



STATEMENT OF CAUTION:

THE USE OF TENODESIS SPLINTING/TAPING IN ACUTE AND EARLY REHABILITATION FOLLOWING SPINAL CORD INJURY

With advances in acute management, rehabilitation interventions and reconstruction options in Spinal Cord Injury care the initial diagnosis of a C6 AIS A injury no longer determines that an individual will never have recovery, or artificial reconstruction, for active finger and thumb movement.

With this the use of tenodesis grasp splinting/taping is not recommended in the acute phase of injury (before patient sitting out in a wheelchair for four hours). Contact with a spinal cord injury centre should be made for advice before undertaking such an intervention. Initial input should be focused on maintaining postural alignment of the hand and neutral passive range of movement whilst seeking activity recovery into the fingers and thumbs. This can often necessitate blocking the use of a tenodesis grasp/release for function while further recovery is optimised.

Individual consideration of each patients needs is essential to manage the conflicting goals of immediate function versus future recovery and is best carried out in discussion with/under the supervision of those highly experienced in delivery of spinal cord injury care.