

Reviewer ID: Nicole Elfring, Bryce Jay, Gita Manhas																											
Type of Outcome Measure: Rivermead Mobility Index			Total articles: 2																								
Author ID Year	Study Design	Setting	Population (sample size, age) and Group																								
Morganti et al. 2005	Retrospective analysis	Rehab Hospital in Italy	<p>Total sample: N=284 patients (184M, 100F) Mean age: 50.4±19.3 years</p> <p>Concurrent validity sample: N=76</p> <p>Traumatic or non traumatic SCLs admitted between 1997-2001. Non-traumatic etiology was present in the majority of the patients (177/284)                      inflammatory (4)                      vascular (36)                      neoplastic (39)                      degenerative (62)</p> <p>Traumatic lesions (107/284):                      car accident (38)                      motorcycle accident (15)                      sport accident (11)                      act of violence (6)                      suicide attempts (6)                      accidental falls (31)</p>																								
Scivoletto et al. 2003	Methodological study. Block design, matching procedure	Spinal Cord Unit, Fondazione Santa Lucia IRCCS, a large rehabilitation hospital of the centre-south of Italy.	<p>Total sample: N=284 patients (184M, 100F) Mean age: 50.4±19.3 years                      Mean interval from lesion to admission: 56.9±43.9 days                      Mean length of stay in inpatient rehabilitation centre: 98.7±68.13 days</p> <p>Traumatic or non-traumatic SCLs admitted between 1997-2001.                      Lesion level:                      Cervical (81), thoracic (148), lumbo-sacral (55)</p> <p>AIS impairment at admission:                      AIS A – 84                      AIS B – 19                      AIS C – 129                      AIS D – 52</p> <p>2 groups:                      Group 1: Under 50 years old – N=119                      Group 2: Over 50 years old – N=165</p> <table border="1"> <thead> <tr> <th>Aetiology</th> <th>Group 1:</th> <th>Group 2:</th> </tr> </thead> <tbody> <tr> <td><b>Traumatic</b></td> <td>N=79</td> <td>N=28</td> </tr> <tr> <td>Street accident</td> <td>48</td> <td>5</td> </tr> <tr> <td>Falls</td> <td>12</td> <td>19</td> </tr> <tr> <td>Other</td> <td>19</td> <td>4</td> </tr> <tr> <td><b>Non-traumatic</b></td> <td>N=40</td> <td>N=137</td> </tr> <tr> <td>Inflammatory</td> <td>10</td> <td>30</td> </tr> <tr> <td>Vascular</td> <td>6</td> <td>30</td> </tr> </tbody> </table>	Aetiology	Group 1:	Group 2:	<b>Traumatic</b>	N=79	N=28	Street accident	48	5	Falls	12	19	Other	19	4	<b>Non-traumatic</b>	N=40	N=137	Inflammatory	10	30	Vascular	6	30
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			Neoplastic	13	26
			Degenerative	11	51
<b>1. RELIABILITY</b> – no data available					
<b>2. VALIDITY</b>					
<b>Author ID</b>	<b>Validity</b>				
Morganti et al	Spearman's correlation of the RMI with: Walking Index for Spinal Cord Injury: $\rho = 0.67$ ( $P < .001$ ) Spinal Cord Independent Measure: $\rho = 0.75$ ( $P < .001$ ) Functional Independence Measure: $\rho = 0.9$ ( $P < .001$ ) Barthel Index: $\rho = 0.6$ ( $P < .001$ )				
<b>3. RESPONSIVENESS</b> – no data available					
<b>4. FLOOR/CEILING EFFECT</b> – no data available					
<b>5. INTERPRETABILITY</b>					
<b>Author ID</b>	<b>Interpretability</b>				
Scivoletto et al. 2003		<b>Under 50 years old:</b>		<b>Over 50 years old:</b>	
	<i>Admission</i>				
	RMI score	1.3 (2.5)		0.8 (2)	
	<i>Discharge</i>				
	RMI score	6.8 (4.9)		3.5 (4.5)	
	RMI change in score (increase)	5.5 (4.4)		2.6 (3.4)	
	RMI efficiency	0.06 (0.06)		0.03 (0.05)	