

Author Year Country Research Design PE德罗 Score Total Sample Size	Methods	Outcome
<p>Zemper et al., (2003) USA RCT PEDro=4 N_{Initial}=67 N_{Final}=43</p>	<p>Population: Participants recruited from an outpatient clinic or Center for Independent living. Intervention group was more educated and had fewer retirees despite random assignment. SCI: Mean age=47 yr; Gender: males=30, females=13; Level of injury: paraplegia=42%, tetraplegia=39%, ambulatory=3%; Mean time since injury=14 yr; Marital status: single=28%, married=23%, divorced=8%.</p> <p>Intervention: A series of six 4 hr workshop sessions held over a 3 mo period, promoting health and wellness. Sessions included lifestyle management, physical activity, nutrition, preventing secondary conditions, individual coaching sessions, follow-up phone calls during the 4 mo following the workshops. Controls participated in pre/post assessment but received no intervention.</p> <p>Outcome Measures: Health Promoting Lifestyle Profile II (HPLP II), Secondary Conditions Scale (SCS), Self-rated Abilities for Health Practices Scale (SAHP), Physical Activities with Disabilities Scale (PADS)</p>	<ol style="list-style-type: none"> The intervention group showed statistically significant improvement after intervention in several areas as compared to the control group: SAHP: (p<0.05) HPLP-II: (p<0.001). Nutrition HPLP-II subscale: improvement in nutritional awareness and behaviour (p <0.05) Stress HPLP-II subscale: Increased use of stress management techniques and decreases in perceived stress (p=.001). SCS: fewer and less serious secondary conditions (p<0.001) Depression was less though did not reach significance.
<p>Federici et al., (2019) Italy Pre-Post N=11</p>	<p>Population: Mean age: males=50.4±7.3 yr, females=41.5±11.26 yr; Gender: males=5, females=6; Time since injury=30.1±9.4 yr; Level of injury: tetraplegia=3, paraplegia=4, no paraplegia/tetraplegia=4; Severity of injury: complete=5, incomplete=2, none=4.</p> <p>Intervention: Participants were 4 couples (one with SCI and one without) and 3 singles with SCI who took part in a sexual health psychoeducational intervention in which 4 couples and 3 singles met every two weeks for 12 meetings of a growth group and reported the results of their love lives and persona lives.</p> <p>Outcome Measures: Sexual interest and satisfaction scale (SIS), Beck depression inventory – II (BDI-II) and Beck anxiety inventory (BAI).</p>	<ol style="list-style-type: none"> All participants improved significantly on item 5 of the SIS scale “How are your opportunity and your ability to enjoy sexuality yourself?” (p<0.01), SIS scale total score (p<0.05) and BAI scores (p<0.05). No difference was found for SIS scale’s general satisfaction after injury or for BDI (p>0.05). Significant effect found on item 5 of the SIS scale “How are your opportunity and your ability to enjoy sexuality yourself?” for both individuals and partners (p<0.05 for both).
<p>Dunn et al., (2000) USA PCT N_{Initial}=371 N_{Final}=371</p>	<p>Population: Gender: mixed group-with more males; Mean time since injury=18.44 yr.</p> <p>Intervention: Follow-up after initial rehabilitation was completed addressing the secondary conditions post-SCI as well as the primary effects of their spinal cord injury. The focus is wellness, health promotion, and illness prevention through a continuum of coordinated care.</p> <p>Outcome Measures: Secondary Conditions Scale (SCS); Check Your Health Questionnaire (CYHQ).</p>	<ol style="list-style-type: none"> An overall difference between the two groups was found (p=0.0004). Medical Follow-up group reported a significantly higher subjective rating than did the No-F/U group on 3 variables: Health (p=0.0068), Independence (p=0.005), Absence of depression (p<0.0001). (Fisher’s protected least significant diff. test). A MANOVA showed a main effect on education on health, independence and absence of depression (p=0.0098). Further analysis showed that as education increased subjects reported greater health, and independence and lower

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		depression.