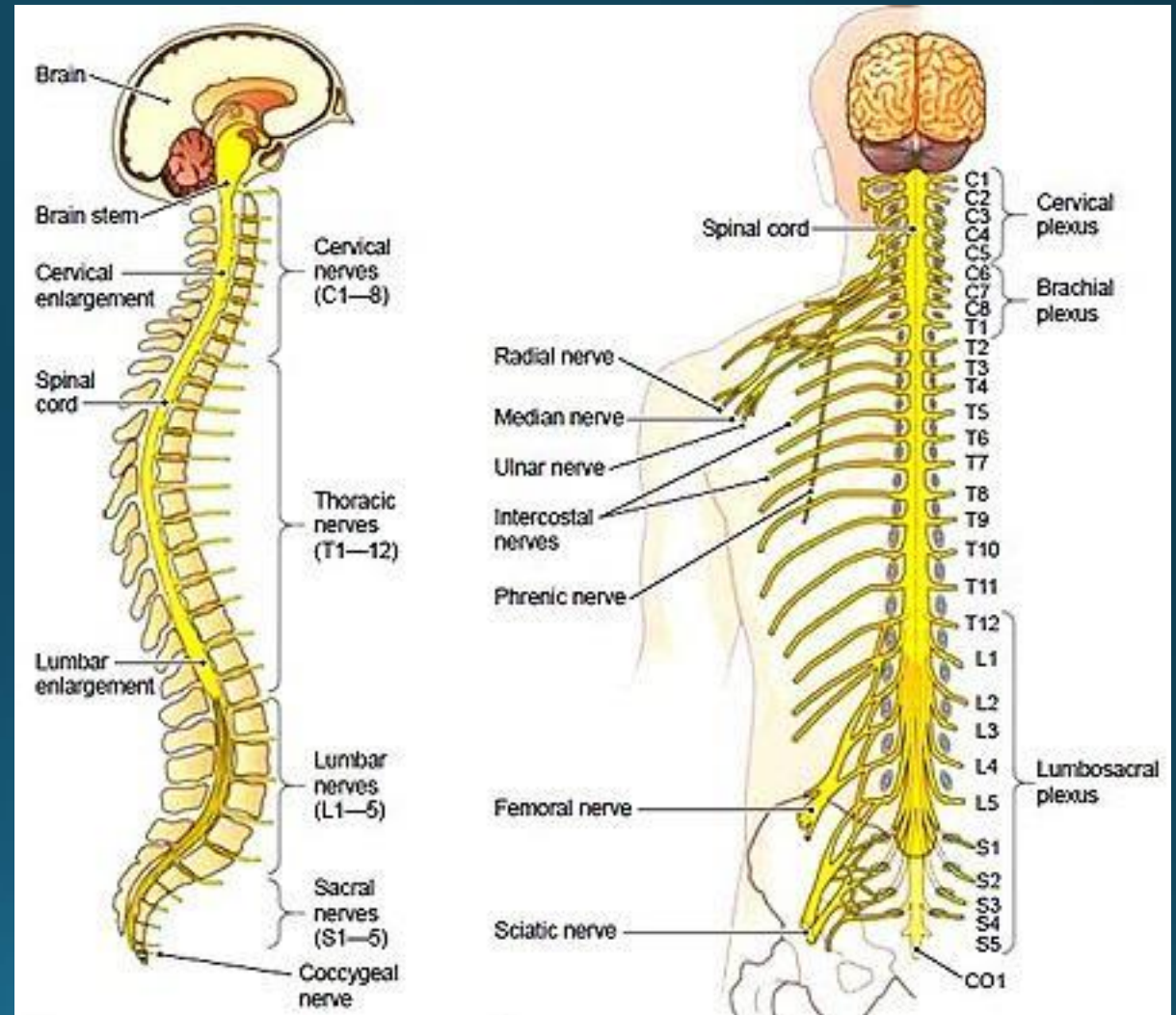


Neuro Muscular Connection

Spinal Injury Treatment

Spinal Nerves

- The spine is composed of 7 cervical, 12 thoracic, 5 lumbar, and 5 sacral vertebrae.
- Each vertebrae has a corresponding spinal nerve.
- **MYOTOMES**
 - The group of muscles that a specific spinal nerve innervates, or provides function to.



Spinal Cord Injuries (SCI)

- Trauma that results in bruising to the tissue of the spinal cord.
- Our bodies do not have way to repair and remove damaged cells from the spinal cord.
- American Spinal Injury Association (ASIA) classifies spinal injuries from A-E

A= Complete

B= Incomplete. Only sensory below injury.

