Table 4. Non-exercise-based Interventions

Author Year Country Research Design Score Total Sample Size	**Methods**	**Outcome**
Pourjafari et al. 2022 Iran RCT Level 2 PEDro=4 N=45	**Objective:** To compare the effectiveness of virtual reality-based (VR) rehabilitation exercises and reflexology in reducing the fatigue rate of veterans with paraplegia. **Population:** 45 veterans with paraplegia, with a use of a wheelchair for daily work, with a history of exercise for at least the last 6 months, and with a fatigue level of 45.57 Mean age 54.3 years Level of injury: T12-L4 **Treatment:** Participants were randomly assigned to one of three groups: • Experimental condition I (n=15): Upper limb VR games (e.g., Xbox/Kinect boxing). Sessions lasted 50 min, were performed 3 times per week, for 6 weeks. • Experimental condition II (n=15): Reflexology massage therapy. Sessions lasted 30 min (10 min of relaxation techniques and 15 min of reflexology massage), were performed 3 times per week, for 6 weeks. • Control condition (n=15): No details provided. **Outcome Measures:** FSS was measured at baseline	1. Decrease in fatigue severity in both VR and massage groups (p≤0.001) comparing with control group. 2. No difference in reducing fatigue between massage (28.9 ± 20.65) and VR (27.8 ± 93.97) (p=0.99).

	and after the program (6 weeks).	
Lovas et al. 2017 Australia RCT Level 2 PEDro=4 N=40	**Objective:** To determine the efficacy of massage therapy as a treatment that could be implemented to reduce pain and fatigue in people with chronic SCI. **Population:** 40 participants with SCI 34M, 6F Mean age 45.95 years Etiology: Traumatic (n=30), non-traumatic (n=9), and other (n=1) Level of injury: Paraplegia (n=30), tetraplegia (n=9), and non-reported (n=1) Completeness of injury: Complete injuries (n=20), incomplete injuries (n=19), and NP (n=1) Mean (SD) time since injury 18.4 (12.1) years **Treatment:** Participants were randomly assigned into one of two arms: • Experimental condition (n=20): Swedish massage therapy (MT) on the participant's back, neck and arms in sitting position. • Control condition (n=20): Guided imagery relaxation (GI). All participants received 30 min once a week of either massage or guided imagery over 5 consecutive weeks. **Outcome Measures:** CFS was measured at baseline and after the completion of the five sessions	1. No significant between-group differences in fatigue scores: $F_{1,38}$ =0.89, p>0.05, η^2=0.02 and power=15%. 2. Fatigue scores were reduced significantly over time: $F_{1,38}$=18.4, p<0.01, η^2=0.33 and power=99%, with post-hoc analyses indicating that fatigue scores were reduced significantly in the MT group (p<0.05) and in the GI group (p<0.05). 3. There was no significant interaction effect between groups and intervention over time: $F_{1,38}$=1.49, p>0.05, η^2=0.04, power=22%.

Chase et al. 2013 USA RCT cross-over Level 2 PEDro=5 N=40	**Objective:** To determine the feasibility of conducting a RCT of massage therapy for patients with a new SCI during acute inpatient rehabilitation **Population:** 40 participants with SCI reporting any type of pain 33M, 7F Mean (SD) age 40.24 (13.8) years Etiology: Traumatic (n=36) and non-traumatic (n=4) Level of injury: paraplegia (n=7) and tetraplegia (n=33) AIS A (n=23), AIS B (n=9), AIS C (n=7), and AIS D (n=1) Mean (SD) time since injury 69.35 (31.11) days **Treatment:** Participants were randomized to receive either broad compression massage or light contact touch first, in six 20-min treatment sessions (3 times per week) over 2 weeks, with a 1-week washout period. between the 2-week treatment periods. **Outcome Measures:** FSS was measured at baseline and after the intervention program for each of the two periods.	1. Groups did not significantly differ on fatigue scores (Period 1: FSS change [SD]=1.58 [11.20] [p=0.66]; Period 2: FSS change [SD]=-1.37 [6.97] [p=0.55].
Wardell et al. 2006 USA Prospective controlled trial Level 2 N=12	**Objective:** To determine the feasibility of delivering a healing modality (healing touch and guided progressive relaxation) in a home environment and to determine whether these techniques could influence the pain and coping of veterans with SCI. **Population:** 12 participants with SCI and experiencing	1. No difference in the POMS total score between groups in the trend of change (F=0.69, df=2, 19, p=0.51) across the study period. 2. In the fatigue scale of the POMS, the experimental group decreased (pre-treatment M=17, posttreatment M=11.29), but the variation was large (only 4 of the experimental group

	chronic neurogenic pain 12M, 0F Mean age 54.35 years Motor completeness of injury: Complete (n=6) and incomplete (n=9) Mean time since injury 257.23 months **Treatment:** Participants were assigned to either healing touch (n=7) or guided progressive relaxation (n=4) for six weekly home visits **Outcome Measures:** POMS was measured at baseline, after the second session and at posttreatment.	participants had decreased scores).
Jensen et al. 2013 USA Pre-post Level 4 N=13	**Objective:** To address which specific target EEG band-widths in treatment should be recommended, the overall efficacy of neurofeedback treatment, and to assess chronic pain, physical functioning, psychological functioning, and sleep quality) in persons with SCI. **Population:** 13 participants with SCI and experience physical pain on a daily basis 3M, 7F Mean (SD) age 46.1 (12.6) years Mean (SD) time since injury 12.3 (9.0) years. **Treatment:** Participants received four sessions each of three different neurofeedback protocols ([1] reinforce α and suppress β at T3 and T4 [protocol A]; [2] reinforce 10–15 Hz and suppress β and θ at C3–A1 and C4–A2 [protocol B]; and [3] reinforce 10–15 Hz and	1. There was a non-significant trend (p=0.053) of increase in fatigue from pre- to post-treatment that continued through the 3-month follow-up.

	suppress β and θ at P3–A1 and P4–A2 [protocol C]) assigned in random order for a total of 12 sessions. **Outcome Measures:** FSS was measured at pre-treatment, post-treatment, and at 3-month follow-up.	