Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

Research Summary – Barthel Index (BI) – Self Care and Daily Living

Author Year Research Design Setting (country)	**Demographics and Injury Characteristics of Sample**	**Validity**	**Reliability**	**Responsiveness Interpretability**
Xing et al. 2021 Study on psychometric properties to investigate the validity and reliability of a Chinese version of SCIM III An inpatient rehabilitation facility in China	**Total:** N = 102 64M, 38F Mean (SD) age 48.8 (15.6) years Aetiology: Sports and leisure (n = 5), assaults (n = 4), motor vehicle accidents (n = 22), fall (n = 30), other traumatic (n = 5), non-traumatic (n = 36) Level of injury: Tetraplegia (n = 50), paraplegia (n = 52) AIS grade: A (n = 19), B (n = 24), C (n = 8), D (n = 51) Median (IQR) time since injury 2 (1.0-6.8) months	High correlation was found between Barthel Index and SCIM III total scores (Pearson correlation coefficient = 0.88, $P < 0.01$).		
Zhang et al. 2015 China	N=95 SCI cases (77 males, 18 females) Average Age (SD):	No correlation between: DBI, OIT, RIT and ALOS for all segments ($P>0.05$)		**Interpretability:** See table 1.

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

<table>
<tr><th>Author Year Research Design Setting (country)</th><th>Demographics and Injury Characteristics of Sample</th><th>Validity</th><th>Reliability</th><th>Responsiveness Interpretability</th></tr>
<tr><td>Retrospective chart review

China – Rehabilitation center charts from Anhui Provincial Hospital (2010-2013)</td><td>Males: 40.44 (14.98)
Females: 36.83 (13.08)
Total: 39.76 (14.65)

SCI resulting from:
High falls (55.79%)
Traffic accidents (28.42%)
Disease (8.42%)
Low falls (7.37%)

Injury type:
Cervical SCI (50.49%)
Thoracic SCI (24.22%)
Lumbar SCI (25.29%)</td><td>ABI – Admission Barthel index
ALOS – average length of hospital stay
DBI – discharge Barthel index
OIT – operation intervention
RIT – rehabilitation intervention time</td><td></td><td></td></tr>
<tr><td colspan="4">Table 1. Interpretability:
<table>
<tr><td></td><td>OIT</td><td>RIT</td><td>ALOS</td><td>ABI</td><td>DBI</td></tr>
<tr><td>CSCI</td><td>22.14 (37.65)</td><td>70.00 (96.52)</td><td>42.37 (35.11)</td><td>24.70 (29.05)</td><td>52.76 (31.84)</td></tr>
<tr><td>TSCI</td><td>12.48 (19.52)</td><td>38.43 (34.20)</td><td>36.57 (19.56)</td><td>19.35 (14.01)</td><td>56.30 (13.92)</td></tr>
<tr><td>LSCI</td><td>5.74 (9.6)</td><td>34.35 (35.91)</td><td>34.87 (26.40)</td><td>18.13 (21.81)</td><td>67.08 (22.31)</td></tr>
</table></td></tr>
<tr><td>O'Connor et al. 2004</td><td>Data available for 1418 patients (includes MS, stroke and SCI</td><td></td><td></td><td>Total score effect size (ES) for all participants = 0.98 (0.38 to 1.16)</td></tr>
</table>

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

<table>
<tr><th>Author Year Research Design Setting (country)</th><th>Demographics and Injury Characteristics of Sample</th><th>Validity</th><th>Reliability</th><th>Responsiveness Interpretability</th></tr>
<tr><td>Data analysis of BI scores at admission and discharge.

