

## EDITOR'S PAGE

# Ageing with spinal cord lesion permits a good quality of life!



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Dear *Spinal Cord* reader,

We are happy with the continuous good performance of the journal. Last year we saw a higher than ever number of citations (529!). This has maintained our good impact factor despite the much larger number of manuscripts (293) published in the last two years. Thank you all for this very nice result. It reflects how *Spinal Cord* is of interest to all involved in our field.

The review of this month tried to identify changes in subjective quality of life (QoL) as one ages with a spinal cord injury (SCI). Sakakibara *et al.* found that regardless of chronologic age, individuals with relatively new SCI have the potential to improve their QoL, and keep it high and stable over time. More longitudinal research with greater methodological and measurement rigour is needed to corroborate the findings and conclusions of this review.

Phillips *et al.* describe how increasing age and being on Medicaid significantly decreased the likelihood of returning to productive activities/ employment. Being white, and having a higher median income significantly increased this probability.

Krause and Saunders evaluated if, even after controlling for health and severity of disability, the coefficients for smoking and income are significant related to mortality after SCI. They were found to exceed that reported previously within the general population. The importance of these factors may be magnified after severe disability, even though life expectancy is already greatly diminished in this population.

Herbert *et al.* demonstrated that the incidence of contracture in major joints one year after spinal cord injury ranges from 11 to 43%. The ankle, wrist and shoulder are most commonly affected. It is difficult to accurately predict those susceptible to contracture soon after injury.

Sawatsky *et al.* made a pilot prospective pre and post intervention study, aiming to determine whether a dynamic standing program using the Segway Personal Transporter results in any measurable physiological effects in individuals with spinal cord injury (SCI) using both qualitative and quantitative measures of spasticity, pain and fatigue. The results suggest that this dynamic standing may be effective for short-term spasticity reduction and decreased pain and fatigue.

Smit *et al.* studied the effects of electrical-induced activation of hamstring and gluteal muscles versus gluteal muscles only on sitting pressure distribution in individuals with a spinal cord injury (SCI). Both protocols gave pressure relief from the ischial tuberosities interface pressure but activation of both resulted in better IT pressure reduction in sitting individuals. Here may be a preventive role for pressure ulcers.

Abreu *et al.* evaluated efficacy of the Postural Assessment Software PAS/SAPO and compared foam, gel cushions and with no cushion. The different types of cushions did not alter the sitting posture, but individuals with SCI showed worse postural alignment than the healthy individuals.

Onose *et al.* assessed feasibility of Electroencephalography-based Brain Computer Interface (EEG-BCI)'s use for reaching/grasping assistance in tetraplegics, through a robotic arm. Limited but real potential for self-assistance in chronic tetraplegics was found, mainly related to spectral density in the beta range, positively (increasing therewith) and to AIS sensory score (negatively). Health conditions, pain interference and participation seemed to be the areas of biopsychosocial functioning that are substantially influenced by SCI. Potential buffering resources seem to be diminished in persons with SCI. In rehabilitation practice, prevention of secondary conditions, treatment of pain, enhancement of participation and strengthening resources should be addressed.

There are interesting letters and replies, showing an active interaction between authors and readers. Also two interesting case reports. Enjoy this issue.