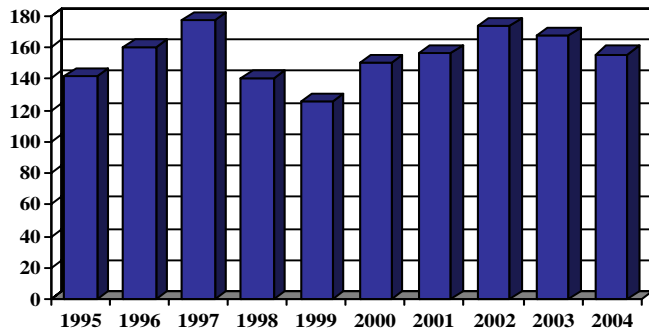


The Regional Spinal Cord Injury Center of the Delaware Valley

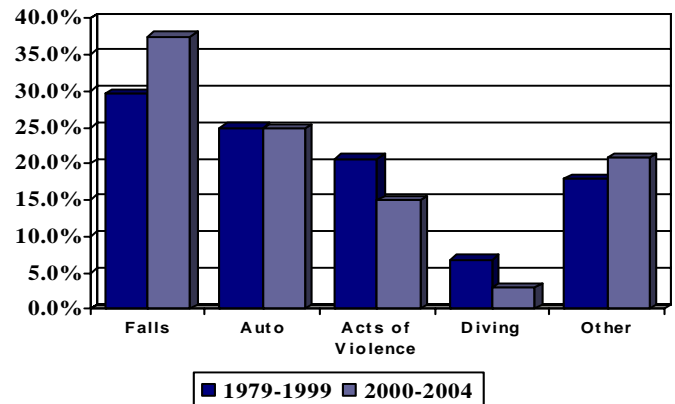
The Regional Spinal Cord Injury Center of the Delaware Valley (RSCICDV) of Thomas Jefferson University was established in 1978 as a cooperative program between Thomas Jefferson University Hospital and Magee Rehabilitation Hospital. The information found on the front and back of this fact sheet has been gathered from over 3,600 persons with spinal cord injury who were served by the RSCICDV in its 26 years.

Admissions By Year



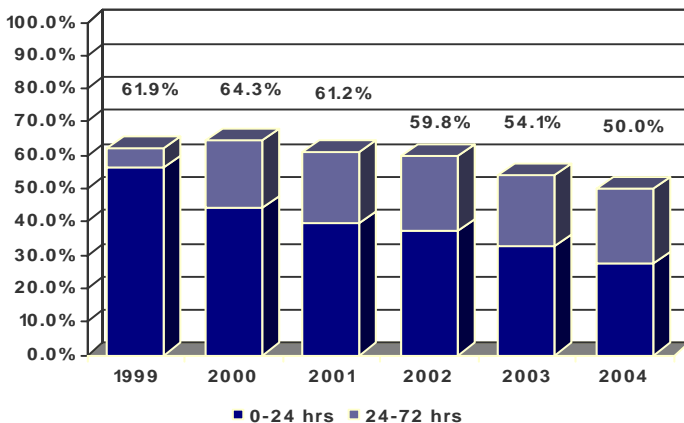
Because SCI is not a reportable condition, the true incidence is unknown. However, the annual incidence of SCI is estimated to be 30-40 per million of population. Based upon an estimated population of 6.580 million, there are 180-240 new spinal cord injuries each year in the Greater Delaware Valley (southeastern PA, southern NJ, and northern DE). The RSCICDV has served over 3,500 persons with new SCI during the past 25 years.

Etiology of SCI



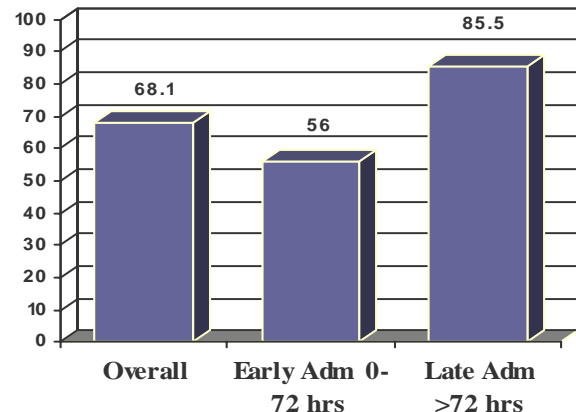
Prior to 2000, falls (29.6%) were the leading cause of SCI in the population served by the RSCICDV, followed by automobile crashes (24.9%) and acts of violence (20.7%). Between 2000 and 2004, falls (37.4%) continue to be the leading cause at the RSCICDV and increased from 29.6% to 37.4%. Conversely, diving accidents (6.9% versus 3.0%) and acts of violence (20.7% versus 14.9%) have declined in the past 5 years.

Acute Admissions



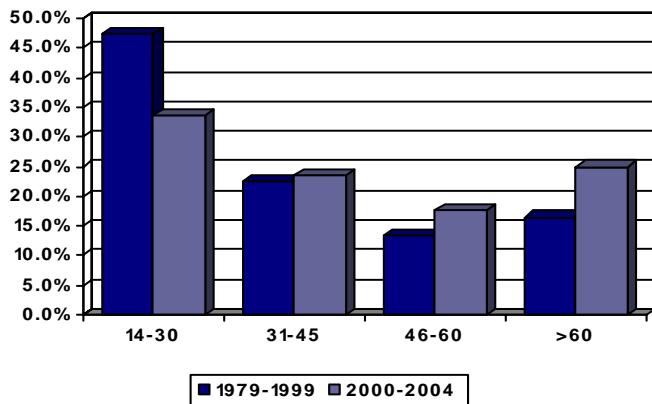
The Model SCI System program has demonstrated that persons with SCI have greater opportunity for decreased morbidity and mortality if they are referred to a comprehensive SCI Center within 72 hours of injury. Cost savings are realized through decreased lengths of stay, as well as, the obvious cost savings of fewer complications and quicker return to living in the community. The RSCICDV admitted 50% of persons with SCI within 72 hours of injury in 2004.