National Hospital for Neurology and Neurosurgery, London, UK.</td><td>diagnostic groups); mean age = 48 years

N=237 SCI patients (135M, 102F)
Mean (SD) age: 52 (16) yrs
Mean (SD) length of stay in rehab: 43 (27) days
Mean (SD) admission BI score: 11.2 (5.3)
Mean (SD) discharge BI score: 16.4 (4.2)</td><td></td><td></td><td>Effect sizes for BI items for SCI group:
<table><tr><th>Items</th><th>ES</th></tr><tr><td>Bowels</td><td>0.40</td></tr><tr><td>Bladder</td><td>0.52</td></tr><tr><td>Grooming</td><td>0.42</td></tr><tr><td>Toileting</td><td>0.72</td></tr><tr><td>Feeding</td><td>0.38</td></tr><tr><td>Transfer</td><td>0.70</td></tr><tr><td>Mobility</td><td>0.89</td></tr><tr><td>Dressing</td><td>0.84</td></tr><tr><td>Stairs</td><td>1.08</td></tr><tr><td>Bathing</td><td>1.16</td></tr><tr><td>Total score</td><td>0.98</td></tr></table>
Item floor/ceiling effects (%) for SCI group:
See table 1.

Effect sizes for each item of the BI:
<table><tr><td>Bowels</td><td>0.20</td></tr><tr><td>Bladder</td><td>0.33</td></tr><tr><td>Grooming</td><td>0.44</td></tr></table></td></tr>
</table>

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

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<tr><td></td><td></td><td></td><td></td><td><table>
<tr><td>Toileting</td><td>0.51</td></tr>
<tr><td>Feeding</td><td>0.55</td></tr>
<tr><td>Transfer</td><td>0.59</td></tr>
<tr><td>Mobility</td><td>0.68</td></tr>
<tr><td>Dressing</td><td>0.64</td></tr>
<tr><td>Stairs</td><td>0.78</td></tr>
<tr><td>Bathing</td><td>0.80</td></tr>
</table></td></tr>
<tr><td></td><td colspan="4">Table 1.<table>
<tr><th>Items</th><th colspan="2">Floor (%) / Ceiling (%)</th></tr>
<tr><td></td><td>Admission</td><td>Discharge</td></tr>
<tr><td>Bowels</td><td>17.7 / 64.6</td><td>7.6 / 85.7</td></tr>
<tr><td>Bladder</td><td>35.0 / 48.1</td><td>10.1 / 70.5</td></tr>
<tr><td>Grooming</td><td>23.6 / 76.4</td><td>5.9 / 94.1</td></tr>
<tr><td>Toileting</td><td>27.4 / 38.4</td><td>8.4 / 77.2</td></tr>
<tr><td>Feeding</td><td>5.9 / 71.3</td><td>1.7 / 89.5</td></tr>
<tr><td>Transfer</td><td>12.2 / 39.2</td><td>1.7 / 79.7</td></tr>
<tr><td>Mobility</td><td>18.6 / 23.2</td><td>1.3 / 61.6</td></tr>
<tr><td>Dressing</td><td>27.0 / 29.5</td><td>5.1 / 70.9</td></tr>
<tr><td>Stairs</td><td>73.4 / 9.7</td><td>31.2 / 38.4</td></tr>
<tr><td>Bathing</td><td>81.4 / 18.6</td><td>36.7 / 62.9</td></tr>
<tr><td>Total score</td><td>2.5 / 5.5</td><td>0.0 / 24.1</td></tr>
</table></td></tr>
<tr><td>Morganti et al. 2005</td><td>Total sample:</td><td>Walking Index for Spinal Cord Injury (WISCI) and</td><td></td><td></td></tr>
</table>

