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Author Year Research Design Setting (country)	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
Noonan et al. 2010a "Comparing the validity" Retrospective review with follow up Vancouver General Hospital Spine Program between 2000 and 2005	N=545 participants Age range: 21-90y Mean (SD) age: 51.1 (16.6) N=145 SCI participants 79 men mean (SD) age: 48.7 (17.4) For the overall (N=545) group with spinal conditions, subgroups are: SCI (n=145) Spinal column fracture (n=187) Spinal degenerative disease (n=213) For the 145 SCI participants, there were: 42 AIS A	Relationships between the participation domains and other study variables were hypothesized to assess known-group validity. The study variables assessed were motor score (SCI group), traumatic vs non-traumatic injury (SCI group), level of spinal injury, presence of back pain, age and gender. The known- group validity indices (number of hypotheses supported/ number of hypotheses tested) was 95% (20/21) Item intra-domain correlation range (the correlation between		Floor/ceiling effect: Ceiling effects for the IPAQ subscales in people with spinal conditions (details above). % patients with best possible score: Autonomy Indoors = 49.5% Family Role = 29.4% Autonomy Outdoors = 31.0% Social life and relationships = 41.1% Work and Education = 38.2% Interpretability: Overall mean(SD) IPAQ Subscale scores in people with spinal conditions (details above):

Research Summary – Impact on Participation and Autonomy Questionnaire (IPAQ) – Community Reintegration

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(country)	15 AIS B 18 AIS C 24 AIS D	the item and the total score of that domain): Autonomy Indoors: 0.73-0.88 Family Role: 0.66-0.87 Autonomy outdoors: 0.84-0.89 Social life & relationships: 0.60- 0.83 Work & Education: 0.81-0.92 Item inter-domain correlation range (the correlation between the item and the other 4 domains): Autonomy Indoors: 0.52-0.71 Family Role: 0.55-0.80 Autonomy outdoors: 0.65-0.80 Social life &		Autonomy Indoors:0.55 (0.77)Family Role: 0.99(0.97)Autonomy Outdoors:1.14 (1.14)Social life andrelationships: 0.62(0.70)Work and Education:0.99 (1.12)SEM IPAQ subscalescores:Autonomy Indoors:0.25Family Role: 0.30Autonomy Outdoors:0.42Social life andrelationships: 0.28Work and Education:0.35
		relationships: 0.45- 0.70		MDC IPAQ subscale scores:

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		Work & Education: 0.61-0.80		Autonomy Indoors: 0.70 Family Role: 0.83 Autonomy Outdoors: 1.18 Social life and relationships: 0.76 Work and Education: 0.96
Noonan et al. 2010b "Comparing the reliability" Retrospective review Vancouver General Hospital Spine Program between 2000 and 2005	N=545 participants Age range: 21-90y Mean (SD) age: 51.1 (16.6) N=145 SCI participants 79 men mean (SD) age: 48.7 (17.4) For the overall (N=545) group, subgroups are: SCI (n=145) Spinal column fracture (n=187)		Internal consistency: Cronbach's alpha for: Autonomy Indoors: 0.94Family Role: 0.95Autonomy Outdoors: 0.95Social life and relationships: 0.90Work and Education: 0.96Test-retest, Inter- rater, Intra-rater: 10-day interval test- retest ICC for:	

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	Spinal degenerative disease (n=213) For the 145 SCI participants, there were: 42 AIS A 15 AIS B 18 AIS C 24 AIS D		Autonomy Indoors: 0.84 Family Role: 0.88 Autonomy Outdoors: 0.85 Social life and relationships: 0.83 Work and Education: 0.86	
Lund et al. 2007 "Impact on Participation…" Cross sectional, to evaluate aspects of internal scale validity, in terms of unidimensionali ty, reliability of the Swedish version of the IPA by using the	N = 161 Male = 101 Female = 60 Mean Age = 52 Paraplegia = 100 Tetraplegia = 61	"The combined results of the goodness-of-fit evaluation and the principal component analysis revealed that the IPA-S when used to evaluate persons with SCI, is comprised of 2 unidimensional scales (perceived participation scale and problems with participation scale). The final perceived participation scale (after removal of the misfitting items) had		Floor/ceiling effect: Notable floor (12 persons) and ceiling (15 persons) effects in the problems with participation scale - in accordance with this, the test information function and SEs for persons indicated insufficient sensitivity. Low sensitivity was not apparent with the perceived participation scale – slight ceiling effects were noted with 6

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Rasch rating scale analysis. Participants were identified from a database at a SCI rehab unit in Sweden.		27 items and the final perceived problems with participation scale had 6 items." (p.161) The hierarchy of items can also be considered to support the construct validity of the scale.		persons. In contrast the perceived problems scale may only be sensitive enough to identify those with and without perceived problems (or with mild vs. severe problems) Note: 161 participants so this doesn't really meet our qualification for ceiling/floor effects - >20% subjects have the highest or lowest score
Sibley et al. 2006 A validation study of an English version of the IPA. Cross-sectional with a test-	N = 213 (SCI = 42, MS = 60, Rheumatoid arthritis = 51, General practice = 60) Male = 89 Female = 124 Median age = 54	Confirmatory Factor Analysis : expectations were tested with respect to the number of factors (5 – autonomy indoors, family role, autonomy outdoors, social life and relationships, work and education),	Internal consistency: Cronbach's α for: Indoor Autonomy = 0.94 Family Role = 0.90 Outdoor Autonomy = 0.91	Interpretability: SCI sample (Outpatients): median (IQR) score

