Last Updated January 23rd, 2024

Author Year Research Design Setting	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
	N= 32 SCI subjects (25M	Spearman's		Floor/Ceiling Effect:
	7F)	correlations with		
	Mean age: 47.9± 12.8 yrs	other walking scales:		A ceiling effect was
	Neurological level: 15	(all P<.01)		present on the
	paraplegic, 17			different sections of
		<u>SCI-FAI parameter</u>		the SCI-FAI
	Level of Injury: 17	BBS: 0.747		(parameter, assistive
Lomay & Madaau	Lumbar	dovicos: 0.600		devices and waiking
	Type of injung 21	SCI EAI mobility 0716		7/ / (/ respectively of
2010	traumatic 11 pop-	2 Minute Walk Test		subjects reaching
Longitudinal	traumatic	$(2M)/(T) \cdot 0.805$		maximal score on the
Longitudinar		Walking Index for		scale)
An intensive	Inclusion criteria:	Spinal Cord Injury II		
rehabilitation	(1) Adults with SCI AIS	(WISCI II): 0.761		Interpretability: See
center in	D either of traumatic or	10 Meter Walk Test		Table 1. below
Montreal,	nontraumatic etiology	(10MWT): 0.777		
Canada (Institut	and	Timed Up and Go		
de readaptation	(2) the ability to walk	(TUG): -0.761		
Gingras-Lindsay	10m independently			
de Montreal)	with or without upper-	<u>SCI-FAI assistive</u>		
	extremity assistive	<u>devices</u>		
	devices.	BBS: 0.714		
		SCI-FAI parameter:		
		0.609		
		SCI-FAI mobility: 0.690		
		2MWT: 0.740		
		WISCI II: 0.980		

Research Summary - Spinal Cord Injury Functional Ambulation Inventory (SCI-FAI) - Lower Limb and Walking

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		10MWT: 0.788		
		TUG: -0.802		
		SCI-FAI mobility BBS: 0.740 SCI-FAI parameter: 0.716 SCI-FAI assistive devices: 0.690 2MWT: 0.688 WISCI II: 0.630 10MWT: 0.756 TUG: -0.724		
	Table 1.			
	Scale:	Mean (SD)	score:	Range:
	SCI-FAI Parameter (/20)	18.5 (3.	3)	7-20
	Paraplegia	17.8 (4.	5)	7-20
	Tetraplegia	19.0 (1.8	3)	14-20
	SCI-FAI Assistive Devices	s 11.4 (2.7	7)	7-14
	Paraplegia	11.1 (2.4	(+)	7-14
	Tetraplegia	11.8 (3.0)	7-14
	SCI-FAI Mobility (/5)	3.7 (1.2	.)	2-5
	Paraplegia	3.4 (1.2	2)	2-5
	Tetraplegia	4 (1.1)		2-5

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<u>Datta et al. 2009</u> Observational Cohort	N=97 (M=71; F=26) Mean Age: 38±17y Mean time since SCI = 11.9 months Incomplete SCI AIS C or D	Correlation between the first principle component of change in Berg Balance Scale (BBS) items and changes in SCI-FAI subscales:		
The NeuroRecovery Network (NRN), a specialized network of		<u>SCI-FAI Gait</u> Kendall τ = 0.22 Spearman p = 0.31 (P<.01)		
treatment centers providing standardized, activity-based therapy for patients with		$\frac{\text{SCI-FAI Assistive}}{\text{Device}}$ Kendall τ = -0.07 (P=.42) Spearman p = -0.10 (P=.40)		
SCI, USA		<u>SCI-FAI Walking</u> <u>Mobility</u> Kendall τ = 0.33 Spearman p = 0.44 (P<.01)		
<u>Lam et al. 2008</u> Systematic Review	Data reported in the systematic review came only from one article- Field Fote et al.			Interpretability: Lam et al. 2008 calculated SEM and