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

Author Year Research Design Setting (country)	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
Italy Retrospective Examination Rehab Hospital in Italy	N=284 patients (184 M, 100 F) Mean age: 50.4±19.3 years Validity sample: N=76 Traumatic or non traumatic SCLs admitted between1997-2001. Non-traumatic etiology was present in the majority of the patients (177/284): inflammatory (4), vascular (36), neoplastic (39), degenerative (62); traumatic lesions (107/284): car accident (38), motorcycle accident (15), sport accident (&), act of violence (6), suicide attempts (6), and accidental falls (31).	Rivermead Mobility Index (RMI): ρ= 0.67 WISCI and Barthel Index (BI) ρ= 0.67 WISCI and Spinal Cord Independent Measure (SCIM): ρ= 0.97 WISCI and Functional Independence Measure (FIM): ρ= 0.70 RMI and BI: ρ=0.6 RMI and SCIM: ρ=0.75 RMI and FIM: ρ=0.9 BI and SCIM: ρ=0.7 BI and FIM: ρ=0.7 SCIM and FIM: ρ=0.8 All P<.001		

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

Author Year Research Design Setting (country)	**Demographics and Injury Characteristics of Sample**	**Validity**	**Reliability**	**Responsiveness Interpretability**
Plantinga et al. 2006 The Netherlands Cross-sectional study Centre for Rehabilitation of the University Medical Center Groningen, The Netherlands	N = 154 (72M, 82F; SCI participants = 17) Females: mean age = 61 Males: mean age = 54	Total sample Spearman rho with the Northwick Park Dependency Score: ρ = -0.87 SCI sample Spearman rho with the Northwick Park Dependency Score: ρ = -0.86 Total sample Pearson's r with the Care Dependency Scale: r = 0.75 SCI sample Pearson's r with the Care Dependency Scale: r = 0.76		**Interpretability:** 17 SCI individuals: BI Mean (SD) = 7.3 (4.9)
Scivoletto et al. 2003 Italy	Total sample: N=284 patients (184 M, 100 F) Mean age: 50.4±19.3 years			**Interpretability:** See tables 1 and 2.

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

Author Year Research Design Setting (country)	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
Block design, matching procedure Spinal Cord Unit, Fondazione Santa Lucia IRCCS, a large rehabilitation hospital of the centre-south of Italy.	Mean interval from lesion to admission: 56.9±43.9 days Mean length of stay in inpatient rehabilitation centre: 98.7±68.13 days Traumatic or non-traumatic SCLs admitted between 1997-2001. Lesion level: Cervical (81), thoracic (148), lumbo-sacral (55) AIS impairment at admission: AIS A – 84 AIS B – 19 AIS C – 129 AIS D – 52 2 groups:			

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

<table>
<tr><th>Author Year Research Design Setting (country)</th><th>Demographics and Injury Characteristics of Sample</th><th>Validity</th><th>Reliability</th><th>Responsiveness Interpretability</th></tr>
<tr><td></td><td>Group 1: Under 50 years old – N=119
Group 2: Over 50 years old – N=165</td><td></td><td></td><td></td></tr>
<tr><td></td><td colspan="4">Demographics:
<table>
<tr><td>Aetiology</td><td>Group 1:</td><td>Group 2:</td></tr>
<tr><td>Traumatic</td><td>N=79</td><td>N=28</td></tr>
<tr><td>Street accident</td><td>48</td><td>5</td></tr>
<tr><td>Falls</td><td>12</td><td>19</td></tr>
<tr><td>Other</td><td>19</td><td>4</td></tr>
<tr><td>Non-traumatic</td><td>N=40</td><td>N=137</td></tr>
<tr><td>Inflammatory</td><td>10</td><td>30</td></tr>
<tr><td>Vascular</td><td>6</td><td>30</td></tr>
<tr><td>Neoplasic</td><td>13</td><td>26</td></tr>
<tr><td>Degenerative</td><td>11</td><td>51</td></tr>
</table>
Table 1. Mean (SD) Barthel Index Score for Group 1 and 2:
<table>
<tr><th></th><th>Under 50 years old:</th><th>Over 50 years old:</th></tr>
<tr><td>Admission</td><td></td><td></td></tr>
<tr><td>Barthel Index score</td><td>25.4 (22.6)</td><td>20.3 (20.6)</td></tr>
<tr><td>Discharge</td><td></td><td></td></tr>
<tr><td>Barthel Index score</td><td>69.3 (29.8)</td><td>44.3 (33.1)</td></tr>
<tr><td>Barthel Index change in score (increase)</td><td>43.9 (27.3)</td><td>24 (21.1)</td></tr>
<tr><td>Barthel Index efficiency</td><td>0.5 (0.3)</td><td>0.3 (0.3)</td></tr>
</table>
Table 2. Barthel Index item mean(SD) scores:</td></tr>
</table>

