THE POWER OF PARTNERSHIPS

The Government of Ontario and our partners have played a leading role in supporting spinal cord injury (SCI) research and best practices in the province by providing critical investments and services. This support has distinguished Ontario as a leader in medical research, treatment and care for people living with SCI.

THE NUMBERS

Estimated annual amount that traumatic spinal cord injuries cost the Ontario Government in health care and support costs.

$1.03 billion

This figure is conservative as it does not include the annual costs of damage to the spinal cord and impaired function arising from non-traumatic causes such as chronic and progressive diseases.

Mean length of hospital stay and rehabilitation for individuals with SCI (national average)

108 days

Required care is highly specialized and hugely complex.

Estimated number of Ontarians living with traumatic spinal cord injuries.

17,000 residents
ONTARIO’S LEADERSHIP IN NATIONAL SCI EFFORTS

The Rick Hansen Institute connects scientists, researchers, surgeons and health care practitioners to acquire and translate research findings into practical solutions. The Government of Ontario enables the continual leveraging of funds from federal and provincial governments and the private sector to allow Canadians SCI researchers to embark on a global journey towards making a difference in the lives of people with spinal cord injury and other disabilities.

More than $13.1 million invested by the Rick Hansen Foundation and the Rick Hansen Institute for research and quality of life projects in Ontario. Since 2007, with the support of Ontario Government funding, Ontario researchers and clinicians have made enormous strides in SCI research and care. Some examples include:

- Dr. Michael Fehlings of Toronto Western Hospital pioneered the use of early decompressive surgery (STASCIS study) to minimize damage to the spinal cord, minimize paralysis and maximize physical function following SCI.
- Dr. Milos Popovic of Toronto Rehabilitation Institute demonstrated significant improvements to hand function following functional electrical stimulation (FES) therapy, for people with tetraplegia and stroke damage.
- Drs. Mary Ann McColl and Alice Aiken of Queen’s University developed an innovative delivery of best practice guidelines to primary care physicians (www.actionnuggets.ca) to provide better health care to special patient populations, such as individuals with SCI.
- John Shepherd of Learning Labs and Toronto Rehabilitation Institute developed cost-efficient telehealth technologies (www.sci-u.com) to bring medical expertise and rehabilitation therapies to the home environment, improving access to specialized care.
- Dr. Anthony Burns of Toronto Rehabilitation Institute and Dr. Fehlings created a computer simulation of patient flow through the health care system (Access to Care and Timing project), which will assist health care administrators to optimize the system, maximizing the quality and efficiency of SCI care in Ontario hospitals.
- Dr. Kathleen Martin-Ginis of McMaster University created evidence-based physical activity guidelines (www.sciactioncanada.ca) for individuals with SCI to reduce the high incidence of cardiovascular disease, diabetes and other secondary health complications.
- Dr. Dalton Wolfe of St. Joseph’s Parkwood Hospital and Dr. Burns established a multi-province initiative (www.scikmn.com) to accelerate the identification and adoption of evidence-based best SCI care practices in health care facilities.
- Dr. Pamela Houghton and Karen Campbell of the University of Western Ontario developed clinical practice guidelines for the management of pressure ulcers in people with SCI.

31 CANADIAN FACILITIES AND THREE GLOBAL SITES ENGAGED IN KNOWLEDGE TRANSFER.

A nation-wide clinical research and data collection platform (Rick Hansen SCI Registry) has been implemented in every major Canadian medical facility treating traumatic SCI. 11 acute and rehabilitation facilities are operating in Toronto, London, Ottawa and Hamilton.