

Foreword



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Consulting Editor

It has been some time since we had an issue on spinal cord injury (SCI). Because of shifting interests in the field of physical medicine and rehabilitation—and an increased focus on musculoskeletal/sports medicine—we have recently been focusing more on that area. However, SCI still retains an important place in our field (it is, indeed, a subspecialty of the American Board of Physical Medicine and Rehabilitation), and it is time that the *Physical Medicine and Rehabilitation Clinics of North America* devotes another issue to SCI medicine.

This may be the place for a little historical perspective: During World War II, Dr. Howard Rusk—the father of rehabilitation, but an internist by training—assumed the position as the person responsible for the care of severely injured servicemen. He had no model for this care, but instinctively knew that they should not be left to spend the remainder of their lives in a custodial institution. Many were amputees, but many were also SCI patients.

At that time, patients with SCI were kept in bed in nursing homes, quickly developed skin breakdown and subsequent septicemia, or developed and died of urinary tract infections. Their postinjury life was predictably short. Because the internal organ system often affected was the kidneys, urologists often managed their care. Dr. Rusk thought there must be a better way to care for these servicemen, and rehabilitation medicine was created.

So the problems of management of SCI even preceded the development of the field of physical medicine and rehabilitation. Traditionally, military

action has been a stimulus for the development of SCI care. In fact, the Paralyzed Veterans of America (PVA) has been at the forefront of developing care systems for injured servicemen. Their focus has been not only during their period in the military but also in the postmilitary period. Through the many efforts of the PVA, as well as others, the SCI program in the Veterans Affairs was established.

It should be no surprise, then, that many of the pre-eminent SCI programs are in the Veterans Affairs system. That is why I am so pleased that Dr. Margaret Hammond, Professor and Chief Consultant on SCI, and her colleague, Dr. Barry Goldstein, Professor of Rehabilitation Medicine and Associate Chief Consultant, agreed to act as Guest Editors for this issue. Through their intimate understanding of the SCI field and its resources, they have collected articles on important management issues of SCI care.

I am convinced that this brief issue will provide an important update for physicians managing SCI patients. Thank you to Dr. Hammond and Dr. Goldstein for organizing it.

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