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

<table>
<tr><th>Author Year Research Design Setting (country)</th><th>Demographics and Injury Characteristics of Sample</th><th>Validity</th><th>Reliability</th><th>Responsiveness Interpretability</th></tr>
<tr><td></td><td>
<table>
<tr><th></th><th colspan="2">Admission</th><th colspan="2">Discharge</th><th colspan="2">Increase</th></tr>
<tr><th></th><th>Under 50</th><th>Over 50</th><th>Under 50</th><th>Over 50</th><th>Under 50</th><th>Over 50</th></tr>
<tr><td>Feeding</td><td>7.4 (4)</td><td>6.3 (4.3)</td><td>8.8 (2.9)</td><td>8.1 (3.5)</td><td>1.4 (2.9)</td><td>1.8 (3)</td></tr>
<tr><td>Grooming</td><td>2.8 (2.5)</td><td>1.7 (2.4)</td><td>4.3 (1.7)</td><td>3.1 (2.4)</td><td>1.5 (2.3)</td><td>1.4 (2.2)</td></tr>
<tr><td>Bathing</td><td>0.8 (0.6)</td><td>0.8 (0.6)</td><td>1.9 (2.4)</td><td>0.7 (1.7)</td><td>1.8 (2.4)</td><td>0.6 (1.6)</td></tr>
<tr><td>Dressing</td><td>1.1 (2.8)</td><td>0.8 (1.8)</td><td>6.5 (4.1)</td><td>3.2 (4)</td><td>5.4 (2.4)</td><td>2.4 (3.6)</td></tr>
<tr><td>Bladder management</td><td>1.8 (3.7)</td><td>1.6 (3.4)</td><td>7.8 (4)</td><td>4.6 (4.8)</td><td>6 (4.7)</td><td>2.9 (4.3)</td></tr>
<tr><td>Bowel management</td><td>2.2 (4.1)</td><td>1.9 (3.7)</td><td>7.9 (4)</td><td>4.6 (4.8)</td><td>5.3 (4.8)</td><td>2.7 (4.2)</td></tr>
<tr><td>Wheelchair use</td><td>3.9 (3.7)</td><td>3.3 (3.8)</td><td>7.5 (4.2)</td><td>4.7 (4.4)</td><td>3.5 (2.9)</td><td>1.3 (1.6)</td></tr>
<tr><td>Transfers</td><td>4.2 (3.9)</td><td>3.5 (3.9)</td><td>12.5 (3.9)</td><td>8.1 (4.8)</td><td>8.3 (4.1)</td><td>4.5 (3.3)</td></tr>
<tr><td>Locomotion</td><td>2.3 (4.1)</td><td>2.2 (3.8)</td><td>9.2 (5.2)</td><td>6.2 (5.2)</td><td>6.9 (4.9)</td><td>4 (3.5)</td></tr>
<tr><td>Stair climbing</td><td>0.2 (1.1)</td><td>0.1 (0.9)</td><td>3.5 (4.2)</td><td>1.7 (3.4)</td><td>3.2 (4)</td><td>1.5 (3.2)</td></tr>
</table>
</td><td></td><td></td><td></td></tr>
</table>

