EDITOR'S PAGE

Cervical spinal cord injuries without radiographic evidence of trauma: the potential for recovery of upper extremity function

JJ Wyndaele
Antwerp University Hospital, Antwerp, Belgium
E-mail: wyndaelejj@skynet.be

Dear *Spinal Cord* reader,

There are several interesting manuscripts in this issue:

Reviews: Tederko *et al.*, found a need for a comprehensive epidemiologic study of SCI in Poland. Dweik *et al.* analyzed the evolution of cervical spine surgery from ancient times to current practice.

Cervical SCI without major bone lesion: Mohanty *et al.*, studied prospectively cervical SCI without radiographic evidence of trauma. The initial neurological status correlates with MRI findings. Subsequent neurological recovery proved dependent on the type of cord damage and initial neurological status and was inversely related to the length of cord involvement. Hayashi *et al.*, retrospectively, describe how following cervical SCI without major bone injury, hip and knee flexion from the supine position and elbow extension 3 days after injury significantly predicts a positive prognosis for upper extremity function. Younger age and higher AIS motor scores at 3 days post injury were factors associated with neurological recovery.

Animal study: Simard *et al.*, report how, in a controlled, animal study, MRI is an accurate non-invasive imaging biomarker of lesion expansion, and is a sensitive measure of the ability of glibenclamide (which blocks Sur1-Trpm4 channels implicated in post-traumatic capillary fragmentation) to reduce lesion expansion.

Pressure ulcers: Scheel-Sailer *et al.*, in a prospective cohort study using a daily documentation system, detected frequent pressure ulcers in individuals with SCI. Completeness of injury, age, and time since injury were significant risk factors. The foot was a region at high risk.

Participation of patient in care and rehabilitation: Lindberg *et al.* remind that patient participation is a critical component of successful SCI rehabilitation. They developed a questionnaire for assessing patient experiences of five domains of participation in rehabilitation to serve as a tool to help in evaluating provided care and in identifying patients' preferences for participation. The Patient Participation in Rehabilitation Questionnaire (PPRQ) used in a second manuscript, appears to adequately assess participation.

Gait/mobility: Barthelemy *et al.*, found maximum toe elevation, which is directly correlated with corticospinal tract impairment, to be functionally relevant as it also correlates with timed clinical tests, Lower Extremity Motor Score and sensory scores L4-S1. Booth *et al.*, devised a way of capturing the unbiased perspectives of people with SCI in assessments of mobility. Videos and Global Impression of Change Scale may provide a way to achieve this.

Pain: Chase *et al.*, demonstrate the feasibility of using rehabilitation nurses to provide tactile therapy to SCI individuals and suggests a model for controlled clinical trials examining the efficacy of massage therapies. Broad compression massage was safe and well tolerated. Wen *et al.*, give an initial longitudinal assessment and characterization of SCI-related pain in earthquake victims.

Autonomic dysreflexia/urology: Liu *et al.* found that during cystoscopy SCI individuals developed greater changes in systolic BP, then during urodynamic testing, indicating that stimulation of the urethra/prostate/internal sphincter region probably is a more potent stimulus of AD than just the filling of the bladder. The severity of AD also increased with time post-SCI during both procedures. Monitoring of cardiovascular parameters during these procedures should be performed routinely.

Case report: Draulans *et al.*, report that SCI individuals with an intrathecal baclofen pump should be warned for the risks associated with scuba diving and should not dive more than 10 meters below sea-level.

Enjoy reading.