tone, prevent contractures, and maintain joint integrity

Short-Term Goals

- Patient will complete slide board transfer to/from wheelchair and drop arm commode with substantial assist for upper extremity force generation and lower extremity management.
- Patient will transition to/from unsupported ring sit and lateral prop on forearm with partial assist to facilitate sacral wound healing and maintain skin integrity.

Long-Term Goals

- Patient will perform toilet hygiene with substantial assist for reaching posteriorly to complete perineal hygiene while on commode chair.
- Patient's caregiver will independently be able to return demonstration of all functional transfers prior to discharge.

Durable Medical Equipment

- Hospital bed
- Hoyer lift or overhead ceiling lift
- Rolling shower commode chair

Wheelchair Recommendations

- Power wheelchair (joystick drive)
- Manual wheelchair (rigid frame)