C= Incomplete. Sensory + majority of muscles below injury have below grade 3 strength

D= Incomplete. Sensory + at least half of the muscles below injury are above grade 3

E= Normal



Grade A Spinal Injury- Severe cord compression and hemorrhage.

Laser Treatment and Myotomes

- The goal of laser treatment is to activate the spinal nerve that innervates the muscle or group of muscles which have lost function...

→ **Laser activates the myotome!**

- For simplicity we will explore the C5 myotome.



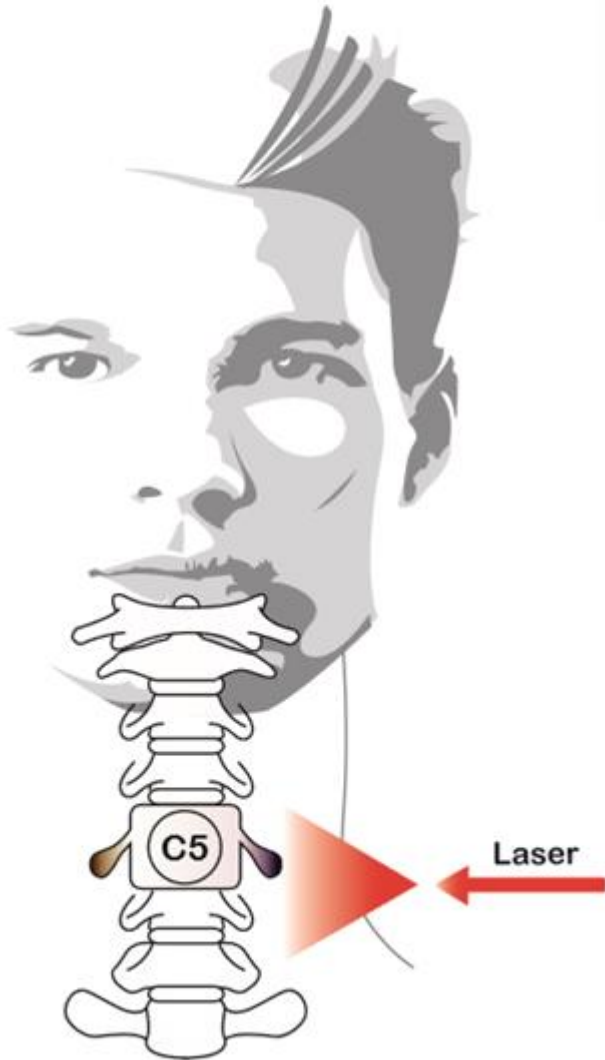
Example of C5 Laser Treatment

To measure the success of myotomal activation, **We Test...**

- Muscle Motor Function
- Joint Range of Motion (ROM)
- Muscle Amplitude
- Deep Tendon Reflex (DTR)
- Sensory Response at the skin

C5 MYOTOME

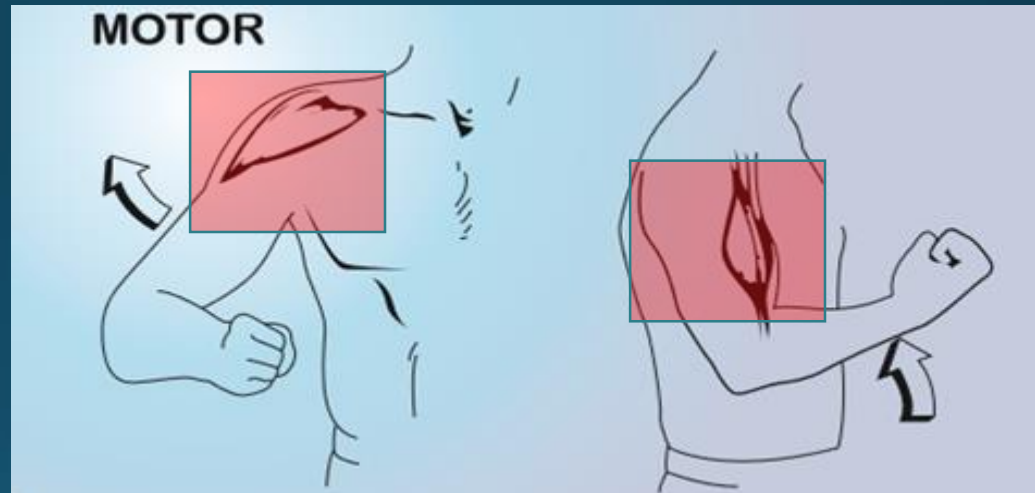
NEUROLOGIC
LEVEL



Motor Function

→ The C5 Myotome is associated with the

- Deltoid = Shoulder Abduction
- Biceps Brachii = Elbow Flexion



- Motor function for these muscles is achieved by the brain voluntarily sending a message down the spinal cord to the C5 spinal nerve.
- In SCI patients, the propagation of that message does not make it past the bruise on the spinal cord.

