

# INTRODUCTION

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*"Life is a tragedy full of joy."*

Bernard Malamud, *New York Times*,  
January 29, 1979

Few events, real or imagined, are as terrifying as spinal cord injury. Almost everyone, even those who do not work in rehabilitation, has at one point imagined how their life would change if they were to suddenly acquire a spinal cord injury. And in these musings, who has not wondered if life would have value after such a catastrophic event. Anyone who has worked on a spinal cord injury rehabilitation team has frequently learned that life after spinal cord injury is little like we imagine. Despite the strains created by acquired disability, most persons enjoy productive lives colored by the same factors that affected them before their injuries.

Although survival after spinal cord injury has become a more routine occurrence, much remains to be learned regarding the treatment of this tragic disorder. In this issue of *NeuroRehabilitation*, many diverse, emerging aspects of spinal cord injury are examined.

Elliott and Harkins report on a series of studies addressing the role of social support in the experience of pain after spinal cord injury. Zafonte and colleagues report on the self-care activities of persons with quadriplegia. This study is an important step to more rigorous examination of the relationship of muscular functioning to activities of daily living.

Recently, more attention has been directed to the issue of aging and spinal cord injury. Saltz and colleagues report on an extensive national assessment of aging men with spinal cord injury. This study is one of the first to systematically examine functional status and service use among aging spinal cord-injured persons. Buckelew and colleagues review the literature on adjustment to spinal cord injury with an emphasis on the roles of stress, social support, and coping. Sipski and DeLisa review the application of functional electrical stimulation in spinal cord rehabilitation.

Allen and colleagues report on a case of persistent autonomic dysreflexia treated with hysterectomy. Kardesch and Donovan describe complications associated with anterior cervical corpec-

tomy and fusion stabilization that were diagnosed in a rehabilitation setting.

The most frequent commentators on rehabilitation issues are those who work in rehabilitation on a daily basis; however, interest in rehabilitation is not limited to these individuals. Consumers, neurosurgeons and other physicians who frequently refer patients to rehabilitation settings, and policy makers all have considerable interest and insight into the rehabilitation process. This issue includes commentaries from two groups that are not traditionally heard in discussions of rehabilitation, namely, consumers and neurosurgeons. Both have strong interests in how rehabilitation works and have unique vantage points from which to evaluate the outcome. In their commentary, Connally and colleagues speak from their vantage as leaders in the community integration movement. Their reactions to persistent stereotypes and missed opportunities are of importance. Watts, a neurosurgeon, suggests that rehabilitation systems designed for the traumatically injured may serve as a parsimonious model for all aspects of rehabilitation, regardless of the cause of disability. His model is directed toward planning in the health care system and parallels the innovations currently under way in the military services to develop cost-effective, comprehensive health planning models.

The diverse constituencies, the complexity of rehabilitating and of developing innovative treatments that facilitate higher levels of independence, and the continuing efforts to define effective psychological interventions to facilitate adjustment to catastrophic injury are well described in this issue. Its content is testimony to the advances that have dramatically changed the outcome of spinal cord injury. As recently as 50 years ago, spinal cord injury was highly predictive of death. Now, many of these injured survive. Much remains to be done for them.

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