Reintegration to Normal Living (RNL) Index

Assessment Overview

Assessment Area

ICF Domain:
Participation

You Will Need

Length:
10 minutes, 11 items
Scoring:
3 alternate scoring systems:
1) 10-point visual analogue scale
2) 3-point scale
3) 4-point scale
The most commonly used scoring system is the Visual Analog scale where each item is scored using a 10 cm line and accompanying phrases for participants to rate themselves.
Higher scores indicate greater reintegration.
Total score is 0-110, can be scaled to 100 for adjusted score.

Summary

The Reintegration to Normal Living (RNL/RNLI) index is a self-report questionnaire that assesses a person's satisfaction with performance in life activities. The RNL index assesses mobility, self-care, daily activity, recreational activity, and family roles.

The RNL was originally developed based on interviews with clinicians and people who have had a stroke, but it has since been tested with people who have SCI, TBI, Cancer and Heart Disease.

The RNL is commonly used as part of the national reporting system in Canada for people with SCI.

Availability

Worksheet: Can be found here.

Languages: English, French, and Igbo

Assessment Interpretability

Minimal Clinically Important Difference

Not established in SCI

Statistical Error

Not established in SCI

Typical Values

Mean (SD) Scores:
17.2 (4.4)

(Using 3-point scale, ranges 0-2; Hitzig et al. 2012; n=618; 501 males, 117 females; 203 incomplete tetraplegia, 102 complete tetraplegia, 156 incomplete paraplegia, 157 complete paraplegia; community living, mean (range) time since injury = 16.3 (1-60) years)

Measurement Properties

Validity – **Low** to **High**

High correlation with Quality of Life Index (QLI):

r = -0.654

Moderate correlation with Functional Independence Measure (FIM):

r = -0.348

Low correlation with ASIA Motor Score:

r = -0.196

(May & Warren 2002; n=98; 76 males, 22 females; 56% cervical injury; mean (range) time since injury = 15.5 (1-78) years)

High correlation from Igbo RNLI and English RNLI scores:

r = 0.81-0.95

(Okoye et al. 2019; n=102; 63 males, 39 females; mean age 46.92 years; n=9 with SCI; Igbo version)

Number of studies reporting validity data: 4

Reliability – **High**

High Internal Consistency:

α = 0.84-0.97

Total item correlations: 0.37-0.67

(Hitzig et al. 2012; n=618; 501 males, 117 females; 203 incomplete tetraplegia, 102 complete tetraplegia, 156 incomplete paraplegia, 157 complete paraplegia; community living, mean (range) time since injury = 16.3 (1-60) years)

(Mothaben et al. 2012; n=160, 134 males, 46 females; community dwelling people with SCI, discharged from inpatient rehabilitation for at least 2 years)

(Okoye et al. 2019; n=102; 63 males, 39 females; mean age 46.92 years; n=9 with SCI; Igbo version)

Number of studies reporting reliability data: 3

Responsiveness

Floor/Ceiling Effect:
Not established in SCI

Effect Size:
Not established in SCI

Number of studies reporting responsiveness data: 0