

Table 5. Self-management Interventions

Author Year Country Research Design Score Total Sample Size	Methods	Outcome
<p>Kooijmans et al. 2017 Netherlands RCT PEDro=6 N=64</p>	<p>Objective: To evaluate the effectiveness of a structured self-management intervention to promote an active lifestyle in inactive persons with long-term SCI.</p> <p>Population: 64 participants with SCI, able to use a hand-rim 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 = 14) Mean time since injury 22 years</p> <p>Treatment: Participants were randomized to:</p> <ul style="list-style-type: none"> • 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. <p>Both interventions lasted 16 weeks.</p> <p>Outcome Measures: FSS was collected at baseline (T0) and at 16 weeks (T1) and 42 weeks (T2) after baseline.</p>	<p>1. No significant differences in fatigue ($P = 0.62$) were observed.</p>

<p>Nooijen et al. 2016b Netherlands RCT PEDro=6 N=39</p>	<p>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.</p> <p>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) 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</p> <p>Treatment: Participants were randomly assigned to one of two groups:</p> <ul style="list-style-type: none"> • 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). <p>Outcome Measures: FSS was assessed at T1 (prior to the start of the interventions at 2 months before discharge from inpatient rehabilitation), T2 (before</p>	<p>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).</p>
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	<p>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).</p>	
<p>Wong et al. 2023 USA Pre-post N = 27</p>	<p>Objective: To evaluate the acceptability, feasibility, and participant engagement with a Short Message Service (SMS) text messaging intervention for fatigue self-management and to explore the pre- and post-score health changes in people with disabilities.</p> <p>Population: 27 participants with disability (multiple 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 ($n = 15$).</p> <p>Treatment: For 12 weeks, participants received a self-management text messaging intervention based on their baseline patient activation level:</p> <ul style="list-style-type: none"> • Participants in levels 1 or 2 received a set of 48 text messages focusing on informing and educating 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 	<p>1. The two fatigue measures showed moderate effect sizes of reducing fatigue (MFIS: $\eta^2 = 0.06$ and PROMIS Fatigue: $\eta^2 = 0.12$).</p>

	<p>strategies for implementing changes into daily life that may help manage their fatigue.</p> <p>Outcome Measures: MFIS and PROMIS Fatigue were measured at baseline and post-intervention.</p>	
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