Paraplegia

Editorial

A Chronicle of Progress

Prior to World War II, survival of a spinal cord injured victim was less than 15%. Stoke-Mandeville, under the direction of Sir Ludwig Guttmann, proved that better care could be afforded the spinal cord injured patient. The history of the success of that endeavour is well known. Less well known is what was going on in the United States of America at approximately the same time. In Boston at the Boston University Medical Center, Dr Donald Munro, with help from the Liberty Mutual Insurance Company, developed a dedicated spinal cord injury unit. The Veterans Administration, sensing the end of World War II and under the leadership of Dr Estin Comar, Dr Ernest Bors, and Dr Herbert Talbot developed similar units to help manage the veterans as they returned from the war and attempted to pick up a shattered life.

Towards the latter part of the 1960s, Dr John Young implemented the spinal unit concept, initially at Craig Hospital at Englewood, Colorado and subsequently at Good Samaritan Hospital in Phoenix, Arizona. The government of the United States of America became involved in the problem of spinal cord injury in 1968 when a study group was organised by the Rehabilitation Services Administration. The report from this group recommended the development of a model of care. This would allow for early recognition and referral of spinal cord injured patients to a rehabilitation centre with a designated area and team to manage the problems of spinal injury. This group went further, however, and recommended these spinal centres identify and utilise community agencies and services to aid the patient's rehabilitation. A final prerequisite was a long term commitment of the model centre to monitor the patient throughout his lifetime.

The first federally designated model centre was located at the Barrow Neurologic Institute and the Good Samaritan Hospital in Phoenix, Arizona under Dr John Young. As the United States government made more money available, the number of model centres was expanded and at its height included seventeen centres. Part of the model system demonstration was the development of a national database to document the effort. In 1980, a conference was held in Phoenix, Arizona to indicate to the medical world the messages gleaned from the database, as well as the experiences of individual centres.

Another 10 years have passed since that first conference and during that time, there have been a total of twenty facilities designated as model system centres, although at present, only thirteen of those are active. In December of 1989, a consensus conference was held in Washington, DC to highlight the clinical, research, training, and programmatic benefits produced during the years 1980 through 1989. Presentations at that conference were documented in a publication entitled 'Spinal Cord Injury: The Model (Proceedings of the National Consensus Conference on Catastrophic Illness and Injury).' Anyone involved in the field of spinal cord injury will find the contents of that document interesting and

invulnerable. The outcomes indicate the level of achievement attainable by a small group of individuals with appropriate funding, dedication, and unending devotion.

David F. Apple, Jr. MD
Associate Editor