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	2001 (see population characteristics below)			SRD from data in Field-Fote et al. 2001
				SEM : 0.7 points (gait parameter subscale, Lam et al. 2008)
				MDC : Smallest Real Difference (SRD) = 1.9 points (13%) (gait parameter subscale, Lam et al. 2008)
	N=22 (5F, 17M)	Correlation of the	Inter-rater:	Responsiveness:
	A = -72 + 17	SCI EAL with	Live Score(LS):	
	Age. 32±13	SCI-FAI WILLI	Live Score(LS).	
	Incomplete SCI	instruments	ICC=0.703	Subjects who
<u>Field-Fote et al.</u>	Incomplete SCI 14 Cervical, 5 Thoracic, 3	instruments measuring the same	ICC=0.703 Videotape 1(VS1):	Subjects who participated in
<u>Field-Fote et al.</u> <u>2001</u>	Incomplete SCI 14 Cervical, 5 Thoracic, 3 Lumbar	instruments measuring the same construct as the SCI-	ICC=0.703 Videotape 1(VS1): ICC=0.800	Subjects who participated in experimental walking
<u>Field-Fote et al.</u> <u>2001</u>	Age. 32113 Incomplete SCI 14 Cervical, 5 Thoracic, 3 Lumbar Ability to	instruments measuring the same construct as the SCI- FAI:	Videotape 1(VS1): ICC=0.800 Videotape 2(VS2):	Subjects who participated in experimental walking rehabilitation
<u>Field-Fote et al.</u> <u>2001</u> Methodological	Age. 32113 Incomplete SCI 14 Cervical, 5 Thoracic, 3 Lumbar Ability to independently maintain stance on the	instruments measuring the same construct as the SCI- FAI:	ICC=0.703 Videotape 1(VS1): ICC=0.800 Videotape 2(VS2): ICC=0.840	Subjects who participated in experimental walking rehabilitation intervention, showed
<u>Field-Fote et al.</u> <u>2001</u> Methodological study testing	Age. 32113 Incomplete SCI 14 Cervical, 5 Thoracic, 3 Lumbar Ability to independently maintain stance on the weight-bearing limb	instruments measuring the same construct as the SCI- FAI: Gait Score & Walking Speed	ICC=0.703 Videotape 1(VS1): ICC=0.800 Videotape 2(VS2): ICC=0.840	Subjects who participated in experimental walking rehabilitation intervention, showed a 44.7% increase in mean gait score
<u>Field-Fote et al.</u> <u>2001</u> Methodological study testing reliability, validity and	Age. 32113 Incomplete SCI 14 Cervical, 5 Thoracic, 3 Lumbar Ability to independently maintain stance on the weight-bearing limb and ability to take at	instruments measuring the same construct as the SCI- FAI: <u>Gait Score & Walking</u> <u>Speed:</u> VSI: r=-0.742	ICC=0.703 Videotape 1(VS1): ICC=0.800 Videotape 2(VS2): ICC=0.840 Intra-rater: Comparing LS & VS1	Subjects who participated in experimental walking rehabilitation intervention, showed a 44.7% increase in mean gait score following training
<u>Field-Fote et al.</u> <u>2001</u> Methodological study testing reliability, validity, and sensitivity	Age. 32113 Incomplete SCI 14 Cervical, 5 Thoracic, 3 Lumbar Ability to independently maintain stance on the weight-bearing limb and ability to take at least 8 steps.	instruments measuring the same construct as the SCI- FAI: <u>Gait Score & Walking</u> <u>Speed:</u> VS1: r=-0.742 VS2: r=-0.700	ICC=0.703 Videotape 1(VS1): ICC=0.800 Videotape 2(VS2): ICC=0.840 Intra-rater: Comparing LS & VS1 Rater 1: ICC=0.903	Subjects who participated in experimental walking rehabilitation intervention, showed a 44.7% increase in mean gait score following training. This change was
<u>Field-Fote et al.</u> <u>2001</u> Methodological study testing reliability, validity, and sensitivity	Age. 32113 Incomplete SCI 14 Cervical, 5 Thoracic, 3 Lumbar Ability to independently maintain stance on the weight-bearing limb and ability to take at least 8 steps.	instruments measuring the same construct as the SCI- FAI: <u>Gait Score & Walking</u> <u>Speed:</u> VSI: r=-0.742 VS2: r=-0.700	ICC=0.703 Videotape 1(VS1): ICC=0.800 Videotape 2(VS2): ICC=0.840 Intra-rater: Comparing LS & VS1 Rater 1: ICC=0.903 Rater 2: ICC=0.956	Subjects who participated in experimental walking rehabilitation intervention, showed a 44.7% increase in mean gait score following training. This change was statistically significant
