

Incomplete lesions have several typical characteristics ([Mathison, Kadom, and Krug, 2008](#)):

Central cord syndrome: Central gray matter destruction and preservation of peripheral tracts; tetraplegia with sacral sparing common; some motor recovery gained

Anterior cord syndrome: Complete motor and sensory loss with trunk and lower extremity proprioception and sensation of pressure

Posterior cord syndrome: Loss of sensation, pain, and proprioception with normal cord function, including motor function; able to move extremities but have difficulty controlling such movements

Brown-Séquard syndrome: Unilateral cord lesion with a motor deficit on the opposite side of the body from the primary insult; absence of pain and temperature sensation on the opposite side from the injury

Spinal cord concussion: Transient loss of neural function below the level of the acute spinal cord lesion, resulting in flaccid paralysis and loss of tendon, autonomic, and cutaneous reflex activity; may last hours to weeks

The ASIA Impairment Scale ([Box 30-13](#)) combines motor and sensory function and is used to determine the severity of impairment from the injury (complete or incomplete). It may also be used to measure neurologic changes and functional goals for rehabilitation ([Mathison, Kadom, and Krug, 2008](#)).

Box 30-13

American Spinal Injury Association Impairment Scale

A—complete: No motor or sensory function is preserved in the sacral segments S4 to S5.