

## HEALTH MANAGEMENT INSIGHTS

# Spinal cord injury

The spinal cord is an extension of the brain and is made up of a thick bundle of nerves which carry messages from our brain to the rest of our body – helping us to move, feel pressure and control vital functions like breathing, blood pressure, bladder and bowels.

When the spinal cord is damaged, the communication between our brain and the rest of our body is disrupted, resulting in a loss of movement and of sensation from below the level of injury.

It is estimated that around 2,500 people are injured or diagnosed with a life-changing spinal cord injury (SCI) in the UK each year.



## Key takeaways

- > A spinal cord injury can be caused by physical trauma or by some illnesses, for example cancer or cauda equina syndrome (see below).
- > The total number of people living with an SCI in the country is around 50,000.
- > Medical advances now mean that life expectancy for people living with an SCI is broadly the same as non-injured people.
- > Statistics show that return to work rates after an SCI are low.
- > Recovery after SCI is slow. An individual might spend a period of three to nine months in hospital initially, and it can take up to two years for optimal recovery.
- > Return to work after such injuries is possible for some people - and there are many adjustments an employer can consider in order to facilitate this.
- > Many factors will influence return to work.
- > Equality legislation is highly likely to apply after an SCI.

## Condition overview

Damage to the spinal cord can be caused by a trauma such as an accident, or as a result of infection or disease. Falls and road traffic accidents are the most-common causes.

It can also be caused by cauda equina syndrome – a rare and severe condition in which all the nerves in the lower back suddenly become severely compressed.

The higher up the spinal cord damage occurs, the more movement and sensation can be lost.

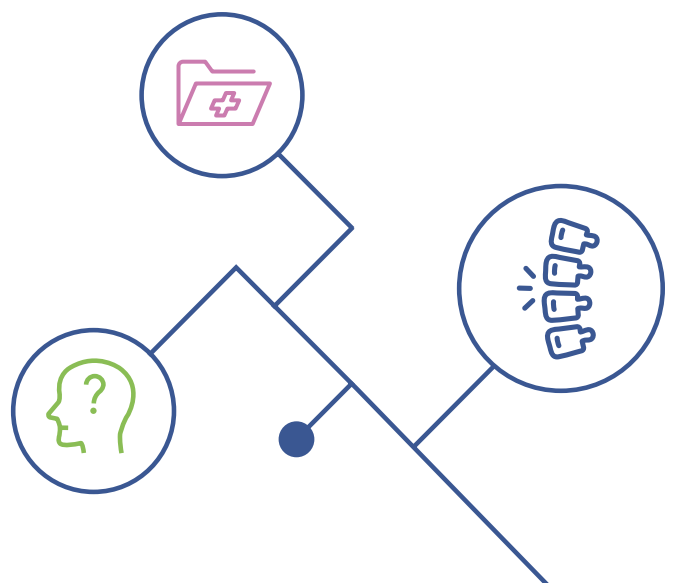
Damage to the spinal cord in the back results in paraplegia, which affects the movement and sensation in the legs - and possibly some stomach muscles.

Damage to the spinal cord in the neck results in tetraplegia, which affects movement and sensation in all four limbs - as well as the stomach and some chest muscles. A very high lesion may affect breathing, speaking and swallowing.

***It is important to be aware that the loss of movement and sensation will vary from person to person, even with those who have damaged their spinal cord in the same place.***

Letters and numbers are used to refer to the level of injury. A spinal cord injury in the neck will have injured one of the cervical nerves (1-8). An injury like this would be referred to as C1, etc.

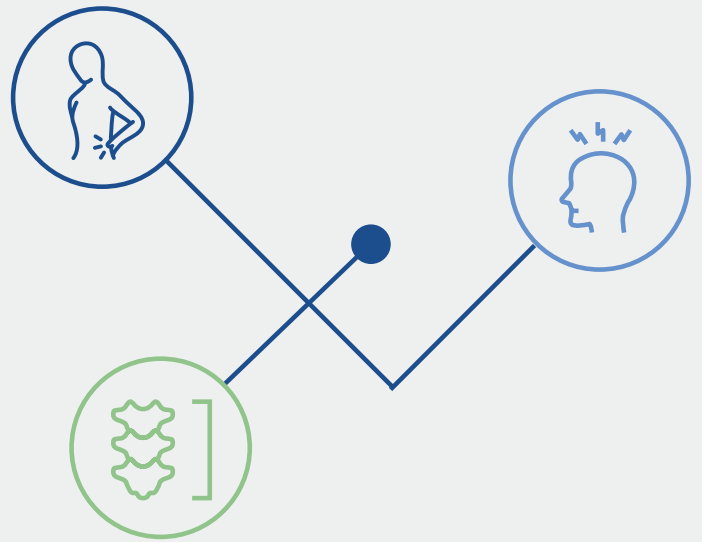
An injury in the back will have injured either thoracic nerves (1-12) or lumbar nerves (1-5), so a back injury would be referred to as T6, L1, etc.



