A spinal cord injury (SCI) is a debilitating injury with many secondary medical complications that can create further barriers to full engagement in one’s life during a pandemic. Secondary health issues such as respiratory and cardiovascular complications, pressure sores, urinary tract infections, and depression related psychopathology, made sheltering in place with social distancing a priority to reduce the chances of exposure to COVID-19. Many SCI’s occurred within two years which could further complicate health status of these individuals. Yes, it is unclear how the shelter in place impacted the SCI population’s ability to still be fully engaged in life and socially engage with others. Several acute respiratory syndrome coronavirus-2 (SARS-CoV-2) leading to COVID-19 having a significant impact on daily life functioning, so much so that many states enacted shelter in place protocols and physical distancing recommendations.

For the general public, these protocols and recommendations placed a great burden on an individual’s psychological functioning as there was reporting of increased rates of depression, anxiety, stress, and feelings of social isolation. For the population with SCI, whose daily living is already affected by SCI, sheltering in place had an impact on other secondary conditions that are related to SCI still saw increased barriers to transportation, mobility, and feelings of social isolation. For the population with SCI, whose daily living is already affected by SCI, sheltering in place had an impact on other secondary conditions that are related to SCI still saw increased barriers to transportation, mobility, and feelings of social isolation. For the population with SCI, whose daily living is already affected by SCI, sheltering in place had an impact on other secondary conditions that are related to SCI still saw increased barriers to transportation, mobility, and feelings of social isolation. For the population with SCI, whose daily living is already affected by SCI, sheltering in place had an impact on other secondary conditions that are related to SCI still saw increased barriers to transportation, mobility, and feelings of social isolation.

Forty-six percent of participants were actively under shelter in place between 11 and 30 days. The experiencing limited social contact (75.6%) felt less socially connected during shelter in place and 35.7% reported experiencing more SCI-related pain issues during this time. Additionally, more than half of the participants (59.7%) reported a lack of companionship during shelter in place. Some participants (76.4%) made new friends during shelter in place.

Discussion

Results

Table 2 - UCLA Loneliness Scale (scoring)

<table>
<thead>
<tr>
<th>Scoring</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Rarely</th>
</tr>
</thead>
</table>
| How often do you feel lonely, socially isolated, anxious, and experiencing increased rates of pain, the preliminary results indicate that the participants had a positive depression while under shelter in place. We might assume that these individuals became stronger because of this experience. Additionally, more than half of the participants (59.7%) reported lack of companionship during shelter in place.

In conclusion, social isolation had an impact on individuals with SCI, especially those who were already affected by SCI, during the COVID-19 pandemic.