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Editors' Selections From This Issue: Volume 101 / Number 3 / March 2020

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Profiles of Psychological Adaptation Outcomes at Discharge From Spinal Cord Injury Inpatient Rehabilitation

Aparicio and colleagues evaluated the effect of a newly acquired spinal cord injury (SCI) by (1) identifying profiles of psychological adaptation outcomes across life satisfaction, distress, depressive symptoms, and anxiety symptoms at discharge from inpatient rehabilitation and (2) examining biopsychosocial factors associated with membership to the identified profiles. They used a cross-sectional design using rehabilitation discharge data from the ongoing National Cohort Study (N-370). Using latent profile analysis, they identified four profiles of psychological adaptation ranging from minimal to severe. Seventy percent of participants had minimal or low impact profiles. Males, individuals with greater functional independence, and those without pain were more likely to have minimal impact profiles. The authors conclude that a rehabilitation process that strengthens psychological resources might contribute to better adaptation outcomes. ■ SEE THE FULL ARTICLE AT PAGE 401

Behavioral Factors and Unintentional Injuries After Spinal Cord Injury

Cao and colleagues investigated the relationships between behavioral factors and unintentional injuries among people with traumatic spinal cord injury (SCI; N=4670). Participants completed self-report assessments including multiple behavioral variables and SCI and demographic characteristics. Twenty-three percent reported at least 1 unintentional injury in the past year serious enough to receive medical care in a clinic, emergency room, or hospital. Prescription medication use for pain and depression, nonmedical medication use, and binge drinking were associated with greater odds of unintentional injury. Ambulation was associated with greater odds of fall-related injuries but lower odds of non-fall related injuries. The authors conclude that unintentional injuries are prevalent among people with SCI. Multiple risk behaviors are related to the odds of unintentional injuries. Intervention studies are needed to address modifiable behaviors that may reduce the risk of injury. ■ SEE THE FULL ARTICLE AT PAGE 412

Chronic Pain Characteristics and Gait in Older Adults: The MOBILIZE Boston Study II

Ogawa and colleagues investigated a proposed cognitively-mediated pathway whereby pain contributes to gait impairments by acting as a distractor in community-living older adults (n = 302). They assessed gait parameters including gait speed, stride length, double support and swing characteristics, and variability under single and dual-task conditions involving cognitive challenges. A joint pain questionnaire assessed pain distribution in the back and major joints. Forty-three percent of participants had pain in 2 or more musculoskeletal sites. Pain distribution was related to slower gait speed for all gait conditions. Decrements in gait measures related to pain were comparable to decrements in dual-task conditions. There were no differences in dual-task cost among the pain distribution groups. The authors conclude that chronic pain may contribute to decrements in gait, including slower gait speed and that chronic pain operates through a cognitively-mediated pathway. ■ SEE THE FULL ARTICLE AT PAGE 418

Changes in Trunk and Pelvis Motion Among Persons With Unilateral Lower Limb Loss During the First Year of Ambulation

Mahon and colleagues investigated trunk-pelvis kinematic outcomes among people with unilateral transtibial and transfemoral limb loss from initial independent ambulation with a prosthesis. They also examined self-reported presence and intensity of low back pain. They extracted medical record data for 32 males with unilateral limb loss who completed biomechanical analyses and/or a self-reported medical questionnaire. Trunk range of motion generally decreased and trunk-pelvis coordination generally increased with increasing time after initial ambulation. Sagittal trunk and pelvis range of motion were always less and frontal trunk-pelvis coordination always greater for persons with more distal limb loss. Low back pain was greater for persons with transtibial limb loss and less for persons with transfemoral limb loss following the 4-month timepoint. The authors conclude that temporal changes in features of trunk-pelvis motions within the first year of ambulation help elucidate relationships between risk factors for low back pain after limb loss. ■ SEE THE FULL ARTICLE AT PAGE 426