Field-Fote et al. 2001 Methodological study testing reliability, validity, and sensitivity University of	Age. 32113 Incomplete SCI 14 Cervical, 5 Thoracic, 3 Lumbar Ability to independently maintain stance on the weight-bearing limb and ability to take at least 8 steps. Sensitivity:	instruments measuring the same construct as the SCI- FAI: <u>Gait Score & Walking</u> <u>Speed:</u> VS1: r=-0.742 VS2: r=-0.700 <u>Gait Score & Subject</u>	ICC=0.703 Videotape 1(VS1): ICC=0.800 Videotape 2(VS2): ICC=0.840 Intra-rater: Comparing LS & VS1 Rater 1: ICC=0.903 Rater 2: ICC=0.956 Rater 3: ICC=0.942	Subjects who participated in experimental walking rehabilitation intervention, showed a 44.7% increase in mean gait score following training. This change was statistically significant (t-test, P<.001).
Field-Fote et al. 2001 Methodological study testing reliability, validity, and sensitivity University of Miami, USA	Age. 32113 Incomplete SCI 14 Cervical, 5 Thoracic, 3 Lumbar Ability to independently maintain stance on the weight-bearing limb and ability to take at least 8 steps. Sensitivity: N=19 (6 female, 13 male)	instruments measuring the same construct as the SCI- FAI: <u>Gait Score & Walking</u> <u>Speed:</u> VS1: r=-0.742 VS2: r=-0.700 <u>Gait Score & Subject</u> <u>self report on walking</u>	ICC=0.703 Videotape 1(VS1): ICC=0.800 Videotape 2(VS2): ICC=0.840 Intra-rater: Comparing LS & VS1 Rater 1: ICC=0.903 Rater 2: ICC=0.956 Rater 3: ICC=0.942 Rater 4: ICC=0.850	Subjects who participated in experimental walking rehabilitation intervention, showed a 44.7% increase in mean gait score following training. This change was statistically significant (t-test, P<.001). Prior to training: Gait
Field-Fote et al. 2001 Methodological study testing reliability, validity, and sensitivity University of Miami, USA	Age: 32113 Incomplete SCI 14 Cervical, 5 Thoracic, 3 Lumbar Ability to independently maintain stance on the weight-bearing limb and ability to take at least 8 steps. Sensitivity: N=19 (6 female, 13 male) Age:31.7±9.4	instruments measuring the same construct as the SCI- FAI: <u>Gait Score & Walking</u> <u>Speed:</u> VS1: r=-0.742 VS2: r=-0.700 <u>Gait Score & Subject</u> <u>self report on walking</u> <u>mobility:</u>	Live score(LS). ICC=0.703 Videotape 1(VS1): ICC=0.800 Videotape 2(VS2): ICC=0.840 Intra-rater: Comparing LS & VS1 Rater 1: ICC=0.903 Rater 2: ICC=0.956 Rater 3: ICC=0.942 Rater 4: ICC=0.850	Subjects who participated in experimental walking rehabilitation intervention, showed a 44.7% increase in mean gait score following training. This change was statistically significant (t-test, P<.001). Prior to training: Gait Score & LEMS: r=0.74
Field-Fote et al. 2001 Methodological study testing reliability, validity, and sensitivity University of Miami, USA	Age: 32113 Incomplete SCI 14 Cervical, 5 Thoracic, 3 Lumbar Ability to independently maintain stance on the weight-bearing limb and ability to take at least 8 steps. Sensitivity: N=19 (6 female, 13 male) Age:31.7±9.4 13 tetraplegia, 6	instruments measuring the same construct as the SCI- FAI: <u>Gait Score & Walking</u> <u>Speed:</u> VS1: r=-0.742 VS2: r=-0.700 <u>Gait Score & Subject</u> <u>self report on walking</u> <u>mobility:</u> VS1: r=0.697	Live score(LS). ICC=0.703 Videotape 1(VS1): ICC=0.800 Videotape 2(VS2): ICC=0.840 Intra-rater: Comparing LS & VS1 Rater 1: ICC=0.903 Rater 2: ICC=0.956 Rater 3: ICC=0.942 Rater 4: ICC=0.850	Subjects who participated in experimental walking rehabilitation intervention, showed a 44.7% increase in mean gait score following training. This change was statistically significant (t-test, P<.001). Prior to training: Gait Score & LEMS: r=0.74 Post training: Gait

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		There is a moderate		
		correlation between %		
		change in gait score		
		and in change lower		
		extremity motor		
		scores (LEMS) (r=0.58)		