



Archives of Physical Medicine and Rehabilitation

Editors' Selections From This Issue: Volume 103 / Number 7 / July 2022

ACRM 2022 REGISTRATION IS OPEN

Our gathering in 2022 will be a special event, where we can meet in person again. Plan now to attend the largest interdisciplinary rehabilitation research conference in the world. Go to <https://conference.acrm.org/2022-conference/register/>

ACRM 365 SALES TEAM

Interested in exhibiting, advertising, or sponsorship with ACRM? Efficient and effective—reach a global community representing the WHOLE interdisciplinary rehabilitation team. Check out our new 2022 ACRM Prospectus at <https://acrm.org/sales/>

COGNITIVE REHABILITATION TRAINING

Get 12 CE credits with our online ACRM Cognitive Rehabilitation Training. You can take the course, host the course for your institution, and get the manual. Go to <https://acrm.org/meetings/cognitive-rehab-training/>

JOIN ACRM

Check out the many benefits of membership in the world's largest interdisciplinary rehabilitation research organization. At ACRM members gain access to the latest rehabilitation research and opportunities to engage colleagues from every discipline and from around the world. Go to <https://my.acrm.org/>

TOP PAPERS IN THE ARCHIVES

For the most-cited and downloaded articles published in the *Archives of Physical Medicine and Rehabilitation* during the past 2 years go to <http://ACRM.org/toppapers>

REHABCAST

The audio hub for rehabilitation medicine produced by the *Archives of Physical Medicine and Rehabilitation*, the field's top journal. Hosted by Dr. Ford Vox, each episode features in-depth interviews with scientists publishing in the journal and news briefs relevant to all rehabilitation clinicians. Our growing collection of podcasts is available at http://www.archives-pmr.org/content/podcast_collection

Preventative Services Use and Risk Reduction for Potentially Preventative Hospitalizations Among People With Traumatic Spinal Cord Injury

Mahmoudi and colleagues examined the risk of Potentially Preventative Hospitalizations (PPHs) for adults with Traumatic Spinal Cord Injury (TSCI) to identify the most common types of preventable hospitalizations and their associative risk factors. Using 2007-2017 U.S. claims data, the authors identified adults with diagnosis of TSCI (n=5,380). Adults without TSCI diagnosis were included as controls (n=1,074,729). The authors used generalized linear regression to calculate the risk of TSCI on PPHs. Adults with TSCI had higher risk for any PPH, and they were particularly susceptible to certain PPHs such as UTIs, pneumonia, and heart failure. An annual wellness visit (AWV) was associated with reduced PPH risk compared to cases and controls without AWV and among people with TSCI compared to cases without AWV. The authors conclude that encouraging the use of preventative or health-promoting services, especially for respiratory and urinary outcomes, may reduce PPHs among adults with TSCI. ■ SEE THE FULL ARTICLE AT PAGE 1255

Rehospitalization During the First 5 years After the Onset of Traumatic Spinal Cord Injury: A Population-Based Study Using Administrative Billing Records

Cao and colleagues investigated factors associated with rehospitalizations during the first 5 years after discharge from the initial hospitalization. Seventy percent of participants (n=1,872) were rehospitalized during the first five years after initial discharge, and the highest rehospitalization rates were in the first year (54%), being relatively stable in years two to five (21% - 22%). Adjusted to 2019 US Dollars, the average total rehospitalization charges were \$214,716 per person during the five years. Participants who could walk independently had fewer rehospitalizations, fewer rehospitalization days, and less rehospitalization charges than the non-ambulatory participants. College education was also associated with less rehospitalization charges. The authors conclude that rehospitalization is a significant cost after SCI. Further study is needed to quantify these changes over time. ■ SEE THE FULL ARTICLE AT PAGE 1263

Effects of a Low-Carbohydrate/High-Protein Diet on Gut Microbiome Composition in Insulin-Resistant Individuals With Chronic Spinal Cord Injury: Preliminary Results From a Randomized Controlled Trial

Li and colleagues evaluated the effect of a low-carbohydrate/high-protein (LC/HP) diet with healthy dietary components on the gut microbiome composition in individuals with chronic spinal cord injury (SCI). Adult participants with chronic SCI participated in the LC/HP diet group (n=12) or a control group (n=13) for 8 weeks. Stool samples were collected at baseline and the end of week 8. The gut microbiome 16s rRNA V4 region was sequenced, and gut microbiome diversity and taxonomical abundance were computed using the QIIME2 suite. Participants in the LC/HP group had significant changes in alpha-diversity and beta-diversity, while no significant differences were observed among participants in the control group after the intervention. Moreover, several taxa changed differently over time between groups. The authors conclude that a LC/HP diet with healthy dietary components improved gut microbiome composition in individuals with SCI, including increased bacteria implicated in fiber metabolism and reduced bacteria communities linked to cardiometabolic disorders. ■ SEE THE FULL ARTICLE AT PAGE 1269

Use and Costs of Nonprescription Medications Among People With Spinal Cord Injury

Gupta and colleagues assessed the prevalence of, and factors associated with, the use and costs of non-prescription medications among people with spinal cord injury (SCI). Of all study participants (n=160), 83% reported that they used at least one non-prescription medication over the last 12 months. On average, participants spent \$52 per month on non-prescription medications. The average use and monthly expenditure did not differ significantly by age, sex, or injury parameters. Vitamins and minerals were most commonly used and constituted 62% of all non-prescription medications. Musculoskeletal issues were the most common health problem for which non-prescription medications were used. The authors conclude that non-prescription medications are a common part of therapeutic drug regimens for people with SCI, and that these are purchased as an out-of-pocket expense. These products may or may not have established benefits. Knowledge about the use of non-prescription medications may help prescribers to improve drug safety, medication affordability, and quality of pharmacotherapy for individuals with SCI. ■ SEE THE FULL ARTICLE AT PAGE 1279