Motor Function is Measured by:

- Range of Motion (ROM):
 - The full potential movement of a joint in a specific direction, measured in degrees.
- Muscle Grading:
 - A subjective measure for assessing muscular strength. The therapist assigns a score from 0 to 5. When a 2 is reached, muscle force production measured used instead.
 - 0 = no palpable or observable muscle contraction
 - 5 = holds test position against maximal therapist-applied resistance
- Muscle Force Production:
 - The amount of force or effort produced by a muscle during a specific movement, measured in pounds using a hand-held dynamometer.
- Muscle Amplitude:
 - The amount of electrical activity produced by a muscle during a specific movement, measured using surface electromyography (sEMG). The signals can be analyzed to assess abnormalities in muscle firing. Measured in microvolts.

sEMG Software

- The most comprehensive objective measure for SCI patient improvement.
- Combines Muscle Amplitude with functional range of motion.
- Makes it possible to measure the muscular activity even when functional range of motion is limited.



Myovision Bicep
Example, Myotome C5



Patient Bicep Flexion, Myotome C5

C5 MYOTOME

NEUROLOGIC
LEVEL



Muscle Reflex

- In addition to activating the myotome, we also activate the deep tendon reflex in order to promote muscle function.
- Muscle Reflexes function independently of the brain.
- When the reflex hammer hits the biceps tendon, it sends a looped message to the spine and back via the C5 spinal nerve.



Activating Biceps Brachii Tendon Reflex

Reflex Responses are Measured by:

Deep Tendon Reflex Test

→ The tendon is activated by the hammer, and the level of reflex response is noted:

- 0:** no response,
- 1+:** somewhat diminished/low
- 2+:** average/normal
- 3+:** brisker than average/possibly but not indicative of disease
- 4+:** very brisk, hyperactive/often indicative of disease/ often associated with clonus (rhythmic oscillations between flexion and extension)

→ SCI patients tend to score 0-1+



Example of Biceps Brachii Deep Tendon Reflex Paired with Bicep Flexion

C5 DERMATOME

NEUROLOGIC
LEVEL



Sensation

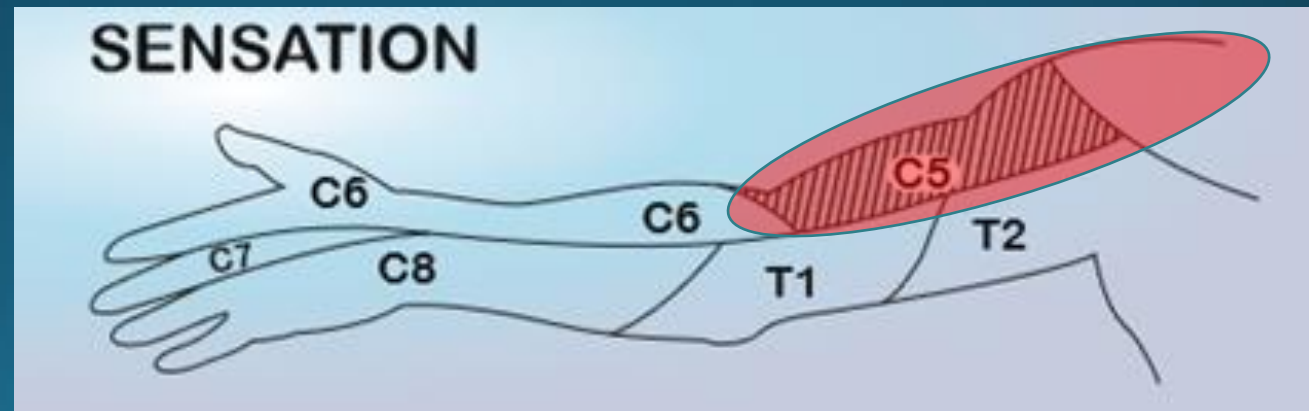
→ With SCI patients, we also assess their sensory perception at the skin.

