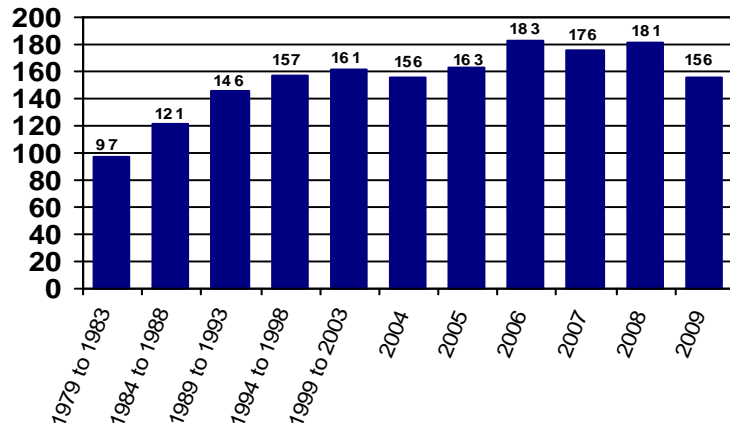


Regional Spinal Cord Injury Center of the Delaware Valley

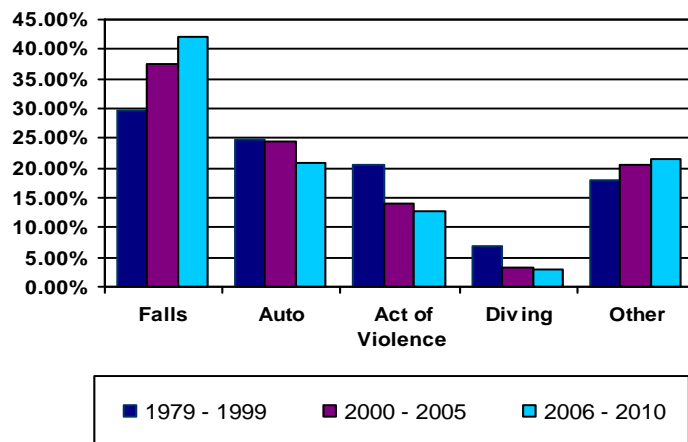
The Regional Spinal Cord Injury Center of the Delaware Valley (RSCICDV) at Thomas Jefferson University was established in 1978 as a cooperative program between Thomas Jefferson University Hospital and Magee Rehabilitation Hospital. The information found on the front and back of this fact sheet has been gathered from approximately 5,000 persons with spinal cord injury who were served by the RSCICDV in its first 30 years.

Admissions By Year



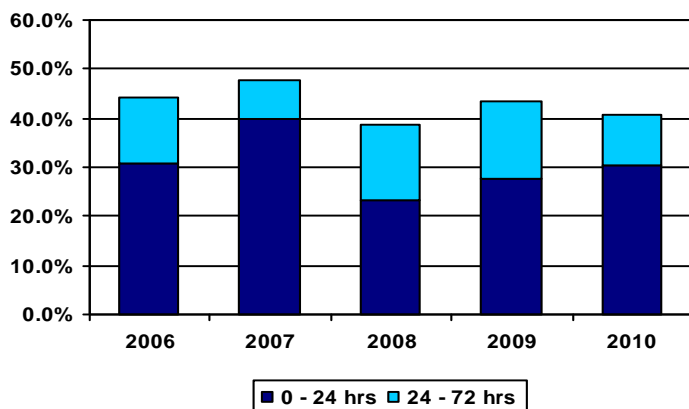
Because SCI is not a reportable condition, the true incidence is unknown. However, the annual incidence of SCI is estimated to be 40 per million of population. Based upon an estimated population of 5.122 million, there are approximately 200 new spinal cord injuries per year in the Greater Delaware Valley (southeastern PA, southern NJ, and Northern DE). The RSCICDV has served over 5,000 persons with new SCI during the past 30 years.

