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Type of Outcome Measure: Spinal Cord Injury Spasticity Evaluation Tool (SCI-SET)			Total articles: 4
Author ID Year	Study Design	Setting	Population (sample size, age) and Group
Tibbett et al. 2019	RCT	Miami, USA	N=19 (17M, 2F) Mean age=39.5±10.2 years Mean time since injury=15.6±11.0 years AIS A/B/C: 12/2/5 Injury level: C5-T12
Akpinar et al. 2017	Cross-sectional validation study (SCI-SET Turkish adaptation)	Inpatient rehabilitation unit of an education and research hospital	N=66 (40M, 26F) Mean age=44.06±14.47 years Type of injury: 45 paraplegic, 21 tetraplegic ASIA grade: 13 A, 10 B, 19 C, 24 D Etiology: 14 traffic accidents, 4 violence, 26 falls, 2 diving, 10 tumor/infection, 10 sports
Ansari et al. 2017	Cross-sectional and prospective cohort validation study (SCI-SET Persian adaptation)	University Neurological Physiotherapy Clinic	N=100 (58M, 48F) Mean age= 39.0±11.0 years Range 20.0-69.0 Duration since SCI= 14.4±11.5 years Etiology: 49 motor-vehicle crashes, 16 falls, 35 other Level of injury: 28 cervical, 38 thoracic, 34 lumbar ASIA grade: 49 A, 18 B, 25 C, 8 D
Adams et al. 2007	Scale development and assessment	General community	Study 3 N=61 Male=45 Female=16 Paraplegia=24 Tetraplegia=37 Mean (SD) time since injury = 10.2 (8.6)
1. RELIABILITY			
Author ID	Internal Consistency	Test-retest, Inter-rater, Intra-rater	
Tibbett et al. 2019	No data available	Test-retest reliability for transfer-related variables (P<0.05) Spasm duration: $\rho=0.846$ Spasm magnitude: $\rho=0.705$ Percent of transfer: $\rho=0.807$ Transfer duration: $\rho=0.656$	
Akpinar et al. 2017	SCI-SET _T showed high internal consistency ($[\alpha]=0.95$)	ICC=0.80 (95% confidence interval: 0.68-0.87, P<0.001)	
Ansari et al. 2017	Internal consistency ($\alpha = 0.862$)	Test-retest reliability for the SCI-SET _p total scores was excellent (ICC _{agreement} = 0.84, 95% CI 0.74–0.91, P < 0.001)	

Adams et al. 2007	Cronbach's $\alpha=0.90$	ICC=0.91 (one week interval)
2. VALIDITY		
Author ID	Validity	
Akpinar et al. 2017	There were statistically significant correlations between the SCI-SETT and both self-assessment of spasticity severity ($r=-0.41$) and self-assessment of spasticity impact ($r=-0.47$) scores ($P<0.05$). There were no statistically significant correlations between the SCI-SETT and the PSFS, and the FIM motor subscale. There was a statistically significant correlation between the SCI-SETT and vitality scores of the SF-36 ($r=0.46$), ($P<0.05$).	
Ansari et al. 2017	Pearson correlation test performed to assess the level of construct validity of the SCI-SETp did not find statistically significant positive correlation between the SCI-SETp and the PFIM-Motor subscale ($r = 0.14$, $P = 0.18$) or the PFIM-Cognitive subscale (0.13 , $P = 0.20$).	
Adams et al. 2007	Pearson correlation between SCI-SET scores and: Self-assessment of Spasticity Severity $r=-0.48$, $P<.001$ Self-assessment of Spasticity Impact $r=-0.61$, $P<.001$ Functional Independence Measure motor score $r=0.21$, $P=.12$ Quality of Life Index health and functioning subscale $r=0.68$, $P<.001$ PSFS $r=-0.66$, $P<.001$	
3. RESPONSIVENESS – no data available		
4. FLOOR/CEILING EFFECT – none observed (Ansari et al. 2017)		
5. INTERPRETABILITY		
Author ID	Interpretability	
Ansari et al. 2017	SEM and the SDC for SCI-SETp were 0.30 (CI 95% = ± 0.59) and 0.82, respectively	
Adams et al. 2007	Across groups SCI-SET scores ranged from -2.35 to 0.00 with a mean (SD) of -0.65 (0.56) Mean scores for patients with Paraplegia = -0.62 (0.57) Mean scores for patients with Tetraplegia = -0.67 (0.57) SEM for SCI-SET score (calculated from data in Adams et al. 2007): 0.17 MDC for SCI-SET score (calculated from data in Adams et al. 2007): 0.47	