

Key Terminology

Tetraplegia – Loss of motor and/ or sensory function in the thoracic, lumbar or sacral segments of spinal cord. Tetraplegia results in impaired function in hands and arms as well as trunk, legs and pelvic organs.

Paraplegia - Loss of motor and/ or sensory function in the cervical segments of spinal cord. Hands and arms are spared, but depending on level of injury the trunk, legs and pelvic organs maybe involved.

Cauda Equina Injury – Due to injury at the lowest levels of the spine, injuring lumbar/sacral nerve roots within the spinal canal. Bladder, bowel, sexual function are impaired as well as varying degrees of motor/sensory loss in lower limbs. All reflexes are lost and the bladder/bowel/limbs are flaccid.

Level of Injury- Defined as the lowest level at which sensation and movement are normal. Below this level there is altered or absent sensation and/or weakness. This level maybe different to the original spinal column injury. This level should remain stable throughout a lifetime in person with traumatic injuries or non-progressive medical condition.

Complete Injury – Defines injuries where no sensation or motor activity is preserved in the lowest part of the spinal cord (S4/5) and there is no motor function at least three levels below the cord injury.

Incomplete Injury – Defines injuries where there is some preservation of sensation and/ or voluntary movement below the level of SCI. These individuals are more likely to improve than people with complete injuries.

Reflex Injury – Reflex lesions are those typically occurring at or above T12 neurological level. Cerebral influence over motor function is lost but reflex spasticity is preserved in muscles below the level of lesion.

Areflexic Injury – These lesions typically occur below T12 neurological level resulting in flaccid motor paralysis throughout the affected area.