

**Research Summary – International Standards to Document Remaining Autonomic Function after Spinal Cord Injury (ISAFSCI) – Neurological Impairment**

Author Year Research Design Setting (country)	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
<p><a href="#">Kurban et al. (2023)</a></p> <p>Validation Study</p> <p>Two Canadian spinal cord injury (SCI) centers.</p>	<p>N =49</p> <p>Level: At or above T6 (n=37) High cervical (C1-C4) (n=18) Low cervical (C5-T1) (n=13) Thoracolumbar (T2-S5) (n=17)</p> <p>Age: Mean 45 years</p> <p>Time since injury: Median 6 years % Male: 42 % Caucasian: 38</p>	<p><b>Convergent validity:</b></p> <ul style="list-style-type: none"> <li>Significantly correlated with the ASP test for orthostatic hypotension (<math>p= 0.01</math>)</li> <li>Composite bladder score compared to the Qualiveen Composite score was fair and T5 (<math>p&lt;0.0001</math>)</li> <li>Composite bladder score correlated fairly well with the ISNCSCI composite pinprick score (<math>\rho= 0.68</math>, <math>p=0.003</math>) significant</li> </ul>		

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		<p>(rho= -0.33, p=0.02)</p> <p><b>Clinical validity:</b> Autonomic control of blood pressure items was significantly associated with AIS and injury level</p>		
<p><a href="#">Davidson et al. (2017)</a></p> <p>Validation study</p> <p>Vancouver, BC and Kingston, ON, Canada</p>	<p>N = 65 screened (48/73% completed both sessions)</p> <p>Level: 36 at/above T6 38,9 T6-conus 3; AIS-24 A, 7B, 4C, 13 D</p> <p>Age: Mean 45 years, SD 12 years with a bimodal age distribution (peaks in 20– 30 age group and 50–60 age group).</p> <p>Duration: 1–2 y - 2 (4.2%)</p>		<p><b>Interrater reliability:</b> Within the general autonomic component was moderate with kappa = 0.41-0.6 (p &lt; 0.001).</p> <p>Within the Lower Urinary Tract, Bowel, and Sexual Function component, item agreement was good-strong with weighted kappa = 0.62-0.88 (p &lt; 0.001).</p>	

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	2-3 y - 3 (6.2%) 3-5 y - 6 (12.5%) >5 y 37 (77.1%) % Female: 14.6			