

# Severity of spinal cord injury has no impact on how adults rate their health, research finds

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Severity of spinal cord injury in adults is not related to how they rate their health, Wayne State University researchers have found.

In a study of self-rated [health](#) (SRH) published this month in the Journal of [Spinal Cord](#) Medicine, Cathy Lysack, Ph.D., deputy director of WSU's Institute of Gerontology, along with former Wayne State researcher Katerina Machacova, Ph.D., and Stewart Neufeld, Ph.D., assistant professor in the Institute of [Gerontology](#), evaluated people with [spinal cord injuries](#) (SCI) in an effort to better understand the relationship between their self-rated [physical ability](#) to perform necessary daily activities and their SRH — the way people perceive their own health.

The study of 140 men and women with SCI found that self-rated physical ability topped injury severity as a determining factor of SRH, which may be surprising to the nondisabled.

"Many nondisabled people would think a person with SCI — confined to a wheelchair, paralyzed, etc. — would have very low ratings of health," said Lysack, an occupational therapist. "But we did not find that. A person with a disability is certainly limited in many ways, but just because they are disabled does not mean they feel their health is poor. This is important because health and disability are not the same thing. You can be living with a disability and still be in very good or even

excellent health."

Lysack said the study also is important because the wider scientific literature, most of which comes from studies in aging, indicates SRH is a powerful predictor of other outcomes, including mortality. Prior to this study, few had examined SRH in the context of people with disabilities, so it simply is not known whether this principal holds for people with disabilities too.

The study findings have implications for those who develop instruments to assess physical functioning in older [adults](#) and people with disabilities.

"We actually use a lot of the same assessments of physical capacity for those groups as we do for a healthy older person," Lysack said, "and they don't fit particularly well." According to Lysack, assessment tools that are not developed for use with people with disabilities may yield misleading results. There also are many different kinds of disabilities and new instruments will need to be sensitive to that.

Further research also is needed, Lysack said, to determine if a relationship between physical capacities of people is related to SRH in those with spinal cord injury in the same way as it may be for people with Parkinson's disease, a stroke, a hip fracture, vision impairments and many other types of disabilities.

"We simply do not know how the ability to do things is related to SRH in these groups, and how, if it all, SRH predicts other serious outcomes," she said. Ultimately such studies need to be done, and soon, Lysack said, to determine if SRH and self-rated physical ability are a sort of "early warning system" or predictor of future functional decline.

That seems to be true for aging, she said, and if so, SRH and self-rated physical ability become very useful tools in clinical practice.

"If rehabilitation professionals can use these questions to identify people who are at risk for losing their functional independence, then there is a chance to intercede with targeted interventions to prevent or at least forestall the decline," Lysack said.

Provided by Wayne State University

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