

Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
<p>Arbour-Nicitopoulos et al. 2009 Canada PEDRo=7 RCT Initial N=44 Final N=38</p>	<p>Population: ACP condition group: Mean age: 49.00±12.93 yrs; Mean time post-injury: 18.01±14.16 yrs; Gender: 15 males, 7 females; APO condition group: Mean age: 50.41±12.76 yrs; Mean time post-injury: 11.75±9.82yrs; Gender: 15 males, 7 females Treatment: Participants were randomly divided into either an action planning group (APO) or action coping planning (ACP) group. Informational, instructional and other materials to assist with exercise were provided to participants prior to initiating a 10 wk program. Both groups were facilitated in completing an action plan and the ACP group also developed a coping plan intended to assist in overcoming potential barriers. Outcome Measures: Leisure time physical activity (LTPA) participation as measured by a short version of the PARA-SCI, Intentions (2 Likert type questions), Coping self-efficacy, General barriers self-efficacy, Facility barriers self-efficacy, Scheduling self-efficacy, Health-related break from LTPA. Most measures were collected pre and post 10 wk intervention as well as mid-point (5 wks).</p>	<ol style="list-style-type: none"> 1. LTPA participation was significantly greater at weeks 5 and 10 for the ACP condition in comparison with the APO condition group. The main effect for time or the time and condition interaction was not significant. 2. No difference was found in the frequency with which participants altered their original action plans over the 10-week period between ACP and APO condition groups. 3. Participants in the APO condition did not spontaneously form coping plans over the 10 weeks. 4. LTPA intentions decreased for both conditions over weeks 2 to 10. No significant main effect for condition or time and condition interaction was found. 5. A significant medium-sized effect for time for general barriers self-efficacy was observed. 6. Confidence to schedule moderate to heavy LTPA decreased for both groups over weeks 1 to 10. However, significant medium-large sized effects for condition were found for all 3 types of coping self-efficacy. 7. Participants in the ACP condition group had greater confidence to schedule and overcome LTPA-related barriers compared to the APO condition group. 8. The APO condition group had greater confidence to overcome facility-related barriers than did those in the ACP condition. 9. For the intervention– coping self-efficacy relationship, the ACP condition group had greater scheduling and barrier self-efficacy, and lower facility related barriers than the APO condition group.
<p>Latimer et al. 2006b Canada PEDRo= 4 RCT Initial N=54 ; Final N=37</p>	<p>Population: Chronic SCI; Mean age: 40.61 yrs; Gender: 16, males, 21 females; Level of injury: paraplegia (35), tetraplegia (19); Mean time post-injury: 19.34 yrs Treatment: Intervention group: Subjects and researchers created implementation intentions over the telephone, for 30 min of physical activity 3d/wk, for 4 wks. A 4 wk calendar and daily log book was emailed to the subject. After 4 wks, implementation intentions and calendars were updated for subsequent 4 wks. Control group: Subjects were advised by an interventionalist to engage in 30 min of physical activity 3d/wk, for 4 wks. Subjects verbally recited activities they would perform, and these were put into a calendar and emailed with a daily log book. After 4 wks, verbal recitation occurred again</p>	<ol style="list-style-type: none"> 1. Minutes of daily physical activity: ↑ when implementation intentions were utilized (p=0.04). 2. The overall number of days subjects participated in ≥ 30 min of physical activity was not affected by intention implementation. 3. The intentions-behaviour relationship was significantly stronger in the intervention group (p=0.03), as compared to the control group. 4. Scheduling self-efficacy: ↑ at week 5 when implementation intentions were utilized (p=0.04). 5. PBC or barrier self-efficacy did not differ between groups.

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	<p>and a new calendar and daily log was received for a subsequent 4 wks.</p> <p>Outcome Measures: Intentions - 2 statements used: 1) "I will try to do at least 30 min of moderate to heavy physical activity 3d/wk over the next 4 wks" (1= definitely false; 7= definitely true); 2) "I intend to do at least 30 min of moderate to heavy physical activity 3d/wk in the forthcoming month (1=extremely unlikely; 7=extremely likely); Physical Activity: Physical Activity Recall Assessment for Individuals with SCI (PARA-SCI); Perceptions of control (perceived behavioural control, PBC; scheduling self-efficacy; barrier self-efficacy).</p>	
<p>Zemper et al. 2003 USA PEDro=4 RCT Initial N=67; Final N=43</p>	<p>Population: SCI: Mean age: 47 yrs (range 22-80); Gender: 30 males, 13 females; Level of injury: paraplegia (18), tetraplegia (17), ambulatory (8); Mean time post-injury: 14 yrs (range 1-49)</p> <p>Treatment: Intervention group: 6 - 4 hr workshop sessions over 3 mo, which included lifestyle management, physical activity, nutrition, preventing secondary conditions, 3 individual coaching sessions, and 2 follow-up calls within 4 mos. after workshop. Control group: no intervention.</p> <p>Outcome Measures: Health Promoting Lifestyle Profile II; Secondary Conditions Scale; Self-rated Abilities for Health Practices scale (SAHP); Perceived Stress Scale; Physical activities with disabilities (PADS); Arm crank ergometer testing; neurologic exam; Body Mass Index (BMI); all at baseline and post-study.</p>	<ol style="list-style-type: none"> 1. When compared to control group, the intervention group showed statistically significant improvements in the following: <ul style="list-style-type: none"> • Health practice abilities (SAHP, $p < 0.05$); • Health promoting lifestyle (HPLP-II, $p < 0.001$); • Nutritional awareness and behaviour (HPLP-II subscale, $p < 0.05$) • \uparrow of stress management techniques, \downarrow perceived stress (HPLP-II subscale, $p = .001$). 2. Secondary complications: \downarrow in number, \downarrow in severity, in the intervention group ($p < 0.001$). A non-significant \downarrow in depression was found. 3. Physical Activity (HPLP-II): \uparrow physical activity and improved physical fitness ($p = 0.001$); however, no improvement on the PADS or physical fitness measures.
<p>Warms et al. 2004 USA Downs & Black score=14 Pre-Post Initial N=17; Final N=16</p>	<p>Population: SCI; Mean age: 43.2 yrs; Gender: 13 males, 3 females; Mean time post-injury: 14.4 yrs</p> <p>Treatment: "Be Active in Life" program: included educational materials (2 pamphlets, 2 handouts), a home visit with a nurse (90 min scripted motivational interview, goal and personal action plan establishment), and follow up calls at day 4, 7, 11 & 28 (approx. 8 min each). Program lasted for 6 wks, and had a final follow-up 2 wks post-completion.</p> <p>Outcome Measures: Physical activity (wrist-worn actigraph); Stage of Readiness for Change in Exercise Behaviour; Self-rated Abilities for Health Practices Scale (includes Exercise Self-efficacy subscale); Self-rated Health Scale (SRHS); Centre for Epidemiologic Studies Depression Scale (CES-D); Muscle Strength; @ baseline, 6 wk completion pt; 2 wks post-completion.</p>	<ol style="list-style-type: none"> 1. Physical activity: Counts/day \uparrow in 60% of subjects and self-reported activity \uparrow in 69% of subjects, but both were not significant. 2. Barriers: \downarrow in overall barrier score ($p = 0.06$) and \downarrow motivational barrier score ($p = 0.01$). 3. Self-rated abilities: no change. Exercise self-efficacy: \uparrow ($p = 0.01$). 4. Self-rated health: \uparrow ($p = 0.04$) 5. Depression: no change. 6. Muscle Strength: only upper extremity muscle strength \uparrow ($p = 0.000$).