## Complete versus incomplete

“Complete” or “incomplete” injury refers to the type of injury sustained. If both sides of the body are affected and there is no muscle function or voluntary movement or sensation from the injury level and below, then the injury is complete.

If there is some muscle function below the injury, such as being able to move one limb or some sensation, then the injury is incomplete. As emergency and medical treatment advances, incomplete injuries are more common.



After an initial injury, patients are likely to be in hospital for between three and nine months, to recover and rehabilitate.

It may take approximately two years for someone to reach their full recovery potential with regard to movement and/or sensation following injury.

Progress and adaptation is possible, but while research is ongoing, it is important to remember that there is not yet any repair for spinal cord injury.

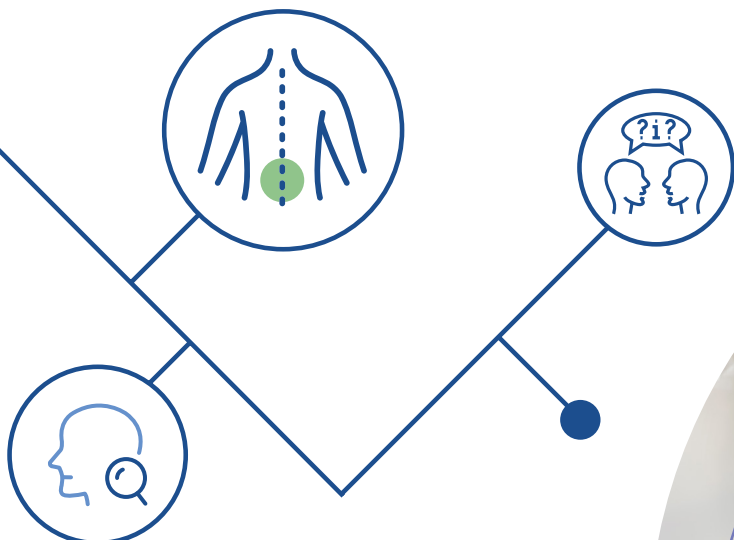
The impact of spinal cord injury on someone’s life is huge. It can affect their emotional wellbeing, leading to anxiety, low mood and loss of confidence.

Alongside the loss of independence due to physical limitations, sufferers can experience pain and fatigue - and have to deal with bladder and bowel management needs.

Relationships can be affected and there may be practical issues around care needs - including equipment such as wheelchairs, hoists, housing adaptations etc.

More people than previously estimated are now known to have spinal cord injuries, and the nature of injuries has also changed.

More older people are sustaining an SCI through falls, more women are getting injured and more people are being diagnosed with conditions which leave them paralysed.





## Spinal cord injuries and work

Those with SCIs have a particularly low employment rate. The National Spinal Injuries Centre at Stoke Mandeville Hospital undertook a survey of 1,700 working age people which concluded that "after spinal cord injury, the employment rate decreased dramatically from 87% to 37%".

Those included in the survey had access to specialist SCI rehabilitation, and other studies suggest employment rates are even lower for people with a spinal cord injury who don't have such help.

Individuals with paraplegia are more likely to be employed than individuals with tetraplegia.

Employment outcomes can have an effect on longevity and quality of life, so low figures are a cause for alarm.



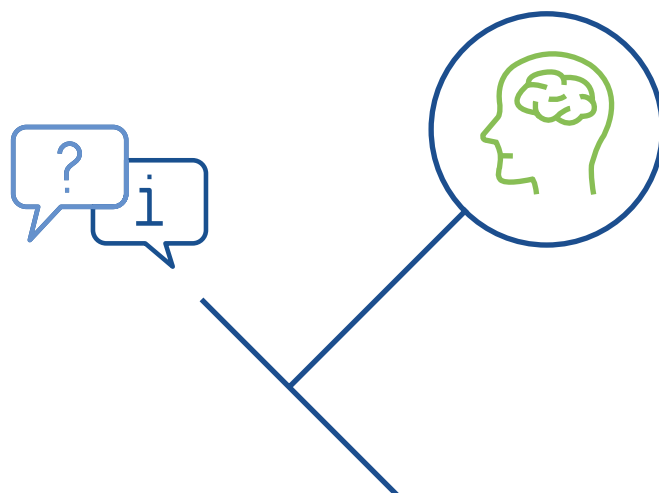
## Factors that will affect employment

- > Nature and severity of injury
- > Medical, physical and social support
- > Type of work, for example, office-based versus physical
- > Employment support adjustments possible
- > Co-existing health issues, for example mental health issues such as depression

Not all employees will be able to return to work after an SCI, and the factors noted above will influence this likelihood to various degrees.

