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Research Summary – Waist Circumference (WC) – Other Physiological Systems

Author Year Country Research Design Setting	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
Sumrell et al. 2018 Cross-sectional Not specified	N=22, 100% male N=14 paraplegic, N=8 tetraplegic Mean age: 36±10 years Legion level: C5-T11 Time since injury: 8±8 years	Low density lipoprotein, non-high- density lipoprotein and total cholesterol were positively associated with seated/supine abdominal and waist circumferences after controlling for age; r = 0.50– 0.61, r = 0.46– 0.58, r = 0.52–0.58, P<0.05, respectively. Tumor necrosis factor alpha was associated with seated/supine abdominal and waist circumferences after accounting for age; r = 0.49–0.51 and r = 0.48– 0.56, P<0.05 respectively.		Interpretability Seated Abdominal Circumference (cm) 100.3±13.5 Seated Waist Circumference (cm) 88.8±9.3 Supine Waist Circumference (cm) 85.9±11.8 Supine Hip Circumference (cm) 97.5±10.0

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Cragg et al. 2015 Observational cross-sectional Canadian public research institution	N = 27 with SCI, 70% male Mean (SD) age = 40 (11) years Mean time since injury (SD) = 14 (10) years 59% cervical, 41% thoracic The breakdown according to AIS severity was: 52% AIS A, 22% AIS B, 19% AIS C and 7% AIS D.	WC is strong predictor of CVD risk (Framingham risk score) Pearson's r=0.66, p<.05 WC is strong predictor of obesity: Pearson's r=0.82 with abdominal fat (kg) Pearson's r=0.73 with total fat (kg) Pearson's r=0.76 with abdominal fat (%) Pearson's r=0.70 with total fat (%) all p<.05		Interpretability Mean (SD) WC = 87.4 (11.7) cm; range = 68-111
<u>Willems et al.</u> 2015	n = 14; 7 walkers (non- SCI, wheelchair independent during		Correlation between WC and Dual-energy X-ray Absorptiometry	Interpretability Mean (SD) WC:
Cross-sectional	activities) and 7 non- walkers (motor		p<.05	

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Elite wheelchair athletes from United Kingdom	complete SCI, daily wheelchair users). All male. Walkers: Mean (SD) age = 26 (8) years Time since injury mean (SD) = 19 (10) years Non-walkers: Mean (SD) age = 32 (7) years Time since injury mean (SD) = 12 (7) years		Non-Walkers: r=0.62, p>.05 Anthropometric measurements were used to predict body fat percentage with existing regression equations established for able-bodied persons. Body fat percentage calculated from most existing regression equations was significantly lower than that from DXA, by 2 to 9% in walkers and 8 to 14% in non- walkers.	Walkers = 85.5 (8.6) Non-walkers = 77.9 (7.8) Standard error of the estimate (SEE): Walkers = 4.00 Non-Walkers = 7.61
<u>Ravensbergen</u> <u>et al. 2014</u>	N = 27 with SCI (19M, 8F)	Pearson correlation between WC and body composition: Total body fat (g) =		Interpretability Mean (SD) WC = 87.4 (11.7)
Cross-sectional Not specified	Mean (SD) age = 40 (11) years Duration of injury	0.68, p=0.0002 Total body fat (%) = 0.44, p=0.03		Optimal cutoff = 94cm (95% confidence

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	mean (SD) = 166 (116) months AIS Grades: ASIA A = 14; ASIA B = 6; ASIA C = 5; ASIA D = 2	Abdominal fat (g) = 0.79, p< $0.0001Abdominal fat (%) =0.59$, p< $0.002Pearson correlationbetween WC and CVDrisk factors: Insulin =0.10$, p= $0.64Fasting glucose = 0.46,p=0.03Triglyceride = 0.46,p=0.03Total cholesterol (TC) =0.57$, p< 0.01 HDL-C = - 0.11, p= $0.61LDL-C = 0.43, p=0.04TC/HDL-C ratio = 0.56,p<0.01 120-minglucose = 0.32, p=0.10Insulin resistance =0.20$, p= 0.35		interval [CI], 0.72–0.99; p<0.0001) Specificity = 100% Sensitivity = 79%

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		Pearson correlation with Framingham risk score = 0.55, p=0.006		
	N = 14, all male Mean age (SD) = 32.6 (5.1) years	Differences between the means of WC<94 and WC>94 (values reported below) are statistically significant (p<.01)		Interpretability WC = 94:<br n=7 mean (SD) = 85.7 (4.1)
Zwierzchowsk a et al. 2014 Cross-sectional Wheelchair rugby athletes in Poland	Time since injury mean (SD) = 12.5 (5.7) years	Differences between BMI in groups with >13.5% and <13.5% visceral fat statistically significant (p<.01): Vfat <13.5% (n=8) = 86.63 +/- 4.6 Vfat >13.5% (n=6) = 99.67 +/- 5		WC > 94: n=7 mean (SD) = 98.7 (5.2)
		Pearson correlation between BMI and visceral fat: Vfat <13.5% (n=8) = 0.7		

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		Vfat >13.5% (n=6) = 0.7 Total (n=14) = 0.9		
<u>Alschuler et al.</u> <u>2012</u> Cross-sectional Postal survey	n=488 with SCI (324M, 164F) Males: Mean age (SD) = 51.29 (13.8) Years since diagnosis mean (SD) = 15.91 (11.4) Females: Mean age (SD) = 47.49 (14.2) Years since diagnosis mean (SD) = 14.48 (11.0)	Correlation between BMI and waist circumference: Male = 0.46 Female = 0.45 p<.0001 Presence of group differences (between variables and conditions) in BMI but not waist circumference. Suggests WC may more accurately account for changes in body composition in people with disabilities.		Interpretability: Male: WC categories (%) Low risk = 253 (77.1) High risk = 75 (22.9) Female: WC categories (%) Low risk = 96 (58.5) High risk = 68 (41.5) *Risk defined with respect to developing medical conditions, according to NIH (1998) thresholds: 102cm in men & 88cm in women

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Eriks-Hoogland et al. 2011 Comparative cross- sectional study Convenience sample at outpatient clinic of spinal cord center	N = 23, all male Mean (SD) age = 43.3 (12) years Duration of injury mean (SD) = 14.6 (13.3) years AIS A = 22; AIS B = 1	Criterion validity: Pearson correlation between WC and bioelectrical impedance analysis (gold standard to estimate obsesity) = 0.83		
Edwards et al. 2008 Cross-sectional Community/ Outpatient	n=31; 15 SCI (12M, 3F), 16 Able-Bodied (12 M, 4F) For SCI participants: traumatic, >= 1 year post-injury Mean (SD) age = 38.9 (7.9) years	Pearson correlation between WC and Visceral adipose tissue: Lowest rib = 0.925 Iliac crest = 0.905 Midpoint = 0.925 All p<.0001	Intra-rater Reliability Reproducibility (intra- rater, 2-3 repetitions): ICC (95%CI) = 0.999 (0.998-0.999)	Interpretability Mean (SD) WC (cm) in SCI group: Lowest rib = 92.3 (14.7); range = 66.8–123.3 Midpoint = 93.2 (15.5); range = 67.0–125.7 Iliac crest = 93.6 (14.5); range = 73.8–125.4