Author Year Country PEDro Score Research Design Sample Size	Methods	Outcomes
Zemper et al. 2003 USA RCT PEDro=4 $N_{Initial}$=76; N_{Final}=43	**Population:** Age range=22-80 yr; Gender: males=30, females=13; Level of injury: complete, incomplete; Time since injury=1-49 yr. **Intervention:** Subjects attended a series of six 4-hr workshop sessions over 3 mo. **Outcome measures:** Wellness survey, Health Promoting Lifestyle Profile-II (HPLP-II); Secondary Conditions Scale (SCS), Self-Rated Abilities for Health Practices Scale (SAHP), Perceived Stress Scale, and Physical Activities with Disability Questionnaire (PADS).	1. Treatment groups scores on the SAHP improved following treatment (p<0.05) as well as on the HLPH-II (total score) & the HPLP-II health related subscale score (p<0.001). 2. Treatment group scores improved post-treatment on the HPLP-II (nutrition subscale) (p<0.05). 3. Mean scores for the treatment groups improved significantly for the HPLP-II stress management subscale (p=0.001). Treatment group's stress scores also improved, indicating less stress (p<0.05). 4. HPLP-II physical activity scores improved post treatment for the treatment group only (p=0.001). No significant differences were noted for the PADS score for either group post treatment. 5. SCS score decreased for the treatment group, post treatment (p=0.001), indicating fewer and less severe problems with secondary conditions. Number of secondary conditions was decreased for the treatment group post treatment (p<0.01).

Effect Sizes: Forest plot of standardized mean differences (SMD ± 95%C.I.) as calculated from pre- and post-intervention data.

Zemper et al. 2003; Wellness Workshops vs Standard Care

Measure	SMD (95%C.I.)
SRAHP	0.40 (-0.21,1.01)
HPLP-II Total Score	0.63 (0.01,1.24)
HPLP-II - Health Responsibility	0.60 (-0.01,1.22)
HPLP-II - Nutrition	0.34 (-0.27,0.94)
HPLP-II - Stress Management	0.56 (-0.06,1.17)
PSS	0.43 (-0.17,1.04)
HPLP-II - Physical Activity	0.83 (0.21,1.45)
PADS - Exercise Activity	0.41 (-0.19,1.02)
PADS - Leisure Activity	0.28 (-0.32,0.89)

Favours Control — SMD (95%C.I.) — Favours Treatment

Liusuwan et al. 2007 USA Pre-post $N_{Initial}$=20; N_{Final}=14	**Population:** SCI=14; Mean age=15.4 yr; Gender: males=7, females=7. **Intervention:** Individuals participated in the BENEfit program which included an interactive lecture on nutrition, physical activity and participation in activity, games, prizes and other motivational techniques; parents engaged in a discussion group. **Outcome measures:** Weight, body mass index (BMI), cholesterol, high- (HDL) and low-density lipoprotein (LDL), triglycerides, $VO_{2\ REST\ AND\ MAX}$, power output (PO), heart rate (HR), shoulder and elbow flexion and extension.	1. There was no change in weight, BMI, cholesterol, LDL, HDL, and triglyceride levels, and HR 2. Total lean tissue increased 2.1%. 3. 27% ↑ in VO_{2rest} increased 27% (p<0.002); no change in VO_{2max}. 4. 22% ↑ in PO_{max} increased 22% (p=0.014) 5. Aerobic efficiency increased 35%. 6. There was an increase in peak shoulder extension (p=0.016); shoulder and elbow flexion and extension did not change significantly. 7. Shoulder extension strength increased.
Hata et al.	**Population:** Age groups: <49 yr=81, 50-59	1. HRQOL and dietary satisfaction were

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2017 Japan Observational N=506	yr=98, 60-69 yr=175, >70 yr=152; Gender: males=424, females=82; Time since injury: <9 yr=39, 10-19 yr=92, 20-29 yr=114, 30-39 yr=122, >40 yr=136; Level of injury: Cervical=147, Thoracic=270, Lumbar=89; Severity of injury: Not reported. *Mean age not reported. **Intervention:** Potential participants were sent a questionnaire regarding their sociodemographic variables, health related quality of life (HRQOL), dietary satisfaction and perceived food environment which they had the option to fill out and return, those that completed it were included in the study. Logistic regression models were conducted to examine the association between HRQOL/dietary satisfaction and perceived food environment. **Outcome Measures:** Physical and mental summary scores from the HRQOL and dietary satisfaction and perceived food environment.	differentially associated with perceived food environment. 2. Acquired dietary information was associated with both physical and mental summary scores. 3. Mental summary score was related to price and access to food. 4. Dietary satisfaction was positively related to access to food and access to information. 5. Perceived food environment was positively associated with dietary satisfaction. 6. Access to food in the household was related to mental summary score. 7. Home-cooked meals related more to mental summary scores than physical summary scores.
Hata et al. 2016 Japan Observational N=625	**Population:** Mean age: 62.7 yr; Gender: males=625, females=0; Injury etiology: unspecified; Level of injury: cervical=183, thoracic=323, lumbar=119; Severity of injury: unspecified; Mean time since injury: 28.1 yr. **Intervention:** Participants from the community were assessed via questionnaires. **Outcome Measures:** Dietary Satisfaction (DS), Self-Rated Health (SRH), Social Participation (SP), Social Support (SS).	1. Sufficient SP was reported in 67.5% of participants and sufficient SS was reported in 55.4%. 2. High DS was reported in 26.4% of participants and high SRH was reported in 67.0%. 3. High DS was significantly more likely in participants with SS than those without (OR=6.46, p<0.001). 4. When compared to participants without SP and SS, high DS was significantly more likely in participants with SS, either with SP (OR=8.64, p<0.001) or without SP (OR=6.99, p<0.001). 5. High SRH was significantly more likely in participants with SP than those without (OR=1.80, p=0.003) and in participants with SS than those without (OR=1.83, p=0.003). 6. When compared to participants without SP and SS, high SRH was significantly more likely in those with SP but without SS (OR=1.78, p=0.43) and those with both SP and SS (OR=3.28, p<0.001).