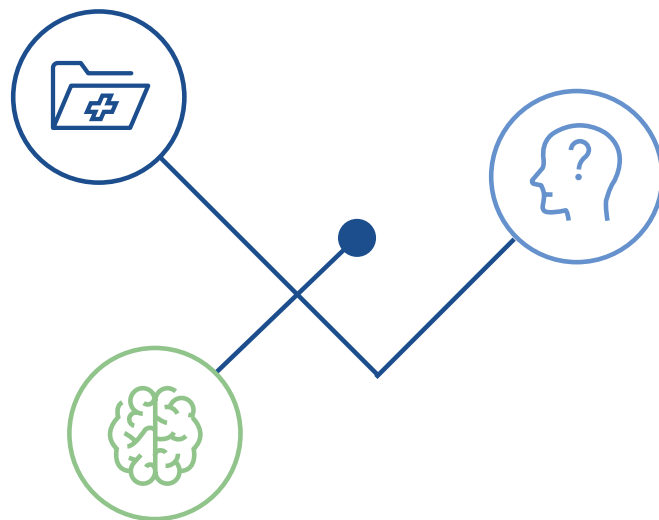
But working is good for our health and wellbeing. It helps to build confidence, self-worth and gives us a sense of identity - so returning to work could be of real positive benefit to SCI sufferers.

If you have an employee who has suffered an SCI, we suggest you keep in touch with them while they are off work - unless there are reasons why this is not practical or likely to be unhelpful (e.g. significant mental health issues).

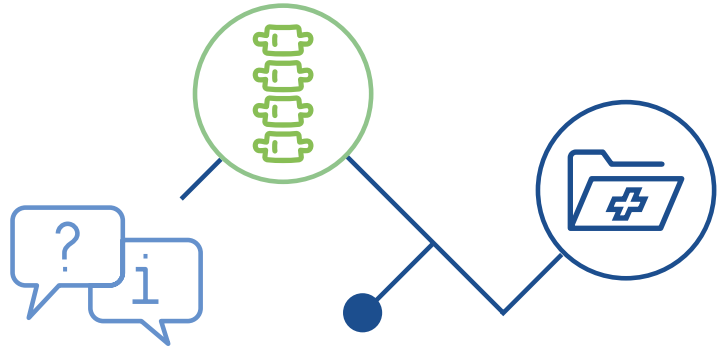


## If / when a return to work can be considered, the following points may be helpful:

- > What is the nature of the employee's work? If physical, should redeployment be considered?
- > A personal evacuation emergency plan should be developed, i.e. if there is a fire and the lifts are out of action, you need to ensure their safe exit.
- > Consider a referral to occupational health early in the return-to-work planning.
- > The person may be fatigued and feel anxious about a return to work. A phased return is likely to be helpful, perhaps reduced hours and duties with regular breaks.
- > Working from home may be a big help, if practicable.
- > Offering flexible working times can assist a person with an SCI in returning to work. Their morning routine can take much longer than that of an able-bodied person and, along with an increased commute time, this can make it very difficult to work a standard 9am to 5pm.
- > A disabled parking bay should be provided, if there is a company car park.
- > Access to Work may be able to fund transport to and from work for those who need to attend an office.
- > The employee may be able to access certain financial benefits. Citizens Advice or the company's EAP may be a useful source of information on this.
- > Other associated health issues, for example depression, might need consideration.
- > Wheelchair accessibility and disabled toilet access: Sometimes people with an SCI don't have a lot of notice before they need to use the facilities. Employers should consider the need to educate non-disabled employees not to use the disabled toilet.
- > Work events: One of the benefits of being part of a positive work environment is being able to socialise with colleagues outside of the office. When organising events, employers should make sure there is inclusivity and access, including pubs or restaurants chosen for a social event.



## Workplace assessment



Employers should consider a workplace assessment (WPA). An injured employee may have an occupational therapy team able to liaise around workplace adjustments or 'Access to Work' may be able to undertake this.

A WPA should include a display screen assessment and review of equipment, e.g. will they benefit from voice-activated software?

The WPA should also consider access to the building, be it by keypad, electronic pass or deadlock, security provision needs to be at a height that a wheelchair user can access independently.

The same applies for light switches and the weight of the door; if it is too heavy, consider whether it needs to be automatic.

Ensuring that a wheelchair user has the space to access all of the facilities is really important; this not only includes their desk and equipment such as printers, but also the kettle, microwave and sink - so work surfaces should be a suitable height.

Consider access to hygiene facilities and mobilisation around the office. What floor are they based on? Are there lifts? Etc.

There may also need to be some accommodation for caregivers, if required by the employee during the day.



Remploy can offer expert knowledge on workplace adjustments.

## Resources

- > [Spinal Injuries Association](#)
- > [Aspire](#)
- > [Back Up](#)
- > [Access to Work](#)
- > [Remploy – Workplace adjustments](#)

