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Morocco, is There Hope After a Spinal Cord Injury? Return to Work of Spinal Cord Injury Patients Admitted to the PMR Unit of Ibn Rochd University Hospital, Casablanca

Topic: Disability Studies

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BACKGROUND

Return to work (RTW) after a spinal cord injury (SCI) has significant implications for both patients' quality of life and the broader socioeconomic landscape of a country. Al-though Morocco is experiencing significant economic development, the healthcare system remains one of the most deficient in the country. We therefore aim to assess the socio-professional outcomes of SCI patients admitted in the The Physical Medicine and Rehabilitation (PMR) unit of Ibn Rochd University Hospital in Casablanca and examine potential determinants and barriers of RTW.

METHODS

A retrospective descriptive and analytical study of paraplegic traumatic and non-traumatic SCI patients, aged 18-65, admitted in the PMR unit of Ibn Rochd University hospital. Data was collected from medical records and phone surveys were conducted to assess current work status and main obstacles to RTW.

RESULTS

Forty one paraplegic SCI patients were hospitalized in our unit. We successfully collected data of 22 patients. Eight records were incomplete, six patients were unreachable by phone, two patients were older than 65, one patient was younger than 18, and we recorded two deaths. Our sample consisted of 12 women and 10 men. The median age was 35.5 years. Seven patients were unemployed before the injury. Five patients were still in school, including one university student. The ASIA impairment scale was evaluated at the time of hospitalization: ASIA A (n = 6), ASIA B (n = 3), ASIA C (n = 11), and ASIA D (n = 3). The median duration of hospitalization was three months, and the median time between the onset injury and PMR unit admission was five months. Out of the 22 patients, 18% (n=4) were able to return to work or resume their studies, including one woman. Five patients reported social stigmatization as a barrier to RTW, while most patients faced physical barriers, including mobility issues (n = 7), bladder disorders (n = 3), fatigue and neuropathic pain (n = 8). ASIA score, duration of hospitalization, and the time between the onset injury and PMR unit admission were not correlated with professional reintegration ($p > 0.05$).

CONCLUSION

This study is one of the few conducted in a Maghreb country, where social stigmatization and limited opportunities hinder paraplegic patients. The low rate of RTW in our study affects their ability to support themselves and their families. Larger studies are needed to identify RTW determinants for PMR intervention.

Statement of Disclosures

None

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