Etiology of SCI



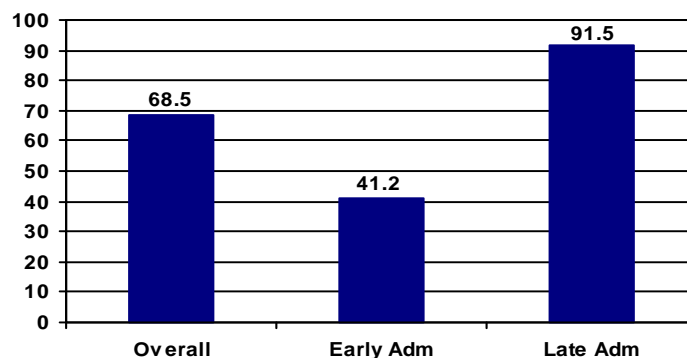
Prior to 2000, falls (29.6%) were the leading cause of SCI in the population served by the RSCICDV, followed by automobile crashes (24.9%) and acts of violence (20.7%). In the past two five-year cycles (2000 to 2005 and 2006 to 2010), the proportion of SCI due to falls has significantly increased (to 37.4% and 42.0% respectively), which appears to correlate with an increase in age at injury and is similar to national statistics. Conversely, acts of violence (20.7% versus 13.9 and 12.8%) and diving accidents (6.9% versus 3.4 and 2.8%) have declined in the last 2 five-year cycles.

Acute Admissions



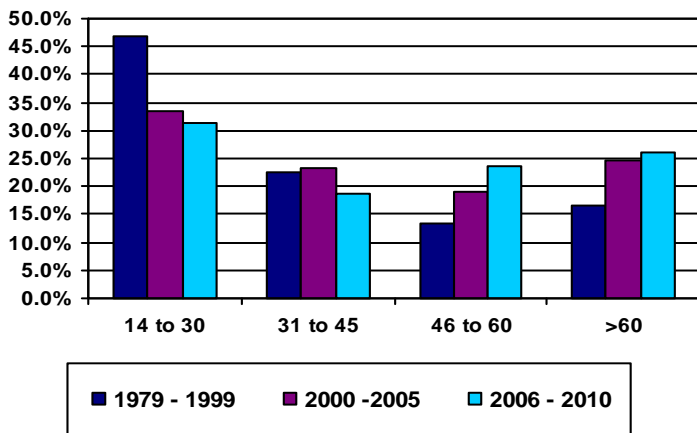
The Model SCI System program has demonstrated that persons with SCI have greater opportunity for decreased morbidity and mortality if they are referred to a comprehensive SCI Center within 72 hours of injury. Cost Savings are realized through decreased lengths of stay, as well as, the obvious cost savings of fewer complications and quicker return to living in a community. However, those admitted within 72 hours is declining. Prior to 2000, approximately 75% of the admissions were within 3 days of injury; however, since that time the rate has dropped to under 50%.

Average Length of Stay (Injury to Home)



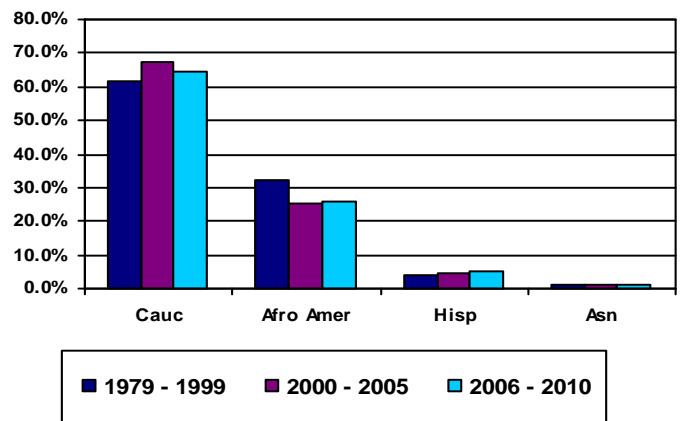
The overall length of stay (LOS) from the date of injury to the definitive date of discharge to home for persons admitted to the RSCICDV from 2006 to 2010 was 68 days. For all persons admitted within 72 hours of injury, the average LOS was 41 days versus 91 days for persons who were admitted after 72 hours. Therefore, the patient who is admitted "early" returns to the community an average of 50 days sooner than one who is admitted "late". Conservatively estimating costs at \$3,000 per day/per patient, this is approximately \$150,000 in cost savings per patient.

