

## CDI Tip for Functional Quadriplegia

- Functional Quadriplegia describes a patient who is **completely immobile due to severe disability or frailty caused by another medical condition but without physical injury or damage to the brain or spinal cord**. The patient is functionally like a paralyzed person.
- Examples of patients who would be considered to have FQ are:
  - Advanced dementia patient who is bedbound
  - Terminal amyotrophic lateral sclerosis or multiple sclerosis patient who is immobile
  - Super morbidly obese patient who cannot ambulate and perform normal activities of daily living
  - Patient with crippling rheumatoid arthritis contractures
- Patients with FQ are often at risk for other conditions, such as pressure injury, dehydration, malnutrition, aspiration pneumonia, pulmonary emboli, and urinary tract infections.
- Functional Quadriplegia is risk adjusting. It is a major comorbid condition or complication (MCC) and is included in Hierarchical Condition Category (HCC) 70.
- Words or phrases like “bedridden,” “bedbound,” “unable to perform activities of daily living (ADLs),” or having a low Braden scale score indicating a risk for pressure injury due to immobility may be consistent with FQ.

If you have a patient who is immobile due to a condition other than a spinal cord injury, consider if they have Functional Quadriplegia. It is often documented linked to the underlying condition:

- *“Functional Quadriplegia due to end-stage Alzheimer’s dementia”*
- *“Rheumatoid arthritis bedbound with severe contractures, essentially with functional quadriplegia”*

**Questions? Contact your CDIS or Physician Advisor.**