

Table 21. Physical Activity for Anxiety following SCI

<b>Author Year Country Research Design PEDro Score Total Sample Size</b>	<b>Methods</b>	<b>Outcome</b>
<p><a href="#">Akkurt et al.</a> (2017) Turkey RCT PEDro= 5 N=33</p>	<p><b>Population:</b> Mean age: Not reported; Median age: Intervention group=33 yr, Control group=37 yr; Gender: males=29, females=4; Time since injury=&gt;1 mo, not specified further; Level of injury: C=1, T=22, L=10; Severity of injury: AIS A=19, B=1, C=10, D=3.</p> <p><b>Intervention:</b> Participants were enrolled in a 12-wk program comparing arm ergometer exercises and general exercises to those that receive only general exercises.</p> <p><b>Outcome Measures:</b> Psychological status (Center for Epidemiologic Studies Depression Scale and Hospital Anxiety and Depression Scale).</p>	<ol style="list-style-type: none"> <li>1. No intergroup differences were seen in HADS.</li> <li>2. No statistically significant differences over the assessment period between the intervention and control groups in disability levels, QOL, or metabolic syndrome parameters (<math>p&gt;0.05</math> for all).</li> </ol>
<p><a href="#">Curtis et al.</a> (2017) Canada RCT Crossover PEDro=6</p>	<p><b>Population:</b> Yoga group (n=10): Mean age=47.9±19.5 yr; Gender: Not reported; Level of injury: paraplegia=6, tetraplegia=0, ambulatory/unspecified=4; Severity</p>	<ol style="list-style-type: none"> <li>1. Yoga group had significantly lower scores for the HADS (<math>p&lt;0.05</math>) and significantly higher scores for the SCS (<math>p&lt;0.05</math>) at</li> </ol>

<p>N=22</p>	<p>of injury: complete=2, incomplete/disease-related=8.</p> <p>Control group (n=12): Mean age=54.8±10.1 yr; Gender: Not reported; Level of injury: paraplegia=4, tetraplegia=4, ambulatory/unspecified=4; Severity of injury: complete=5, incomplete/disease-related=7.</p> <p><b>Intervention:</b> Participants were randomized to a 6 wk, twice wkly Iyengar yoga group or a 6 wk wait-listed control group, then after the first yoga group completed their sessions, the wait-list control group engaged in the yoga protocol.</p> <p><b>Outcome Measures:</b> Pain (brief pain inventory (BPI), pain catastrophizing scale (PCS)), psychological (acceptance and action questionnaire (AAQ), hospital anxiety and depression scale (HADS), general self-efficacy scale (GSES), posttraumatic growth inventory (PTGI-SF), Connor- Davidson resilience scale (CD-RISC), self-compassionate scale (SCS) and mindfulness (five-facet mindfulness questionnaire (FFMQ) measures taken 1-2 wk before and after the program.</p>	<p>post-intervention than at baseline.</p> <ol style="list-style-type: none"> <li>2. Fixed-factor models showed significantly lower HADS scores postintervention compared to preintervention (<math>p &lt; 0.05</math>) with time being the main predictor of HADS scores (<math>p &lt; 0.05</math>).</li> <li>3. There was a trend noticed for FFMQ scores from preintervention to postintervention for total scores (<math>p = 0.09</math>) and observing scores (<math>p = 0.06</math>).</li> <li>4. Postintervention scores for the SCS and FFMQ were both significantly higher than at preintervention (<math>p &gt; 0.05</math>).</li> </ol>
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<p><a href="#">Mehta et al. (2021)</a></p> <p>Canada</p> <p>Pre- Post Level 4 N=4</p>	<p><b>Population:</b> <i>Intervention group</i> (n=4): Mean Age=56.4yr; females=9; Mean time post injury=20.25yr; Level of injury: cervical=1, thoracic=3; Severity of injury: incomplete=3, complete=1; Anxiety status=symptoms.</p> <p><b>Intervention:</b> Online group-based physical activity (PA) program,</p>	<ol style="list-style-type: none"> <li>1. Moderate to large effect sizes were seen on measures of depression (d = 0.67), anxiety (d=2.39), and satisfaction with social roles and activities (d=0.43) from baseline to post-intervention.</li> <li>2. The improvements were maintained just for anxiety</li> </ol>
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	<p>consisting physical exercises and peer social interaction, 60min/session, 2x/wk for 6wk. The Physical Activity Group Environment Questionnaire and Participant Satisfaction Survey (PSS) were assessed post-intervention. The Quality of Life in Neurological Disorders short-form (NeuroQoL- SF) was assessed at baseline, post- intervention, and at 3mo follow-up.</p> <p><b>Outcome Measures:</b> Participant Satisfaction Survey (PSS), participant recruitment, engagement, and retention, Physical Activity Group Environment Questionnaire, Quality of Life in Neurological Disorders short-form (NeuroQoL- SF).</p>	<p>(d=2.02) and satisfaction with social roles and activities scores (d=0.52) at 3mo follow-up.</p> <ol style="list-style-type: none"> <li>3. Participants were highly satisfied with the program in general, the instructions, the instructor's knowledge, effectiveness, and content of the program.</li> <li>4. Participants were moderately- highly satisfied with the accessibility of the program.</li> <li>5. Participants were mixed satisfied with the technology of the program.</li> </ol>
<p><a href="#">Kennedy et al., (2006)</a> United Kingdom Pre- Post N=35</p>	<p><b>Population:</b> Gender: males=30, females=5; Age: 18-61 yr, Level of injury: paraplegia=20, tetraplegia=15.</p> <p><b>Intervention:</b> Back-Up: 1 wk single or multi-activity course in an integrated, residential environment. Activities include skiing, horseback riding, waterskiing, canoeing, rappelling, and gliding. Questionnaires were completed at baseline and end of 1 wk activity courses</p> <p><b>Outcome Measures:</b> Life Satisfaction Questionnaire (LSQ), Hospital Anxiety and Depression Scale (HADS)</p>	<ol style="list-style-type: none"> <li>1. HADS scores demonstrated significant (p&lt;0.01) improvement in anxiety levels over the duration of the course.</li> </ol>