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retest subsample. Outpatients clinics and people's homes. In the UK.	Those with SCI: n = 42 Median age = 44	<pre>which items reflect the given factors, and whether these factors are correlated. Chi-square = 14.51, P=.01 Root-mean-square error of approximation = 0.10 Normed Fit Index = 0.98; Comparative Fit Index = 0.99 Correlations between the IPAQ and other instruments (Note: on the IPAQ higher scores denote poorer autonomy): IPAQ Autonomy Indoors with London Handicap Scale's: Mobility (M) = -0.63; Physical Independence (PI) = -</pre>	Social life and relationships = 0.86 Work and education = 0.90 Item to total correlations: Indoor Autonomy range = 0.73 – 0.89 Family role range = 0.73 – 0.84 (except item 4a = 0.34) Outdoor Autonomy range = 0.69 – 0.83 Social life and relationships range = 0.52 – 0.76 Work and education range = 0.52 – 0.77 Test-retest, inter- rater, intra-rater: For all items, weighted kappa statistics were greater than 0.60, range was 0.64 – 0.92.	

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		0.68; Occupation (Oc) = -0.60; Social integration (SI) = -0.52; Orientation (O) = -0.33; Economic self- sufficiency (Ess) = -0.31. IPAQ Autonomy Indoors with Functional Limitations Profile's: Household Management (HM) = 0.63; Social Integration (SI) = 0.62 Emotion (E) = 0.43 IPAQ Autonomy Indoors with SF-36's: Physical Health Component (PHC) = - 0.57; Mental Health Component (MHC) = - 0.43 IPAQ Family Role with London Handicap Scale's:	At the subscale level, 2-wk interval test- retest ICC for: Indoor Autonomy = 0.95 Family role = 0.97 Outdoor Autonomy = 0.97 Social life and relationships = 0.94 Work and education = 0.91	

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		M = -0.59; PI = -0.64; Occ = -0.70; SI = -0.63; O = -0.38; Ess = -0.37.		
		IPAQ Family Role with Functional Limitations Profile's: HM = 0.62; SI = 0.66; E = 0.50		
		IPA Family Role with SF-36's: PHC = -0.68; MHC = - 0.42		
		IPAQ Autonomy Outdoors with London Handicap Scale's: M = -0.68; PI = -0.69; Occ = -0.74; SI = -0.62; O = -0.29; Ess = -0.33.		
		IPAQ Autonomy Outdoors with Functional Limitations Profile's: HM = 0.65; SI = 0.66; E = 0.45		

Author Year Research Design Setting (country)	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
		IPAQ Autonomy Outdoors with SF-36's:		
		PHC = -0.65; MHC = -		
		0.45.		
		IPAQ Social Life and		
		Relationships with		
		London Handicap		
		Scale's:		
		M = -0.48; PI = -0.50; Occ = -0.51; SI = -0.58;		
		O = -0.32; Ess = -0.38.		
		IPAQ Social Life and		
		Relationships with		
		Functional Limitations		
		Profile's: HM = 0.46; SI = 0.53; E		
		= 0.45		
		IPAQ Social Life and		
		Relationships with		
		SF-36's:		
		PHC = -0.46; MHC = -		
		0.43.		
		IPAQ Work and		
		Education with		

Author Year Research Design Setting (country)	Demographics a Injury Characteristics Sample	Validity		Reliability	Responsiveness Interpretability
		London Handid Scale's: M = -0.50; PI = - Occ = -0.51; SI = = -0.19; Ess = -0.	0.43; -0.41; O		
		IPAQ Work and Education with Functional Lim Profile's: HM = 0.50; SI = = 0.44	d itations		
		IPAQ Work and Education with 36's: PHC = -0.49; MI 0.40.	n SF-		
	Table 1.				
	IPAQ domain:	Median (IQR) score:	Ν]	
	Autonomy indoors	0.29 (0.1-1.2)	42		
	Family role	1.14 (0.6-1.6)	41		
	Autonomy outdoors	1.20 (0.7-2.0)	42		
	Social life & relationships	0.58 (0.2-1.2)	42		
	Work & Education	0.92 (0.4-1.8)	16		

