

Dear SCI Provider:

Thank you for your interest in nerve (and tendon) transfers to restore hand and arm function in people living with cervical spinal cord injury (SCI).

As you know, every case of SCI is unique, and it is difficult to give generalized information that applies to everyone. However, the bottom lines are:

- Many people with mid-level cervical SCI are candidates for delayed nerve transfer. (In our previous study, we found that more than half of people could have the surgery for hand opening and/or closing even years post-injury.) Typically those with intact C6/C7 motor level (those with strong elbow flexion and wrist extension) are the best candidates as there are relatively expendable donors available to restore more downstream hand function.
- Electrodiagnostic (EDX) testing, specifically nerve conduction studies (of the median and radial nerves), accurately predict the continuity of the lower motor neuron and can provide information about whether or not a person is a candidate for surgery and whether or not they have a 'time sensitive' injury pattern.
- I am happy to accept referrals and see people with spinal cord injury. Ideally, I would like to establish care at 3-6 months post injury as some patterns of injury are more time-sensitive and candidacy for the nerve transfer treatment option may diminish over time.
- I also would be happy to see people for tendon transfers, spasticity, contractures and any other more unusual hand and upper extremity issues.

You may call my office directly at 314-454-6089 to arrange a phone meeting to discuss specific questions.

If you think a referral is appropriate, please send the following to the address above or fax to (314) 367-0225 ATTN Dr. Fox:

- A letter of introduction detailing the International Standards for Neurological Classification of Spinal Cord Injury (ISNCSCI) of the person's spinal cord injury and description of the functional use of both hands and arms. We must know if shoulder function and elbow flexion are intact. Also describe the condition of the upper extremities with joint stability, range of motion, spasticity, and contracture.
- Demographics (address, phone number, date of birth, etc.) and health insurance information

If the person is interested in travelling to St. Louis for a clinical evaluation and testing, that can be arranged provided the requirements are met. Telemedicine may be possible for certain individuals.

Thank you for your cooperation and understanding. With additional questions, call 314-454-6089.

Sincerely,



Ida K. Fox, MD, FACS
Professor of Surgery
Hand Fellowship Program Director
Email: (Makenzie Chaney/Dr. Fox assistant): chaneym@wustl.edu
Phone: (314) 454-6089
Fax: (314) 367-0225