

Author Year Country Research Design PEDro Score Total Sample Size	Methods	Outcome
<p>Akkurt et al., (2017) Turkey RCT PEDro=5 N=33</p>	<p>Population: Mean age: Not reported; Median age: Intervention group=33 yr, Control group=37 yr; Gender: males=29, females=4; Time since injury=>1 mo, not specified further; Level of injury: C=1, T=22, L=10; Severity of injury: AIS A=19, B=1, C=10, D=3. Intervention: Participants were enrolled in a 12-wk program comparing arm ergometer exercises and general exercises to those that receive only general exercises. Outcome Measures: Psychological status (Center for Epidemiologic Studies Depression Scale and Hospital Anxiety and Depression Scale).</p>	<ol style="list-style-type: none"> No intergroup differences were seen in HADS No statistically significant differences over the assessment period between the intervention and control groups in disability levels, QOL, or metabolic syndrome parameters ($p>0.05$ for all).
<p>Curtis et al., (2017) Canada RCT Crossover PEDro=6 N=22</p>	<p>Population: Yoga group (n=10): Mean age=47.9±19.5 yr; Gender: Not reported; Level of injury: paraplegia=6, tetraplegia=0, ambulatory/unspecified=4; Severity of injury: complete=2, incomplete/disease-related=8. Control group (n=12): Mean age=54.8±10.1 yr; Gender: Not reported; Level of injury: paraplegia=4, tetraplegia=4, ambulatory/unspecified=4; Severity of injury: complete=5, incomplete/disease-related=7. Intervention: Participants were randomized to a 6 wk, twice wklly Iyengar yoga group or a 6 wk wait-listed control group, then after the first yoga group completed their sessions, the wait-list control group engaged in the yoga protocol. Outcome Measures: Pain (brief pain inventory (BPI), pain catastrophizing scale (PCS)), psychological (acceptance and action questionnaire (AAQ), hospital anxiety and depression scale (HADS), general self-efficacy scale (GSES), posttraumatic growth inventory (PTGI-SF), Connor-Davidson resilience scale (CD-RISC), self-compassionate scale (SCS) and mindfulness (five-facet mindfulness questionnaire (FFMQ) measures taken 1-2 wk before and after the program.</p>	<ol style="list-style-type: none"> Yoga group had significantly lower scores for the HADS ($p<0.05$) and significantly higher scores for the SCS ($p<0.05$) at post-intervention than at baseline. Fixed-factor models showed significantly lower HADS scores postintervention compared to preintervention ($p<0.05$) with time being the main predictor of HADS scores ($p<0.05$). There was a trend noticed for FFMQ scores from preintervention to postintervention for total scores ($p=0.09$) and observing scores ($p=0.06$). <ol style="list-style-type: none"> Postintervention scores for the SCS and FFMQ were both significantly higher than at preintervention ($p>0.05$).
<p>Kennedy et al., (2006) United Kingdom Pre-Post N=35</p>	<p>Population: Gender: males=30, females=5; Age: 18-61 yr, Level of injury: paraplegia=20, tetraplegia=15. Intervention: Back-Up: 1 wk single or multi-activity course in an integrated, residential environment. Activities include skiing, horseback riding, waterskiing, canoeing, rappelling and gliding. Questionnaires were completed at baseline and end of 1 wk activity courses Outcome Measures: Life Satisfaction Questionnaire (LSQ), Hospital Anxiety and</p>	<ol style="list-style-type: none"> HADS scores demonstrated significant ($p<0.01$) improvement in anxiety levels over the duration of the course.

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	Depression Scale (HADS)	