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Disclosures: T. F. Chang, None.

Objective: To investigate the relationship between the level of injury at initial admission to rehabilitation and the occurrence of depression at the 1-year follow-up evaluation in pediatric patients with spinal cord injury (SCI).

Design: Prospective longitudinal study.

Setting: SCI model systems comprehensive rehabilitation centers.

Participants: 54 individuals with an average age of 16.83 years (SD = 0.376) with a spinal cord injury. Patients were mostly men (74.1%) and white (70.4%). Other participants were African American (27.8%) or Asian/Pacific Islander (1.9%). The majority of patients incurred their SCI as a result of an automobile accident (51.9%), followed by gun shot wounds (20.4%), falls (11.1%), and other traumatic etiologies.

Interventions: Not applicable.

Main Outcome Measures: The Patient Health Questionnaire (Brief Version).

Results: The majority of patients were not experiencing any depression at the annual follow-up examination (79.6%). Of those experiencing depressive symptoms, 11.1% (N=6) were classified with major depressive syndrome, while the other 9.3% (N=5) were classified as having other depressive syndrome.

Conclusions: There was no clear relationship between the level of injury at admission to inpatient rehabilitation and the occurrence of depression at 1-year follow-up. Limitations and future research will be discussed.

Poster 303

Pediatric Rehabilitation Outcome by Length of Stay.

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Disclosures: J. S. Greenberg, None.

Objective: The objective of this study is to predict length of stay (LOS) based on patient's admission diagnosis to an acute pediatric inpatient rehabilitation unit. The hypothesis is that LOS will vary according to the diagnoses.

Design: It is a retrospective, noninvasive study. We reviewed the medical records of the patients who were admitted to an acute inpatient rehabilitation unit at a University Children's Hospital from 1/1/2000 to 12/31/2007.

Setting: Acute pediatric inpatient rehabilitation unit located in a university children's hospital.

Participants: The patients (less than 20 years of age) whose admission to the acute rehabilitation unit was longer than 5 days.

Interventions: LOS was calculated for each patient as the total days of inpatient rehabilitation care. In the event a

patient was transferred off the rehabilitation unit to a medical or surgical service, but returned within 30 days, we counted only those days the patient stayed in rehabilitation. A patient with LOS in inpatient rehabilitation less than 6 days was excluded from this study. Patients included in the study were classified according to their primary presenting diagnoses including traumatic brain injury, stroke, spinal cord lesion, pain syndrome, orthopedic conditions, brain tumor, peripheral neuromuscular disease, inflammatory brain lesion, brain dysfunction, medical complications, and surgical complications.

Main Outcome Measures: We measured LOS (days) at the acute rehabilitation unit and performed statistical and time series analysis on this data among admission diagnoses.

Results: We reviewed 1137 cases. Median LOS was different based on admission diagnosis ($F = 28.7, P < .01$). The median LOS of patients admitted with orthopedic conditions was the shortest (13 days), and those with spinal cord lesions was the longest (32 days). In general, the distribution of LOS data was significantly skewed to the right. There was no proportional decrease in median LOS across all diagnoses from 2000 to 2007.

Conclusions: LOS for pediatric inpatient rehabilitation varied according to admission diagnosis, with overall LOS value that have not significantly changed from 2000 to 2007.

Poster 306

Swing Phase Adduction in Cerebral Palsy Diplegia: Correlation With Physical Examination.

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Disclosures: C. Gale-Dyer, None.

Objective: To determine (1) the amount of hip adduction at the beginning of swing phase in cerebral palsy diplegia using kinematic data and (2) if there is a correlation with dynamic hip motions while walking and passive range of motion (PROM) of hip adductors and knee flexors.

Design: Prospective study.

Setting: Gait analysis laboratory.

Participants: 494 patients who were diagnosed with cerebral palsy diplegia and gross motor functional classification system (GMFCS) level of 1-3 from gait laboratory database. Participants had no previous history of surgery to their lower extremities.

Interventions: Not applicable.

Main Outcome Measures: Hip adduction at 60% of the gait cycle, PROM hip abduction with the hip and knee flexed, PROM hip abduction with the hip and knee extended, PROM popliteal angle, GMFCS, and age.

Results: 157 subjects (31.8%) had hip adduction >1 standard deviation more than age matched normative data (18% GMFCS level 1, 24% level 2, 48% level 3). The correlation between the 494 participants for dynamic hip adduction