

Author Year Country Research Design Score Total Sample Size	Methods	Outcome
<p>Ma et al. (2020) (Part 1) Canada Observational N=300</p>	<p><u>Phase 1: Systematic reviews and meta-analysis.</u> No Intervention: Two systematic reviews and a meta-analysis (provided the evidence base for the PA intervention). A mix of SCI-specific and general physical disability evidence was used.</p> <p><u>Phase 2: Key informant interviews with people with SCI (N=26)</u> Population: Age range=31-64 yr, Level of injury=C5-L2; Time post injury= 1.2–43.0 yr. Intervention: Open-ended questions were administered to understand participants’ experiences or recommendations for strategies that were or were not helpful for engaging in PA from their physiotherapists.</p> <p><u>Phase 3: National survey of physiotherapists (N=239)</u> Intervention: A national survey was employed to assess: (a) whether physiotherapists wanted an intervention to promote PA to clients with SCI; (b) physiotherapists’ intervention needs and barriers to promoting PA; and (c) their intervention delivery preferences. Phase 4: Expert panel meeting (N=10)</p> <p><u>Phase 4</u> Population: People with SCI (paraplegia and tetraplegia, n = 5), inpatient, outpatient, and private practice physiotherapists (n = 5), a physiatrist, and behaviour change researchers (n = 2). Intervention: The panel experts discussed and identified the most relevant results from Phases 1 to 3, highlighted missing information, and developed strategies for disseminating the PA intervention. Outcome Measures: A modified theoretical domains framework (TDF) measure was used to evaluate implementation determinants (i.e., barriers identified in Phase 3 such as knowledge, confidence, and resources).</p>	<p>1. Optimal intervention delivery should be tailored and include (1) education on safety, PA guidelines, and behaviour change techniques, (2) referral to other peers, local programs, and health professionals, and (3) adapted exercise prescriptions.</p>
<p>Ma et al. (2020) (Part 2) Canada RCT PEDro=4 N= 20</p>	<p>Phase 5: PA intervention content evaluation—randomized controlled trial of intervention training and implementation determinants among physiotherapists (N=20) Population: Gender: Females=16, Males=4; Mean Years of Practice=16.6 yr. Interventions: Intervention Group (n=10): physiotherapists were trained in the PA intervention content in a 1 h, individual education session delivered virtually. Participants were also provided with an electronic copy of the developed PA intervention which included a 50-page toolkit outlining intervention strategies and the SCI exercise guidelines at the end of the training; Control Group (n=10): Waitlist (no intervention).</p>	<p>1. Following intervention implementation training, physiotherapists in the intervention group demonstrated stronger tested and perceived knowledge, skills, resources, and confidence for promoting PA to people with SCI, compared to physiotherapists in the control group (p< 0.05).</p>

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	<p>Outcome Measures: A modified affordability, practicability, effectiveness, acceptability, safety, and equity (APEASE)-criteria measure was implemented to assess participants' perceptions on the feasibility of implementing the PA intervention in the physiotherapist setting; a test was administered comprised of 20 true or false questions to assess knowledge of SCI-specific PA information (e.g., exercise safety considerations, exercise guidelines and effective-behaviour change techniques). A modified theoretical domains framework (TDF) measure was used to evaluate implementation determinants.</p>	
<p>Tomasone et al. (2018) Canada Pre-Post N_{initial}=46 N_{final}=25</p>	<p>Population: Age=51.46±12.36yr.; Gender: males=23, females=22, not reported=1; Level of injury: paraplegia=23, tetraplegia=21, not reported=2; Time since injury=17.00±17.59yr. Intervention: Participants completed informational/behavioural phone call counselling sessions to explore the implementation correlates of change in leisure time physical activity (LTPA) intentions and behavior in the second phase of Get In Motion (GIM). Outcome Measures: LTPA Intentions, LTPA Behaviours, Counselling Session Checklist, Client Reflection.</p>	<ol style="list-style-type: none"> 2. The means for all measures of implementation dose and content were greater between baseline to 2 months than 2 to 6 months ($p \leq 0.02$). 3. Informational strategies were discussed significantly more times than behavioral strategies between 2 and 6 months ($p < 0.001$). 4. Changes in aerobic MVPA between baseline to 6 months were significantly related to total session duration, total number of sessions, and the number of times that informational and behavioral strategies were discussed over the 6-month period ($p < 0.05$). 5. Measures of intervention dose and content were also significantly positively related ($p < 0.01$). 6. Clients' ratings of credibility were significantly related to changes in aerobic MVPA, as well as total session duration, total number of sessions, and number of times behavioral strategies were discussed ($p < 0.05$). 7. Clients' perception of the personal importance of the

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		<p>content discussed during counseling sessions was significantly related to total session duration, total number of sessions, and number of times behavioral strategies were discussed over the 6-month service ($p<0.01$).</p>
<p>Salci et al. (2016) Canada Pre-Post N=12</p>	<p>Population: Individuals with SCI=6, Exercise trainers for SCI=6; Age: 20+yr; Gender: males=8, females=4. Intervention: Participants engaged in an online program (Active Living Leaders Training Program) and received a handbook covering leisure time physical activity (LTPA) knowledge, transformational leadership skills and practice interactions. Assessments at baseline, post-program and follow-up survey 6mo later. Outcome Measures: Self-efficacy measure.</p>	<ol style="list-style-type: none"> 1. Self-efficacy to speak about LTPA did not significantly differ between time points, nor did self-efficacy to encourage LTPA. 2. Of those that completed follow-up (n=9), 8 had spoken to someone with a disability about LTPA since completing the program and 7 had shared one of the resources.
<p>Gainforth et al. (2015) Canada Pre-Post N=13</p>	<p>Population: Mean age: 52.77±9.16yr; Mean time since injury: 18.46±14.51yr; Gender: males=7, females=6; Level of injury: tetraplegia=7. Intervention: Individuals attended a 4hr brief action planning (BAP) workshop, which began with a 1hr didactic presentation about BAP followed by 3hr of practice with feedback/instruction as well as audio recordings of a peer with SCI using BAP to promote physical activity to a mentee. Measures were taken at baseline, immediately post-training, and 1mo follow up. Outcome Measures: Leisure Time Physical Activity Questionnaire for People with Spinal Cord Injury (LTPAQ-SCI), Motivational Interviewing Treatment Integrity scale, Likert scale, Theory of planned behavior questionnaire.</p>	<ol style="list-style-type: none"> 1. BAP and motivational interviewing competence significantly increased after training ($p<0.05$). 2. Training satisfaction was very positive with all means falling above the scale midpoint. 3. Perceived behavioral control to use BAP increased from baseline to post ($p<0.05$), but was not maintained at follow up ($p>0.05$).