Average Length of Stay (Injury to Home)



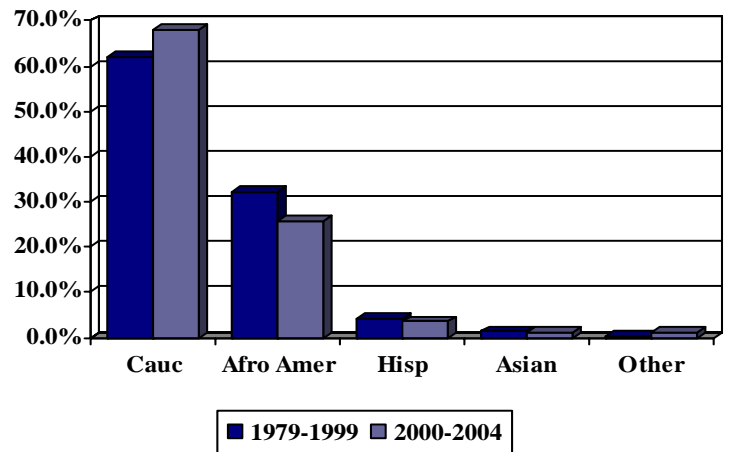
The overall length of stay (LOS) from the date of injury to the definitive date of discharge to home for persons admitted to the RSCICDV from 2000 to 2004 was 68.1 days. For all persons admitted within 72 hours of injury, the average LOS was 56 days versus 85.5 days for persons who were admitted after 72 hours. Therefore, the patient who is admitted "early" returns to the community an average of 29 days sooner than one who is admitted "late." Conservatively estimating costs at \$2,500 per day/per patient, this is approximately \$72,500 in cost savings per patient.

Age at Injury



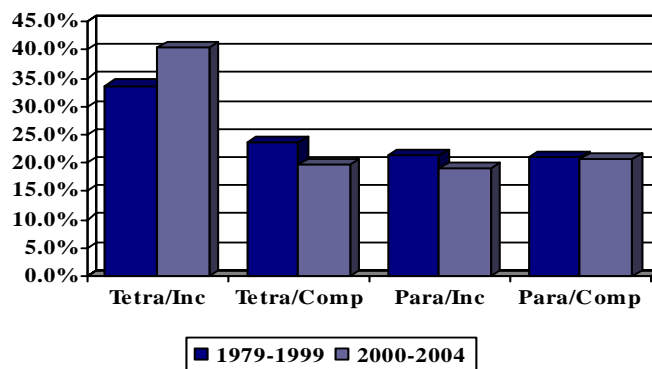
Prior to 2000, SCI most commonly occurred among persons between the ages of 14 to 30 years. Although the majority of injuries still occur in this age group, since 2000, there has been an increase in the proportion of those injured in the 31 to 45, 46 to 60 and over 60 age groups. In addition, prior to 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 25.0%. This trend is not surprising since the median age of the general population has increased from 32.9 years in 1990 to 35.3 years in 2000.

Racial Distribution



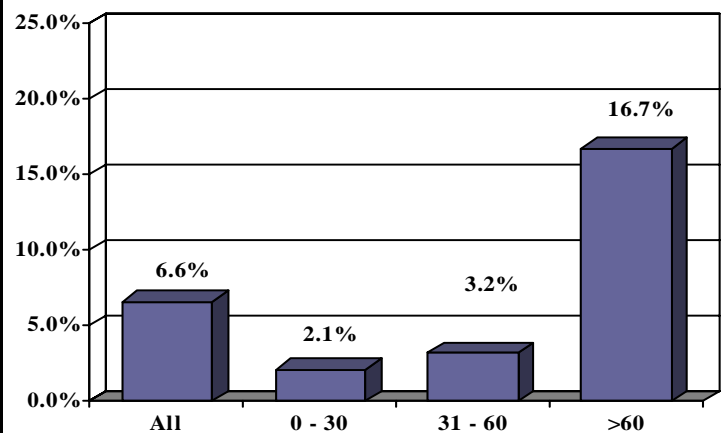
The racial distribution of persons injured prior to 2000 were Caucasian (61.8%), African American (32.3%) and Hispanic (4.2%) as compared to Caucasian (68.1%), African American (25.6%) and Hispanic (3.5%) for 2000-2004. Thus, injuries occurring in Caucasian population have slightly increased while injuries occurring in the African American population have slightly decreased.

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. Since 2000, the most common neurological impairment is incomplete tetraplegia (40.4%), followed by complete paraplegia (20.6%), complete tetraplegia (19.7%) and incomplete paraplegia (19.1%). 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 6.6% for the past 5 years. Not surprisingly, the mortality rate increases with age. Mortality for persons over the age of 60 is 16.7%, while the rate is 2.1% for persons aged 30 or younger and 3.2% for persons 31 to 60 years of age.

This is a publication of the Regional Spinal Cord Injury Center of the Delaware Valley at Thomas Jefferson University, Philadelphia, Pennsylvania, which is funded under grant number H133N000023 from the National Institute on Disability and Rehabilitation Research, Office of Special Education and Rehabilitative Services, U.S. Department of Education, Washington, DC.

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