

Spinal Cord Injury (Paraplegia/Quadriplegia)

Where is your level of injury? _____

How long has it been since your injury? _____

*If less than a year, may be a CI – please see program manager

Is your injury complete or incomplete? Complete _____ Incomplete _____

If incomplete, please describe level of feeling and muscle control:

Do you have any internal rods, plates, or wires? Yes ___ No ___

If yes, please explain and give date(s):

Are you susceptible to autonomic dysreflexia? Yes ___ No ___

If yes, what is the frequency and severity? (Only effects high level injuries, T-6 and above)

Do you have any severe reactions to temperature changes? Yes ___ No ___

How is your energy level during an activity? Low Medium High

What is the average length of activity before you would fatigue?

Are your hips aligned? Yes ___ No ___

Do you have an indwelling catheter? Yes ___ No ___

Do you have any pressure sores, spasms, or other issues to be cautious of?

Yes ___ No ___

If yes, please explain:

Participant Name: _____

