



The Spinal Cord Injury Model Systems program was created in 1970 as a prospective longitudinal multicenter study on demographics and the use of services by people with traumatic spinal cord injury (tSCI) in the United States.

This data sheet is a quick reference on demographic and condition status for 38,647 people with tSCI collected through 2025 by 31 federally funded SCI Model Systems and 5 Form II (follow up) centers and entered into the National SCI Database. This data sheet does not include the 16,477 people who were added to the SCI Database registry due to not fully qualifying for follow-up.

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Incidence

The 2025 population size in the United States was estimated to be about 342 million people. The most recent estimate of the annual incidence of traumatic spinal cord injury (tSCI) is approximately 54 cases per one million people in the United States, which equals about 18,482 new tSCI cases each year. New tSCI cases do not include those who die at the location of the incident that caused the tSCI.

- **Data Source:** Jain NB, Ayers GD, Peterson EN, et al. Traumatic spinal cord injury in the United States, 1993-2012. JAMA. 2015;313(22):2236-2243.

Prevalence

The number of people with tSCI living in the United States is approximately 311,560, with a range of 261,168 to 399,079 persons.

- **Data Source:** Lasfargues JE, Custis D, Morrone F, Carswell J, Nguyen T. A model for estimating spinal cord injury prevalence in the United States. Paraplegia. 1995;33(2):62-68.

Age at Injury

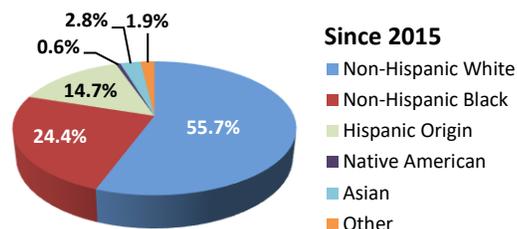
The average age at injury has increased from 29 years during the 1970s to 44.3 years since 2015.

Sex

About 78.02% of new tSCI cases since 2015 are male.

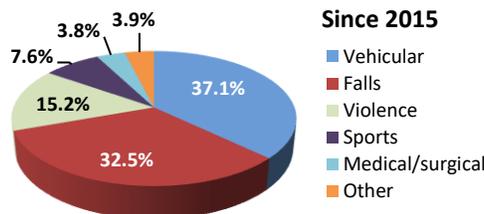
Race/Ethnicity

About 24.4% of recent injuries have occurred among the Black – Not Hispanic or Latino population. Yet, about 12% of the U.S. population is Black – Not Hispanic or Latino.



Cause

Vehicle crashes and falls account for almost 70% of recent injuries. Acts of violence (mostly gunshot wounds) and sports/recreation injuries account for about 23%.



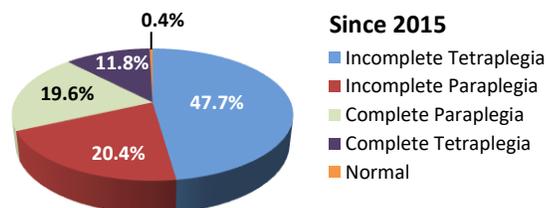
Length of Stay

The average length of stay in the hospital acute care unit have declined from about 30 days in the 1970s to 18.6 days since 2015. The average rehabilitation lengths of stay have also declined from about 110 days in the 1970s to 36.3 days since 2015.

- **Note:** As of 2024, this data sheet differs from previous years. It shows lengths of stay in averages. Past years were shown in median.

Neurological Level and Extent of Lesion

Recently, incomplete tetraplegia is the most frequent neurological category. The frequency of incomplete and complete paraplegia is almost the same. Less than 1% of persons experienced complete neurological recovery by the time of hospital discharge.



Education

Since 2015, 24% of persons with tSCI have a college degree at the time of injury, compared with 44% of people who survived 40 years of injury.

| Education (%) | At Injury | Year 1 | Year 10 | Year 20 | Year 30 | Year 40 |
|-------------------|-----------|--------|---------|---------|---------|---------|
| High School Only | 52.1 | 52.6 | 48.6 | 45.7 | 42.0 | 35.8 |
| College or Higher | 23.8 | 25.9 | 29.5 | 29.1 | 33.6 | 44.1 |

Employment Status

Since 2015, 18% of persons with tSCI are employed at year 1 post-injury. The employment rate increases over time before peaking at 30 years post-injury.

| Status (%) | At Injury | Year 1 | Year 10 | Year 20 | Year 30 | Year 40 |
|------------|-----------|--------|---------|---------|---------|---------|
| Employed | 64.5 | 17.8 | 26.4 | 29.1 | 31.2 | 27.6 |
| Student | 6.6 | 5.2 | 2.3 | 0.6 | 0.3 | 0.1 |