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Lund et al. 2005 Cross-sectional Not specified	N=161 (63 male, 37 female) Mean age=52±18.2 years 62% Paraplegia 38% Tetraplegia	Perceived Participation in Domain & Perceived problems with participation in items: Autonomy Indoors: r=0.34-0.59 (P=.01) Family Role: r=0.31- 0.65 (P=.01) Autonomy Outdoors: r=0.33-0.69 (P=.01) Social Relationships: r=0.24-0.51 (P=.01) Work and Education: r=0.16-0.71 (P=.01, except Mobility, Self- Care, Family Role and Social Relations, P=.05)	Separation reliability was evaluated in terms of whether the items separated persons into distinct levels of participation. For perceived participation scale, the person separation index was 4.14 (separation reliability = 0.94), indicating that the distribution of persons could be separated into 5 statistically distinct levels. For perceived problems scale, the separation of the persons was 2.13 (separation reliability = 0.82). This indicated that the person distribution	

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			could be separated into at least 3 statistically distinct strata.	
Cardol et al. 2001 Cross-sectional with a test- retest subsample 2 rehabilitation centers and the rehabilitation department of an academic hospital	N=126 (48 male, 78 female) Mean age=52.6±13.4 years N=75 for test-retest 31 Neuromuscular disease, 25 Rheumatoid arthritis, 22 Fibromyalgia, 27 Stroke, 21 SCI	Varimax rotation with a four-factor solution showed the factors could best be interpreted according to the following domains of participation: autonomy indoors, family role, autonomy outdoors and social relations. With this factor solution, 67% of the total variance could be explained, with 43% explained by autonomy indoors. The instrument was updated to represent these results, while adding "work and educational opportunities" as a fifth domain.	Internal consistency: Autonomy indoors: α =0.91 Family role: α =0.90 Autonomy outdoors: α =0.81 Social relations: α =0.86 Work & educational opportunities: α =0.91 Test-retest, Inter- rater, Intra-rater: Weighted kappa (K _w) Perceived participation score K _w = 0.56-0.90 Problem-experience score K _w = 0.59-0.87	

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		Correlations (Pearson's product- moment) of the IPAQ with instruments measuring a similar construct: IPAQ & London Handicap Scale (LHS): IPAQ Social relations domain & LHS Social Integration domain: r=-0.51 IPAQ Autonomy Outdoors domain & LHS Social Integration domain: r=-0.57 Correlations between autonomy indoors, autonomy outdoors and family role (IPAQ) & mobility, occupation and physical independence (LHS) range from r=-0.42 to - 0.57.	Autonomy Indoors: ICC=0.87 Family Role: ICC=0.83 Autonomy Outdoors: ICC=0.91 Social Relations: ICC=0.89	

Author Year Research Design Setting (country)	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
		Correlations between autonomy indoors, family role and autonomy outdoors (IPAQ) and physical domain of SF-36 range from r=-0.43 to -0.51. <i>Correlations of the</i> <i>IPAQ with other</i> <i>instruments</i> <i>measuring different</i> <i>constructs:</i> Correlations between all domains of IPAQ and domains orientation and economic self- sufficiency range from r=-0.1 to -0.29.		
		Social Relations (IPAQ) & Physical Domain SF- 36: r=-0.26		

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		Social Relations (IPAQ) & Physical Domain SIP: r=0.16		
Cross-sectional Outpatient clinic of a hospital	N=100 (43 male, 57 female) Mean age=47.9±14.6 years 28 Neuromuscular disease, 4 MS, 2 AIDS, 6 Diabetes mellitus, 3 SCI, 30 Traumatic hand injury, 10 Rheumatic disorder, 4 Stroke, 13 Other	Items of the IPAQ were reviewed by experts from various fields: rehab medicine, rehab research, social medicine, clinical epidemiology, MS patient organization, and consumers of rehabilitation treatment with varying disabilities. Factor analysis with a four-factor solution showed the scale structure could be best interpreted according to the following dimensions: social relationships, autonomy in self-care, mobility and leisure, and family role. This factor solution	Internal consistency: Social relationships: α =0.86 Self-care and appearance: α =0.87 Family role: α =0.84 Mobility: α =0.86	

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		explained 68% of the total variance, with 33% being explained by social relationships.		

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Research Summary – Impact on Participation and Autonomy Questionnaire (IPAQ) – Community Reintegration -Cross-cultural Validation Studies

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Suttiwong et al. 2013 Validation of Thai version of IPAQ. Cross-sectional with a test- retest subsample. Thai community	N=139, 110M 29F Mean age 34.2±8.4 Mean time after injury 10.6±7.1yrs 49 quadriplegia, 90 paraplegia 137 (or more) were traumatic SCIs Wheelchair as primary mobility tool	Spearman's r of IPAQ (Thai) subdomains with WHOQOL-BREF (Thai) subscales (N=30): IPAQ Autonomy indoors: -0.56~-0.30 IPAQ Family role: - 0.36~-0.55 IPAQ Autonomy outdoors: -0.49~-0.65 IPAQ Social life and relationships: -0.33~- 0.40 IPAQ Work and education: -0.33~-0.37	Internal consistency: Cronbach's alpha (N=139): Total score: 0.95 Subdomains: 0.86- 0.80 Test-retest, Inter- rater, Intra-rater: 2-wk interval test- retest ICC (N=30): Total score: 0.93 Subdomains: 0.74- 0.92	