FUNCTIONAL QUADRIPLEGIA
By Richard Pinson, MD, FACP

Quadriplegia or quadriparesis is a very familiar condition that would never go unnoticed and undocumented in the medical record. The causes are typically catastrophic damage to the brain or upper spinal cord due to trauma, vascular injury or neoplasm.

Functional quadriplegia, on the other hand, is a bona fide clinical condition comparable to physical quadriplegia in its consequences, yet rarely diagnosed. The impact of functional quadriplegia on intensity and complexity of care, severity of illness, and cost of care is equivalent in every respect to physical quadriplegia.

Functional quadriplegia (or quadriparesis) is defined as the complete inability to move due to severe disability or frailty caused by another medical condition without physical injury or damage to the brain or spinal cord. Patients usually do not have the mental ability to move themselves and require “total care,” such as turning every one or two hours and full assistance with feeding, elimination and hygiene.

The Braden Scale, performed by nurses to predict the risk of developing pressure ulcers, has two objective indicators that are useful in identifying functional quadriplegia: mobility and activity (see sidebar below).

Braden Scale indicators of functional quadriplegia

<table>
<thead>
<tr>
<th>Measure</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td>Completely immobile or very limited</td>
</tr>
<tr>
<td>Activity</td>
<td>Bedfast or chairfast</td>
</tr>
</tbody>
</table>

Likewise, nursing assessments of functional quadriplegics’ basic activities of daily living (ADLs) will indicate a high degree of disability or dependence on such measures as communication, ambulation, transferring, dressing, eating, swallowing, toileting and bathing.

The most common cause of functional quadriplegia is advanced neurologic degeneration from dementia, hypoxic injury, amyotrophic lateral sclerosis, Huntington’s disease, multiple sclerosis or similar conditions. However, some birth defects or advanced musculoskeletal deformity (including severe, progressive arthritis) may result in functional quadriplegia.

Typical consequences or manifestations of functional quadriplegia are pressure ulcers, flexion contractures, recurrent aspiration, alimentation support including G-tube feeding, fecal incontinence, and catheter drainage of the bladder.

From a coding perspective, physical quadriplegia and functional quadriplegia are both considered major, significant, complicating or comorbid conditions that contribute substantially to the severity of illness, complexity of care and hospital reimbursement for the costs of caring for such patients. Imagine the intensity of nursing care required in these circumstances. The length of hospital stay for patients with functional quadriplegia who are admitted for any other medical problem will likely be prolonged as well. Both functional quadriplegia (complete

Consider and document the diagnosis of functional quadriplegia in those severely impaired patients who require “total care” or near-total care in association with advanced, debilitating medical conditions.