Spinal Cord Injury Secondary Conditions Scale (SCI-SCS)

Assessment Overview

Assessment Area

ICF Domain:
Body Function
Subcategory:
General Functions

You Will Need

Length:
16 items
Scoring:
Items rated 0-3. Total score (0-48) is sum of items. Higher scores indicate greater problems with secondary conditions

Summary

The Spinal Cord Injury Secondary Conditions Scale (SCI-SCS) is a self-report questionnaire specifically targeting physiological secondary conditions associated with SCI that directly and indirectly impact health and physical functioning. The SCI-SCS covers skin, musculoskeletal, pain, bowel/bladder, sexual dysfunction, respiratory, and cardiovascular conditions.

Availability

http://scire-nexcess.developmentwebsite.ca/wp-content/uploads/2022/04/worksheet_sci-scs.pdf

Languages: English

Assessment Interpretability

Minimal Clinically Important Difference

Not established in SCI

Statistical Error

Not established in SCI

Typical Values

Proportion of sample reporting degree of problems with secondary conditions available in research summary.

(Kalpakjian et al., 2007; N=65, 46 male, mixed injury types, Mean (SD) years since injury = 13.7 (11.0) years)

Measurement Properties

Validity – Low to High

Moderate **to** ***High*** **correlation with Short Form 12 (SF-12) Subscales:**
ρ = 0.317-0.644

(Kalpakjian et al., 2007; N=65, 46 male, mixed injury types, Mean (SD) years since injury = 13.7 (11.0) years)

Low correlation with Modified Barthel Index (MBI)
r = 0.20

Moderate **correlation with SF-8 Physical component (PCS)**
r = 0.36

Low correlation with SF-8 Mental component summary (MCS)
r =0.21

Moderate **correlation with Patient Health Questionnaire (PHQ-9)**
r = 0.43

Low correlation with General anxiety disorder 7 (GAD-7)
r = 0.30

Low correlation with Tetraplegia
r = 0.29

(Conti et al., 2019; N= 156, 126M, mixed injury types)

Number of studies reporting validity data: 3

Reliability – Moderate to High

High **Test-retest Reliability:**
ICC = 0.91
(Conti et al., 2019; N= 156, 126M, mixed injury types)

Moderate **to** ***High*** **Test-retest Reliability:**
Correlation = 0.569-0.805

(Intervals at 5 time points between baseline and 2-year follow-up; Kalpakjian et al., 2007; N=65, 46 male, mixed injury types, Mean (SD) years since injury = 13.7 (11.0) years)

ICC = 0.96

(4-6 day interval; Arora at al., 2015; N=40, 32 male, mixed injury types, median (IQR) time since injury: 28 (14-35) years)

Moderate **Internal Consistency:**
α = 0.73
(Conti et al., 2019; N= 156, 126M, mixed injury types)

Moderate **to** ***High*** **Internal Consistency:**
α = 0.761-0.869

(Kalpakjian et al., 2007; N=65, 46 male, mixed injury types, Mean (SD) years since injury = 13.7 (11.0) years)

Number of studies reporting reliability data: 3

Responsiveness

Floor/Ceiling Effect:
Floor: Apparent in all 16 items
(29.2%~89.2% at floor)
Ceiling: Apparent in 3 items:
Sexual Function (26.2%)
Chronic Pain (32.3%)
Joint & Muscle Pain (29.2%)

(Kalpakjian et al., 2007; N=65, 46 male, mixed injury types, Mean (SD) years since injury = 13.7 (11.0) years)

Floor: Apparent in 2 items:
- Skin, breathing &

Effect Size:
Not established in SCI

Number of studies reporting responsiveness data: 1

metabolism (27%)
- Circulatory and autonomic (25%)

(Conti et al., 2019; N= 156, 126M, mixed injury types)