What Is the National Spinal Cord Injury Database?

The National Spinal Cord Injury (SCI) Database was established in 1973 as a prospective longitudinal multicenter study intended to:

1. study the longitudinal course of SCI and factors that affect that course;
2. identify and evaluate trends over time in etiology, demographic, and injury severity characteristics of persons with SCI;
3. identify and evaluate trends over time in health services delivery and treatment outcomes for persons with SCI;
4. establish expected rehabilitation treatment outcomes for persons with SCI; and
5. facilitate other research such as the identification of potential persons for enrollment in appropriate SCI clinical trials and research projects or as a springboard to population-based studies.

What data are included in the National SCI Database?

The National SCI Database is the world's largest and longest active spinal cord injury research database. As of March 2015, 28 federally funded Spinal Cord Injury Model Systems have collected data on 30,892 persons who sustained traumatic SCI, capturing data from an estimated 13% of new SCI cases that occur each year in the US. To assure comparability of data acquired by personnel in various centers, rigid scientific criteria have been established for the collection, management and analysis of information entered into the database. Additional quality control procedures are also in place to further enhance the reliability and validity of the data, and the result of this collaboration is a unique, well-characterized population of subjects with uniformly collected data.

As of March 2015, contained data on 30,892 persons who sustained traumatic SCI. Persons enrolled in the National SCI Database since its inception have now been followed for up to 40 years after injury.

- **Demographic information** - age, gender, race/ethnicity, marital status, level of education, etc.
- **Injury characteristics** - cause of injury, neurological level of injury & extent of injury.
- **Functional outcomes** - ability to independently perform day-to-day tasks, use of caregiver or personal care attendant, use of assistive and adaptive devices, use of mobility devices & use of technology.
- **Medical outcomes** - health insurance, hospital lengths of stay, rehospitalization, physical health status, mental health status & management of secondary medical complications.
- **Psychosocial outcomes** - satisfaction with life & social participation.
- **Employment outcomes** - employment status, type of job & income.
- **Survival Outcomes** – life expectancy, mortality & causes of death.

Source

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