Table 5. Self-Management Interventions

Author Year Country Research Design Score Total Sample Size	Methods	Outcome
Kooijmans et al. 2017 Netherlands RCT Level 1 PEDro=6 N=64	Objective: To evaluate the effectiveness of a structured self-management intervention to promote an active lifestyle in inactive persons with long-term SCI. Population: 64 participants with SCI, able to use a handrim wheelchair, and physically inactive 45M, 19F Mean age 48.5 years Level of injury: Paraplegia (n=33), tetraplegia (n=21) Completeness of injury: Complete (n=50), incomplete (n=50), incomplete (n=14) Mean time since injury: 22 years Treatment: Participants were randomized to: Self-management intervention (n=33) consisting of group meetings (5 sessions) and individual counseling (1 home visit and 5 individual sessions) and a book. Control intervention (n=31), consisting in only receiving information about active lifestyle by one group meeting and a book. Both interventions lasted 16 weeks. Outcome Measures: FSS was collected at baseline	No significant differences in fatigue (p=0.62) were observed. Served.

	(T0) and at 16 weeks (T1) and	
	42 weeks (T2) after baseline.	
Nooijen et al. 2016b Netherlands RCT Level 1 PEDro=6 N=39	Objective: To assess the mediating effects of physical and psychosocial factors on the intervention effect on physical activity in order to unravel the working mechanisms that underlie the effectiveness of a behavioural intervention promoting physical activity in persons with subacute SCI. Population: 39 participants with SCI, dependent on a manual wheelchair for their daily mobility, and able to handcycle 33M, 6F Mean (SD) age 44 (15) years Etiology: Traumatic (n=26) and not reported (n=26)	1. No direct intervention effect on fatigue was found (B=0.03, p=0.93; B represents the overall between-group difference, adjusted for baseline levels, rehabilitation centre, sex and age).
	and not reported (n=26) Injury level: Tetraplegia (n=13) and paraplegia (n=26) Completeness of injury: Complete injury (n=24) and incomplete (n=15) Mean time since injury: 150 days	
	Treatment: Participants were randomly assigned to one of two groups:	
	 Experimental condition (n=20): Behavioral intervention promoting an active lifestyle, based on motivational 	
	interviewing. Participants received 13 face-to-face sessions, with a maximum 1 hour per	
	session, for 8 months. • Control group (n=19).	

	Outcome Messures: FCC		
	Outcome Measures: FSS		
	was assessed at TI (prior to		
	the start of the interventions		
	at 2 months before		
	discharge from inpatient		
	rehabilitation), T2 (before		
	discharge from inpatient		
	rehabilitation [< 2 weeks		
	before]), T3 (after		
	completion of the		
	behavioural intervention at 6		
	months after discharge from		
	inpatient rehabilitation), and		
	T4 (1 year after discharge		
	from inpatient		
	rehabilitation).		
	Objective: To evaluate the	1.	The two fatigue measures
	acceptability, feasibility, and	''	showed moderate effect
	participant engagement		sizes of reducing fatigue
	with a Short Message		(MFIS: n2=0.06 and PROMIS
	Service (SMS) text		Fatigue: η2=0.12).
	messaging intervention for		1 atigue. 1/2-0.12/.
	fatigue self-management		
	and to explore the pre- and		
	post-score health changes		
	in people with disabilities.		
	Population: 27 participants		
	with disability (multiple		
Wong et al. 2023 USA Pre-post Level 4 N=27	sclerosis, n=9; stroke, n=9;		
	and SCI, n=9) and fatigue in		
	their daily lives		
	10M, 17F		
	Mean (SD) age 29.7 (12.3)		
	years		
	Initial patient activation level		
	(PAM-13): Level 1 (n=2), Level		
	2 (n=5), Level 3 (n=5), Level 4		
	(n=15).		
	Treatment: For 12 weeks,		
	participants received text		
	messages based on their		
	baseline patient activation		
	level:		
	• Participants in levels 1 or		
	2 received a set of 48 text		
	messages focusing on		
	informing and educating		
	interning and cadcading		

- them about fatigue and activities in their daily life that may affect their fatigue.
- Participants in levels 3 or 4 received another set of 48 messages focusing on providing strategies for implementing changes into daily life that may help manage their fatigue.

Outcome Measures: MFIS and PROMIS Fatigue were measured at baseline and post-intervention.