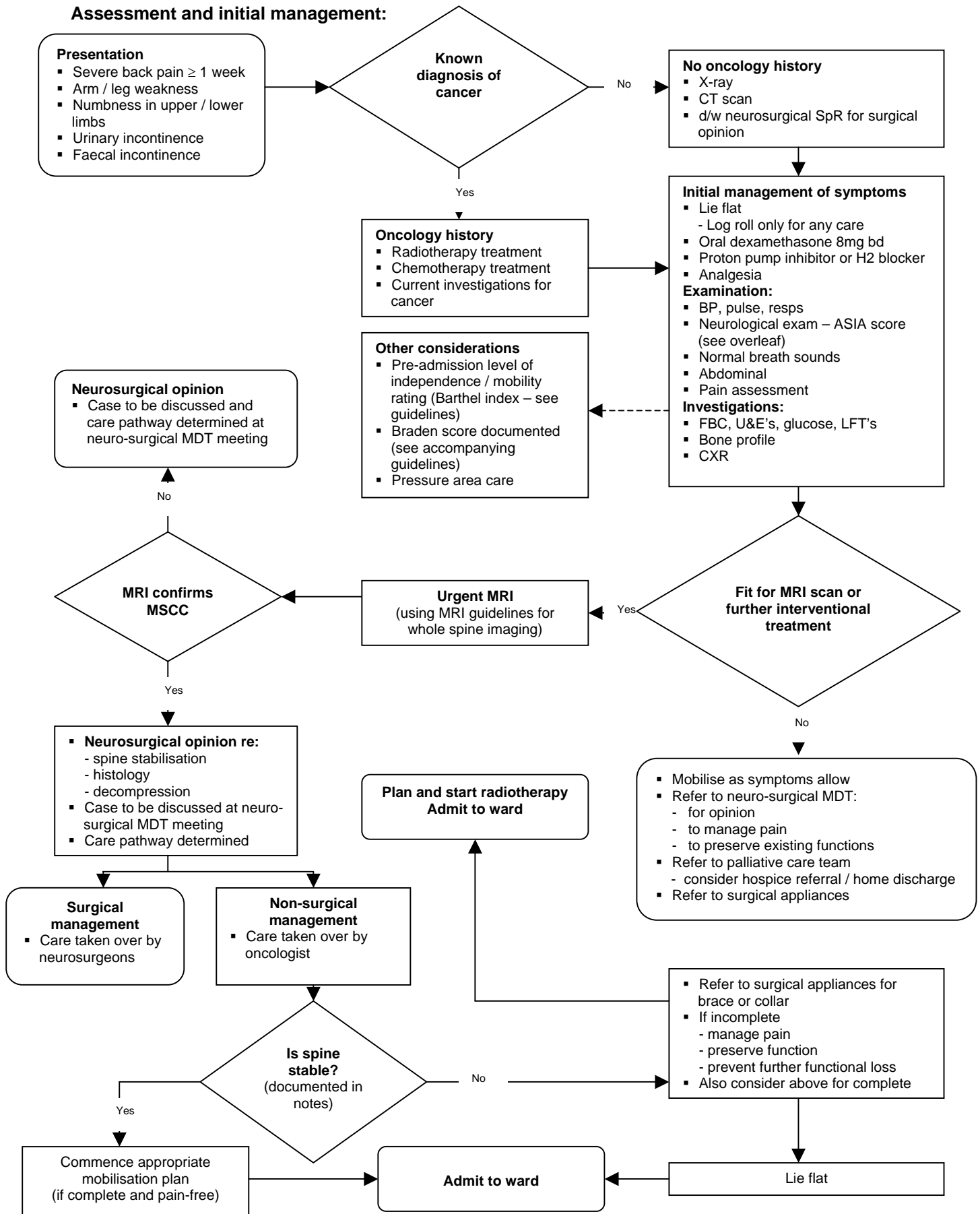


Acute Management of Malignant Spinal Cord Compression

Assessment and initial management:



STANDARD NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY

MOTOR

KEY MUSCLES

	R	L
C2		
C3		
C4		
C5		
C6		
C7		
C8		
T1		
T2		
T3		
T4		
T5		
T6		
T7		
T8		
T9		
T10		
T11		
T12		
L1		
L2		
L3		
L4		
L5		
S1		
S2		
S3		
S4-5		

Elbow flexors
Wrist extensors
Elbow extensors
Finger flexors (distal phalanx of middle finger)
Finger abductors (little finger)

0 = total paralysis
1 = palpable or visible contraction
2 = active movement, gravity eliminated
3 = active movement, against gravity
4 = active movement, against some resistance
5 = active movement, against full resistance
NT = not testable

Hip flexors
Knee extensors
Ankle dorsiflexors
Long toe extensors
Ankle plantar flexors

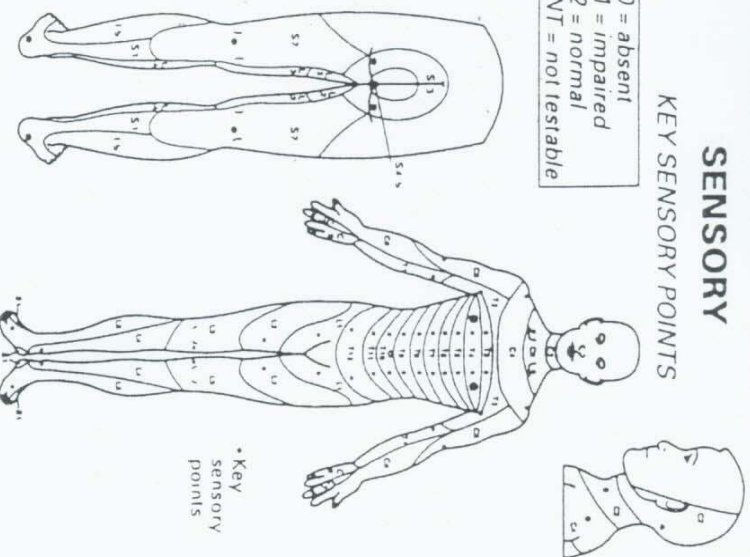
TOTALS ☐ = ☐ **MOTOR SCORE** (100)

