Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
Cohen & Schemm 2007 USA PEDro=6 RCT N=21	**Population:** 21 participants (19M 2F); age range 17-59 yrs; 16 with complete injury, 5 with incomplete injury. **Treatment:** Participants received either 8 in-home visits with an occupational therapist or 8 social visitors over a 6-month period. 7 occupational therapists were recruited and given 6 hours of additional training in SCI, home-care and client-centered therapy. 3 people with no rehabilitation experience were recruited to be social visitors; they received training in in-home safety, rapport building and active listening. **Outcome Measures:** Functional Independence Measure (FIM), Craig Handicap Reporting and Assessment Technique (CHART), the Role Checklist.	1. No significant difference between groups in FIM or CHART scores. 2. OT group showed significant gain in average LSIA score, SV group did not. 3. Participants in OT group took on more new roles following intervention compared to social visitor group.
Schopp et al. 2007 USA Prospective controlled trial Level 2 N=140	**Population:** *Consumer group* (n=87, 72% with SCI); 34 in the intervention; 53 in the control group. Mean age = 40.1; 52 male. *Personal assistant group* (n=53), 31 in the intervention, and 22 in the control group. Mean age = 45.2; 6 male. **Treatment:** 6- hour personal assistance services (PAS) training program which: 1) provided information on the health threat; 2) severity of commonly occurring secondary conditions and health behaviours to prevent these conditions; and 3) promoted consumer/assistant professional relationship. **Outcome Measures:** Knowledge of secondary conditions; nature of the consumer/assistant relationship.	1. Consumers and personal assistants in the PAS program had significantly higher knowledge about secondary conditions at both 3 and 6 months after the intervention than those in the control group. 2. There were no significant differences in either the consumer or personal assistant ratings of their working relationship. 3. Consumers who changed personal assistance during the data collection reported being less comfortable advising what needs to be done, less choice over what duties were done; and less satisfied with the way their needs were being met.
Beck & Scroggins 2001 USA Post-test Level 4 N=19	**Population:** 19 participants: 3 with tetraplegia and 16 long-term health care provider. **Treatment:** Health Maintenance Education Program made up of 3 phases: 1. 1-day interdisciplinary workshop to provide research-based knowledge on care; 2. Collaborative home visit to provide individualized assessment, education and intervention; 3. 12-months of on-going support to the consumer and care provider relationship. **Outcome measures:** Program evaluation forms.	1. 7 evaluations returned indicating 100% satisfaction with program. 2. Statistically significant increase in knowledge of: prevention of respiratory complications; prevention & treatment of autonomic dysreflexia prevention of spasticity; reportable symptoms; effects of aging; availability of community resources. 3. Benefits included: demonstration of skills, on-site evaluation, awareness of resources. 4. Suggested modifications: educational content regarding client vulnerability, client advocacy, discussion of role of agencies.
Barber et al. 1999 USA Pre-Post Level 4	**Population:** 17 participants, all presenting with 2+ UTIs in a 6-month period, seen at an outpatient SCI clinic. **Treatment:** Intensive counselling by clinic	1. 11 participants responded to counselling sessions; 8/11 refused suppressive therapy and received multiple sessions. 2. 4 participants started on methenamine

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N=17	nurse to learn proper clean intermittent catheterization (CIC) technique, daily external catheter application and care, appropriate cleansing of supplies and daily perineal hygiene. If participants continued to exceed 2+ UTIs in the following 6 months they were started on either nitrofurantoin or methenamine mandelate with ascorbic acid or given more instruction on proper techniques. **Outcome Measures:** Compliance with regime, number of UTIs.	mandelate and ascorbic acid to treat UTI; 2/4 developed 1 UTI. 3. 3 participants placed on nitrofurantoin; none developed UTIs. 4. Compliance found to be a problem in patients in both regimes after 1 year of treatment.
Frost et al. 1999 USA Case Series Level 4 N=8	**Population:** 8 individuals with tetraplegia (5M 3F); C4-C8; age range 21-66 years. **Treatment:** Project (Linking Employment, Abilities, and Potential (LEAP) provided training to individuals with mental health/ABI, mental retardation, seizures, drug alcohol rehabilitation to work as PCA for individuals with tetraplegia living in the inner city. **Outcome Measures:** Number of individuals with SCI receiving care from a trained LEAP individual at follow-up.	1. Had little to no success in pilot project. 8 individuals with tetraplegia were identified as potential candidates over a period of 2 years. 2. Upon follow-up, only one candidate was continuing to receive care from a LEAP project graduate.
Mattson-Prince 1997 USA Observational Level 5 N=71	**Population:** Agency-based care group (n=29) (27M 2F): mean age = 35.3; mean years since injury = 7.9. Self-managed care group (n=42) (40M 2F): Mean age = 37.1; mean years since injury = 11.48. **Treatment:** Independent living model or agency- based care. Purpose was to compare agency-based care and self-managed care. **Outcome measures:** Patient function and well-being (RAND-36); current satisfaction against life satisfaction prior to SCI (LSI-A); physical independence, mobility, occupation, social integration and economic self-sufficiency (CHART); level of satisfaction with care being received (PASI).	1. There was a significant difference between the groups with respect to income and employment (self- managed care group earned and worked more). People in the agency- based care group had lower spinal cord lesions (<C2) 2. The self-managed care group received significantly more hours of paid care. 3. Satisfaction with care being received was significantly higher in the self-managed care group. 4. No difference between the groups in current life satisfaction relative to life satisfaction before injury. 5. The self-managed care group reported a significantly higher level of health.