

Functional quadriplegia

Fast facts

Functional quadriplegia (R53.2) is a clinical condition comparable to physical quadriplegia in its consequences, yet frequently undocumented in the medical record. The impact on intensity and complexity of care, severity of illness, and cost of care is equivalent to physical quadriplegia. Documenting and coding this condition provides essential assessment data for the service of long-term nursing care.¹

Definition:

Functional quadriplegia is not a true paresis but rather defined as the **inability to move due to another non-neurologic medical condition** (e.g., dementia, severe contractures, arthritis, etc.). The patient is immobile because of a severe physical disability or frailty. There is usually some underlying cause, which most often will involve severe dementia. The individual does not have the mental ability to ambulate and their function is the same as that of a paralyzed person.²

Assessment and plan:

Documented **Braden Scale** or **assessment of activities of daily living (ADLs)** may be used to support a diagnosis of functional quadriplegia in patient's requiring **"total care," "near-total care,"** or **"max assist."**

Indicators of functional quadriplegia Braden Scale (Pressure ulcer risk assessment):	
Key measures	Applicable indicator
Mobility	Completely immobile or very limited
Activity	Bedfast or chairfast
ADLs for all measures	High degree of disability or dependence

Evaluate for needs related to complications of:

- Pressure ulcers
- Aspiration
- Nutritional support
- Hygiene
- Elimination
- Contractures

The plan should include:

- Appropriate supportive care consistent with quadriplegia
- Treatment related to any complicating conditions

Case example of appropriate use:

89 year-old demented female with late onset Alzheimer's bedbound undergoing f/u during NH rounds; unable to ambulate, toilet or feed self.

PE: Thin, frail, elderly female unable to communicate or move purposefully. Currently lying on side in fetal position in bed with contractures. Unable to follow instructions.

Assessment/Plan:

1. G30.1 Alzheimer's disease with late onset; continue to provide supportive services, assist with feeding and discuss Hospice referral with family.
2. **R53.2 Functional quadriplegia**; unable to participate in PT, no longer able to ambulate or move limbs in purposeful way. Bed position changes by nursing staff every two hours for pressure ulcer prevention. See Alzheimer's plan above.

Case example of inappropriate use:

Pt being seen in SNF after prolonged hospital stay for pneumonia, currently unable to ambulate due to weakness. Able to sit up in bed and transfer to wheelchair with assistance.

PE: Interactive patient with movement of all extremities, able to feed and dress self. Unable to ambulate, but participating in PT with good ROM of extremities and improved strength noted on PT notes.

Assessment/Plan:

1. R53.2 Functional quadriplegia; pt to continue with physical therapy with continued improvement in strength and ambulation ability. Reassess in 2 days.

Coding perils and pearls

Functional quadriplegia (R53.2) **excludes** quadriplegia NOS (G82.50).

When appropriate, report any associated conditions (e.g., dementia, severe contractures, arthritis, etc.).

1. Pinson, R. "Functional quadriplegia." ACP Hospitalist. May (2012): n. page. Web. 8 Oct. 2013. <<http://acphospitalist.org/archives/2012/05/coding.htm>>.
2. AHA Coding Clinic for ICD-9-CM. "Functional quadriplegia." 4th Q, 2008.