What is the National SCIMS Database?

The National Spinal Cord Injury Model Systems (SCIMS) Database was established in 1973 as a repository of data collected through the collaborative efforts of federally funded SCI Model System Centers. There are 14 SCI Model System Centers currently contributing data to the Database, with a total of 29 Centers contributing data since the Database’s inception. Through the end of 2016, there were 32,159 persons who have sustained traumatic SCI enrolled into the National SCIMS Database. This makes it the world’s largest and longest active SCI research database and the world’s most extensive source of available information about the characteristics and life course of individuals with SCI. There are individuals enrolled into the National SCIMS Database who have now been followed for 40 years after injury.

What are the objectives of the National SCIMS Database?

Data from the National SCIMS Database is intended to:

1. identify demographics and the use of services by individuals with SCI;
2. examine specific rehabilitation, health and life course outcomes of SCI;
3. establish expected rehabilitation treatment outcomes for SCI;
4. identify and evaluate trends over time associated with SCI; and
5. serve as a resource for conducting historical, prospective, and longitudinal SCI-related research.

What data are included in the National SCIMS Database?

The National SCIMS Database captures data on an estimated 6% of new SCI cases that occur each year in the United States. To assure comparability of data acquired by personnel in various centers, rigid scientific criteria have been established for the collection, management and analysis of information entered into the database. The National Spinal Cord Injury Statistical Center staff has also developed quality control procedures that further enhance the reliability and validity of the database along with efforts to collect data that reflect sufficient knowledge about diverse, racial and ethnic cultural backgrounds.

- **Demographic information** - age, gender, race/ethnicity, marital status, education level, etc.
- **Injury characteristics** - causes of injury, neurological level and extent of injury.
- **Functional outcomes** – independence with daily activities, needs for caregiver and/or personal care attendant, mobility, and use of assistive technologies, adaptive devices, mobile device, etc.
- **Medical outcomes** – hospitalization, rehospitalization, health insurance, physical health status, mental health status, and occurrences and management of secondary medical complications.
- **Psychosocial outcomes** - satisfaction with life, resiliency, social participation, and alcohol/drug use.
- **Employment outcomes** - employment status, income, and job responsibilities.
- **Survival Outcomes** – life expectancy, causes of death, and mortality.

Source

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