Age at Injury



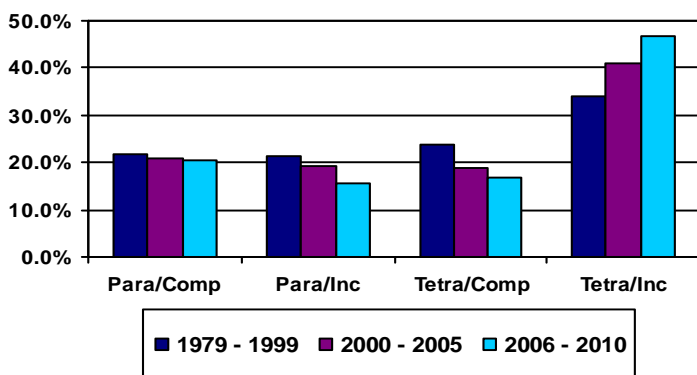
SCI most commonly occurs among persons between the ages of 14 to 30 years. Although the majority of injuries still occur in this age group, since 2000 there has been an increase in the proportion of those injured in the 31 to 45, 46 to 60 and over 60 age groups. Prior to 2000, persons older than 60 years of age at injury comprised 16.5% of SCI admissions at the RSCICDV. Since 2000, this number has increased to 24.5% for the period of 2000 to 2005 and 26.1% for the period of 2006 to 2010. This trend may be partially explained by the increase in the median age of the general population within our catchment area from 32.9 years in 1990 to 37.6 years in 2004.

Racial Distribution



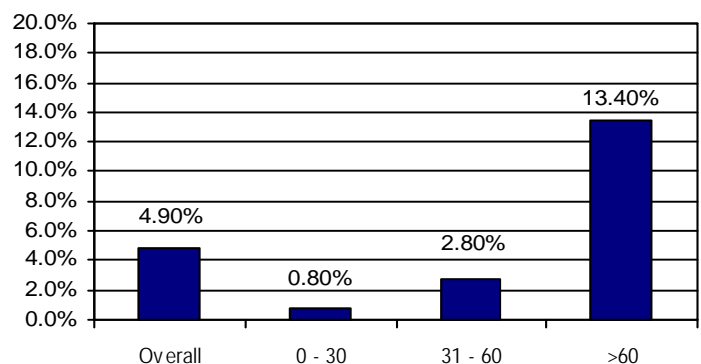
The racial distribution of persons with SCI at the RSCICDV has remained relatively stable over the years. Among persons injured prior to 1999, 61.6% were Caucasian, 32.3% were African American and 5.1% were Hispanic. However, among those injured between 1999 and 2003, 67.9% were Caucasian, 25.9% were African American and 3.6% were Hispanic.

Neurological Impairment



Tetraplegia refers to the condition of paralysis which results from damage to one of the eight cervical segments of the spinal cord and paraplegia refers to those lesions in the thoracic, lumbar, or sacral regions of the spinal cord. For the time periods of 2000 to 2005 and 2006 to 2010, the most common neurological impairment is incomplete tetraplegia (40.8% and 46.8% respectively), followed by complete paraplegia (21.0% and 20.6%). Trends over time show an increasing proportion of persons with incomplete tetraplegia.

Mortality by Age Groups



The mortality rate during the initial acute care and rehabilitation hospitalization at the Regional Spinal Cord Injury Center of the Delaware Valley is 4.9% for the past 5 years. Not surprisingly, the mortality rate increases with age. Mortality for persons over the age of 60 is 13.4%, while the rate is 0.8% for persons aged 30 or younger and 2.8% for persons 31 to 60 years of age.

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