

Research Summary – SCI Exercise Self-Efficacy Scale (ESES) – Other Physiological Systems

Author Year Country Research Design Setting	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
<p>Fliess-Douer et al. 2013</p> <p>Cross-sectional methodological study</p> <p>Beijing Paralympics</p>	<p>N=79, 49 male Mean age 33, SD=8.18 Mean time participating in Paralympic games: 10 yrs, SD=5.5 Elite Paralympic athletes 64 paraplegic, 15 tetraplegic 46 complete, 25 incomplete</p>	<p>Validity was supported by significant correlations between SWEM and ESES total scores ($r = 0.64, p < 0.05$), and between SEWM and WM VAS scores ($r = 0.60; p < 0.001$)</p>	<p>Internal consistency: Cronbach's alpha = 0.809</p>	
<p>Kroll et al. 2007</p> <p>Cross-sectional methodological study</p> <p>Internal consistency study and construct validity study</p> <p>Individuals were recruited with the support of the National Spinal Cord Injury</p>	<p>Internal consistency study N=368 (60.1%M, 39.1%F) Mean age=46.29 Incomplete SCI=53.3%</p> <p>Construct validity study N=53 (58.5%M, 45.64%F) Incomplete SCI=52.8%</p>	<p>The cognitive interviews, public and expert reviews indicated a good fit of the scale with the concept of self-efficacy in relationship to exercise and physical activity.</p> <p>Correlation with Generalised Self Efficacy Scale (GSE) Spearman's Rho=0.316; P<.05; n=53, 2-sided</p>	<p>Internal consistency: ESES items Large sample (n=368) Cronbach's $\alpha = 0.93$</p> <p>Small sample (n=53) Cronbach's $\alpha = 0.87$</p> <p>Test-retest, Inter-rater, Intra-rater: As an alternative to test-retest, split-half internal consistency testing was employed to determine reliability. The reliability of the 10-item scale was</p>	<p>Interpretability Please see Table 2 below.</p>

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Association, local chapters of the organization, the National Rehabilitation Hospital in Washington, DC, and the Independent Living Research Utilization in Houston, Texas			0.8836 (Equal-Length Spearman-Brown, n=366). The correlation between the two halves was 0.7915.																																																													
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Research Summary – SCI Exercise Self-Efficacy Scale (ESES) – Other Physiological Systems – Cross-cultural Validation Studies

Author Year Country Research Design Setting	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
<p>Nooijen et al. 2013</p> <p>Validation of the Dutch version of ESES</p>	<p>N=53, 44 male Mean age 51.5, SD=12.3 Mean time since SCI = 107.2 mth, SD=122.3 Paraplegic/Tetraplegic: 33/20 Complete/Incomplete: 34/19 Traumatic/Nontraumatic : 40/13 Individuals from Rijndam Rehabilitation Centre in Rotterdam and from the Dutch Spinal Cord Injury Association</p>		<p>Internal consistency: Cronbach's alpha = 0.88-0.90</p> <p>Test-retest, Inter-rater, Intra-rater: 2 week test-retest ICC = 0.81 (95%CI=0.71~0.89)</p>	<p>Floor/ceiling effect: Neither was noted, but distribution is negatively skewed</p>
<p>Pisconti et al. 2017</p> <p>Validation of the Brazilian version of ESES</p> <p>Different locations including the Neuro-Functional</p>	<p>Transcultural adaptation study: n = 10 participants with SCI Mean±SD age 42.72 ± 16.91 2 female, 8 male Level of injury: Cervical (C5-C8) = 5, Thoracolumbar (T1-L2) =</p>	<p>Among the domains of the SF-36 questionnaire and the FIM domains, there was strong correlation with the ESES only for the functional capacity domain ($\rho = 0.708$). Regarding the other domains of the SF-36</p>	<p>The intra- and inter-rater reliability of the Brazilian version of the ESES, measured through the intraclass correlation coefficient (ICC) was high: -Intra-rater: 0.97 (0.92; 0.99).</p>	<p>The quality of the data, evaluated by the occurrence of Missing data and the floor and ceiling effects, was good, with only one participant not completing the third application of the ESES.</p>

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Adult Outpatient Clinic of a local hospital, the trauma department of the local clinical hospital, and a private physical therapy clinic in the city of the study and the residences of the participants.	5 Median time since injury 144 months Validation study: n = 76 participants with SCI Median age 39 10 female, 66 male Level of injury: Cervical (C5-C8) = 10, Thoracolumbar (T1-L2) = 66 Median time since injury 108 months	and the FIM, only moderate and weak correlations were found.	-Interrater: 0.99 (0.97; 0.99). The values of Cronbach's alpha found between the three applications of the ESES had values above 0.70: - ESES-1: 0.856 - ESES-2: 0.855 - ESES-3: 0.822 Among the three applications of the Brazilian version of the ESES with the 76 participants, there were no statistically significant differences in the scores for the scale and an asymptotic significance equal to 0.796 was found.	Please see Table 1 below.																																		
	Table 1 <table border="1" data-bbox="474 1182 1339 1347"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Floor effect 5%</th> <th colspan="2">Ceiling effect 95%</th> <th colspan="2">Total</th> </tr> <tr> <th>N</th> <th>%</th> <th>N</th> <th>%</th> <th>N</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Initial</td> <td>3</td> <td>3.94</td> <td>4</td> <td>5.26</td> <td>7</td> <td>9.21</td> </tr> <tr> <td>3 months</td> <td>3</td> <td>3.94</td> <td>4</td> <td>7.88</td> <td>9</td> <td>11.84</td> </tr> <tr> <td>6 months</td> <td>3</td> <td>3.94</td> <td>4</td> <td>5.26</td> <td>7</td> <td>9.21</td> </tr> </tbody> </table>					Floor effect 5%		Ceiling effect 95%		Total		N	%	N	%	N	%	Initial	3	3.94	4	5.26	7	9.21	3 months	3	3.94	4	7.88	9	11.84	6 months	3	3.94	4	5.26	7	9.21
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