(MAXIMUM) (50) (50)

SENSORY

KEY SENSORY POINTS

0 = absent
1 = impaired
2 = normal
NT = not testable



*Key sensory points

	LIGHT TOUCH		PIN PRICK	
	R	L	R	L
C2				
C3				
C4				
C5				
C6				
C7				
C8				
T1				
T2				
T3				
T4				
T5				
T6				
T7				
T8				
T9				
T10				
T11				
T12				
L1				
L2				
L3				
L4				
L5				
S1				
S2				
S3				
S4-5				

TOTALS ☐ = ☐ **PIN PRICK SCORE** (max: 112)

(MAXIMUM) (56) (56) (56) (56)

☐ **Any anal sensation (Yes/No)**

☐ **LIGHT TOUCH SCORE** (max: 112)

NEUROLOGICAL LEVEL

The most caudal segment with normal function

SENSORY ☐ ☐ ☐ ☐

MOTOR ☐ ☐ ☐ ☐

COMPLETE OR INCOMPLETE?

Incomplete = presence of any sensory or motor function in lowest sacral segment

ZONE OF PARTIAL PRESERVATION

Partially innervated segments

SENSORY ☐ ☐ ☐ ☐

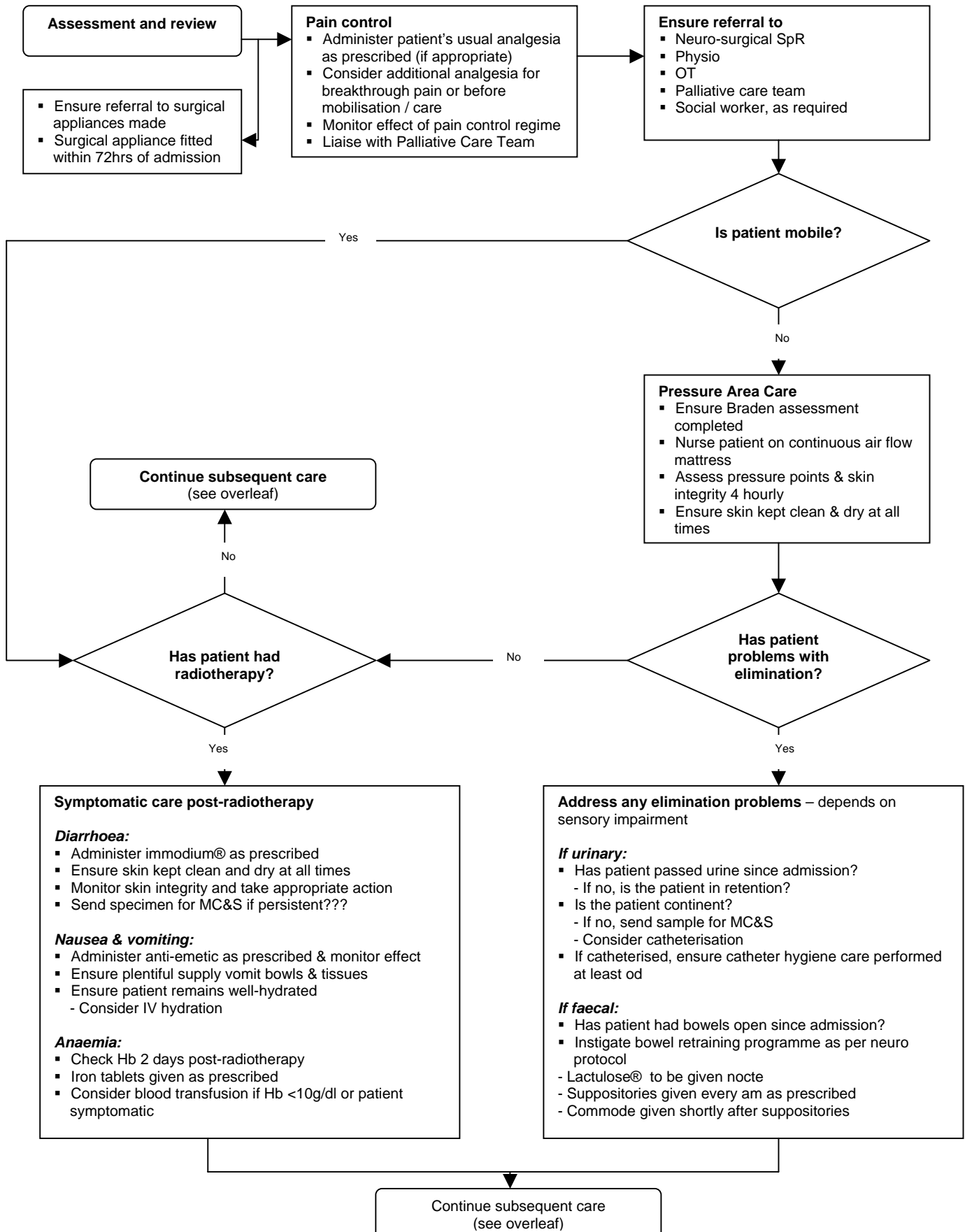
MOTOR ☐ ☐ ☐ ☐

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CIC 1997

Acute Management of Malignant Spinal Cord Compression

On admission to ward:



Subsequent care:

- Review on a daily basis
- May happen concurrently

