5 facts about spinal cord injury

1

Airway clearance is essential for people with cervical or thoracic spinal cord injury

Respiratory complications can be managed and prevented by:

- lung volume recruitment techniques using a modified resuscitation bag
- hands-on techniques—percussion or expiratory vibrations
- a manual assisted cough
- a mechanical cough assistance device.

2

Musculoskeletal injury management is a key area for people with spinal cord injury

Management of musculoskeletal injury may be achieved through:

- passive standing, which may reduce spasticity and improve bone mineral density and range of motion
- functional electrical stimulation cycling, which can strengthen partially paralysed muscles and improve health and bone density
- medications and gentle stretches, which may help prevent and manage heterotopic ossification.

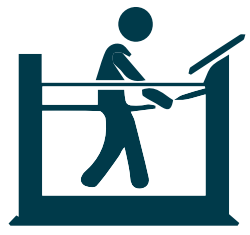
3

Specific equipment prescription and management are essential for quality of life

General seating principles to reduce postural asymmetries and pressure injuries include:

- maximising surface area contact
- maintaining or improving postural control
- providing a stable base of support
- decreasing abnormal tone influences
- promoting increased sitting tolerance.

4

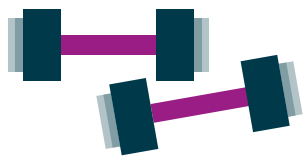


Autonomic dysfunction affects exercise capacity following spinal cord injury

Physiotherapists are well placed to help reduce the risk of:

- autonomic dysreflexia by facilitating bladder emptying prior to exercise, and improve tolerance through positional changes during exercise and regular physical activity
- orthostatic and exertional hypotension by managing environmental controls and monitoring perceived exertion (rather than heart rate monitoring alone).

5



Spasticity following spinal cord injury can be managed non-pharmacologically

Non-pharmacological interventions leading to short-term reductions in spasticity include:

- stretching
- standing
- splinting
- strengthening
- electrical stimulation.

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