Historical Lifetime Costs

The average yearly expenses (health care costs and living expenses) and the estimated lifetime costs that are directly attributable to tSCI vary greatly based on education, neurological impairment, and pre-injury employment history. The below estimates do not include any indirect costs such as losses in wages, fringe benefits, and productivity (indirect costs averaged \$97,787 per year in 2025 dollars).

| Severity of Injury | Average Yearly Expenses (in 2025 dollars) | | Estimated Lifetime Costs by Age at Injury (discounted at 2%) | |
|-------------------------------------|--|----------------------|---|--------------|
| | First Year | Each Subsequent Year | 25 years old | 50 years old |
| High Tetraplegia (C1–C4) AIS ABC | \$1,446,827 | \$251,246 | \$6,419,617 | \$3,528,112 |
| Low Tetraplegia (C5–C8) AIS ABC | \$1,045,459 | \$154,128 | \$4,690,573 | \$2,885,122 |
| Paraplegia AIS ABC | \$705,131 | \$93,409 | \$3,139,165 | \$2,060,139 |
| Motor Functional at Any Level AIS D | \$472,190 | \$57,353 | \$2,144,693 | \$1,513,784 |

Data Source: Economic Impact of SCI published in the journal Topics in Spinal Cord Injury Rehabilitation, Volume 16, Number 4, in 2011. American Spinal Injury Association Impairment Scale (AIS) is used to grade the severity of a person's neurological impairment following tSCI.

Historical Life Expectancy

Since the 1970s, life expectancies have increased steadily for people with tSCI during their first year of injury. However, life expectancies after their first year have not changed since the early 1980s and remain substantially below the life expectancies of the general population. An individualized Life Expectancy Calculator is available at sites.uab.edu/nscisc/life-expectancy-calculator/.

| Age at Injury | No tSCI | Life Expectancy (years) for Post-Injury by Severity of Injury and Age at Injury | | | | | | | | | |
|---------------|---------|---|---------------------------------|--------------------|------------------------------------|----------------------------------|---|---------------------------------|--------------------|------------------------------------|----------------------------------|
| | | For Persons Surviving the First 24 Hours | | | | | For Persons Surviving at Least 1 Year Post-Injury | | | | |
| | | High Tetraplegia (C1–C4) AIS ABC | Low Tetraplegia (C5–C8) AIS ABC | Paraplegia AIS ABC | Motor Functional AIS D (Any Level) | Ventilator Dependent (Any Level) | High Tetraplegia (C1–C4) AIS ABC | Low Tetraplegia (C5–C8) AIS ABC | Paraplegia AIS ABC | Motor Functional AIS D (Any Level) | Ventilator Dependent (Any Level) |
| 20 | 59.2 | 31.0 | 37.7 | 43.0 | 50.6 | 9.8 | 32.0 | 38.6 | 43.8 | 51.4 | 16.5 |
| 40 | 40.7 | 19.8 | 23.8 | 28.5 | 33.9 | 8.0 | 20.8 | 24.6 | 29.1 | 34.5 | 12.3 |
| 60 | 23.4 | 11.1 | 12.6 | 15.6 | 18.8 | 3.9 | 12.2 | 13.3 | 16.1 | 19.3 | 7.5 |

Historical Causes of Death

During the first year of injury, the three leading causes of death among people with tSCI were respiratory diseases (mostly pneumonia and influenza), other heart diseases (often unexplained heart attacks that usually do not represent a true underlying cause of death), and infective and parasitic diseases (mostly septicemia secondary to urinary or pressure injury infections). Among people surviving the first year after injury, respiratory diseases were the leading cause of death (19.6%), followed by infective and parasitic diseases (13.1%), cancer (12.1%), hypertensive and ischemic heart diseases (11.0%), and other heart diseases (7.2%).

Data Source: National Spinal Cord Injury Statistical Center. 2025 Annual Statistical Report for the Spinal Cord Injury Model Systems. University of Alabama at Birmingham: Birmingham, Alabama.

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Marital Status

Since 2015, the percentage of people who are married is relatively consistent up to year 30 post-injury, with single/never married status slowly decreasing and divorce status slowly increasing.

| Status (%) | At Injury | Year 1 | Year 10 | Year 20 | Year 30 | Year 40 |
|------------|-----------|--------|---------|---------|---------|---------|
| Single | 44.2 | 43.6 | 38.3 | 35.9 | 34.1 | 24.9 |
| Married | 37.0 | 36.2 | 34.3 | 34.8 | 35.6 | 44.1 |
| Divorced | 8.9 | 10.2 | 17.9 | 20.2 | 22.0 | 21.3 |

Re-Hospitalization

Since 2015, about 29% of persons with tSCI are re-hospitalized at least once during any given year following injury. About 18 days is the average length of stay when re-hospitalized. Diseases of the genitourinary system are the leading cause of re-hospitalization, followed by disease of the skin. Respiratory, digestive, circulatory, and musculoskeletal diseases are also common causes.