Dermatomes

- A predictable area on the skin that is provided sensation by a specific spinal nerve.

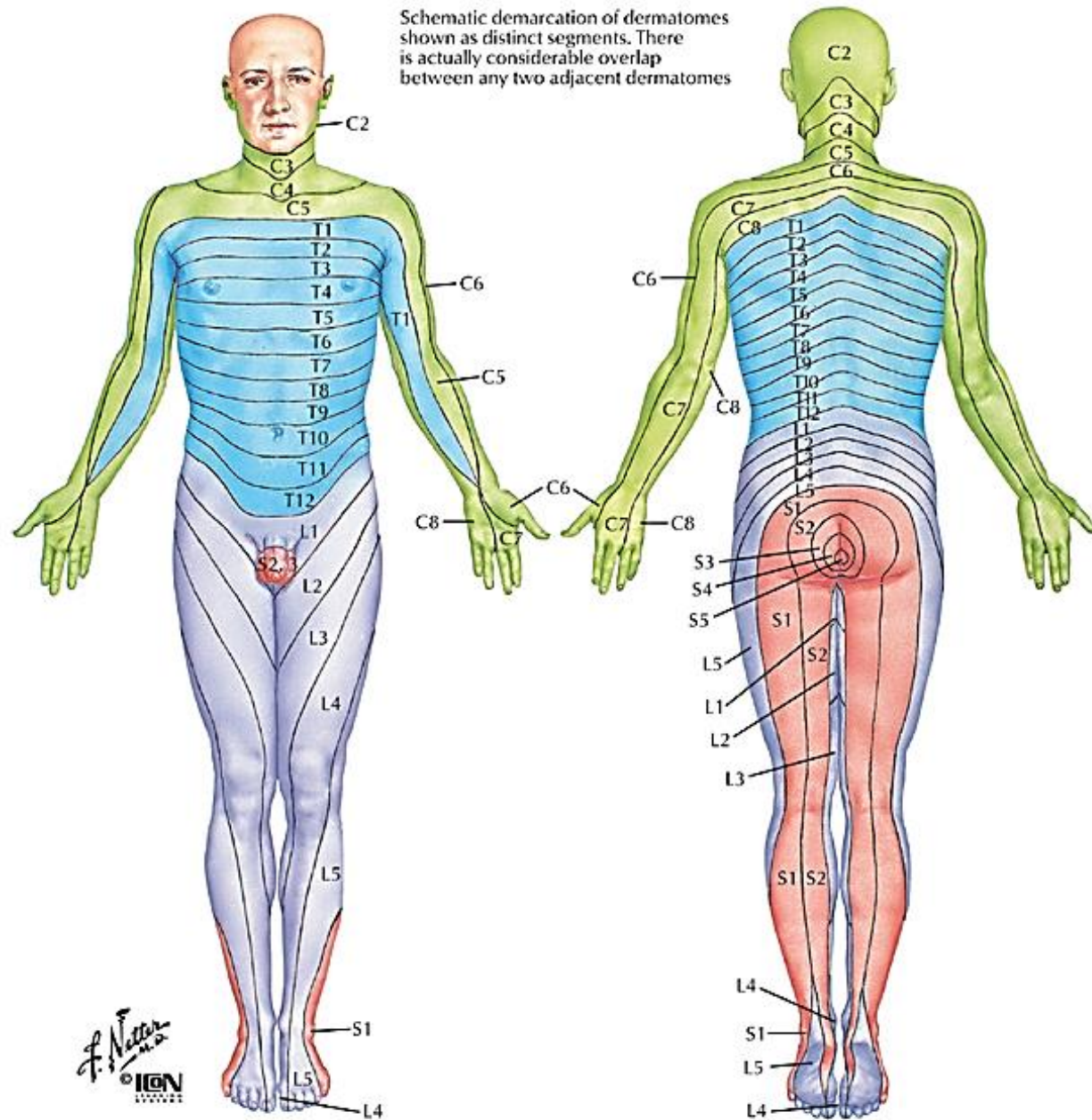
Example:

C5 = Clavicles, lateral part of upper extremities.



Sensory Test

- Patient is asked to distinguish between light and crude touch (brush and toothpick) over select dermatomes.



Frequency of Patient Progress Exams

- A full assessment including the following exams will be completed one time per month for each SCI patient:

- Muscle Grading and/or Muscle Force Production
- Deep Tendon Reflex
- sEMG/Active ROM
- Sensory Response at Skin