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

Research Summary – Modified Barthel Index (BI)– Self Care and Daily Living

Author Year Research Design Setting (country)	**Demographics and Injury Characteristics of Sample**	**Validity**	**Reliability**	**Responsiveness Interpretability**
Ferfeli et al. 2023 Observational study to adapt the Modified Barthel Index (MBI) for use in Greece and measure its reliability and validity on a Greek neuro-rehabilitation population KAT Hospital Rehabilitation Clinic and National Rehabilitation Centre in Athens, Greece	100 neuro-rehabilitation patients (50 with stroke and 50 with SCI) Mean (SD) age 60.3 (15.3) years N = 50 participants with SCI 41M, 9F ASIA A (n = 9), B (n = 5), C (n = 13), D (n = 23) The unidimensionality solution was rejected and a two- factor solution was adopted based on exploratory and confirmatory factor analysis (Factor 1 - Transfers and Activities of Daily Living, Factor 2 -	**Convergent or criterion validity:** - Very high correlation presented between Katz Index score with MBI Factor 1 (r=0.89, P<0.001) and total score (r=0.87 P<0.001) respectively and high correlation with MBI Factor 2 (r=0.56, P<0.001). - High correlation was observed between the SF-36 physical functioning subscale score with MBI Factor 1 (r=0.52, P<0.001), MBI Factor 2 (r=0.59, P<0.001) and MBI Total	**Internal consistency:** The internal consistency of the MBI factor 1, factor 2 and Total score was measured with Cronbach's alpha and estimated as 0.92, 0.86 and 0.92 respectively. Also, satisfactory internal consistency was observed in both the stroke and SCI groups by Cronbach's alpha, estimated as 0.94 and 0.91 respectively. **Test-retest reliability:** The paired samples t-test between initial assessment and reassessment of MBI subscales and total	**Interpretability (floor or ceiling effects):** The percentage of patients scoring at the lowest possible level of the scale and at the highest possible level were for the MBI Factor 1 (5%, 1%), Factor 2 (21%, 6%) and Total score (5%, 2%) respectively. The critical value of 15% was surpassed only for Factor 2 presenting floor effect. The MIC were for Factor 1, Factor 2 and Total score 11.1, 3.6, 13.7 respectively. **Measurement error:** The error associated with the MBI Factor 1, Factor 2 and Total score at a given point

Author Year Research Design Setting (country)	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
	Mobility).	score (r=0.58, P<0.001) respectively. In the stroke and SCI groups separately, very high correlation was observed between the MBI Total score and the Katz Index score (r=0.90, P<0.001 and r=0.87, P<0.001 respectively) and high correlation was recorded with the SF-36 physical functioning subscale (r=0.59, P<0.001 and r=0.57, P<0.001, respectively). **Known-groups validity:** The MBI Factor 1, Factor 2 and Total score well discriminated between sub-groups of patients on the	score indicated no statistically significant difference. ICC between initial assessment and reassessment of the MBI factor 1, Factor 2 and Total score were 1.00, 0.996 and 0.99 (P<0.001) respectively. (see table 2).	in time (SEM) was 0.35, 0.11 and 0.41 respectively. The corresponding MDC values were 0.95, 0.3 and 1.11 respectively. **The cut-off points of MBI Total score, Factor 1 and Factor 2:** The area under the curve (AUC) of MBI Total score was 0.95 (95% CI 0.92-0.99, P<0.001) with cut-off point 47 sensitivity 76.5% and specificity 100%. The area under the curve (AUC) of MBI Factor 1 and Factor 2 were 0.97 (95% CI 0.94-1.00, P<0.001) with cut-off point 46.5, sensitivity 84% and specificity 100% and 0.84 (95% CI 0.76-0.92, P<0.001) with cut-off

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

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<tr><td></td><td></td><td>basis of their mobility. MBI Factor 1, Factor 2 and Total score were higher for patients with independent mobility compared to those with dependent or no mobility (Table V).
See table 1.</td><td></td><td>point 3.5, sensitivity 76% and specificity 92%.</td></tr>
<tr><td></td><td colspan="4">Table 1. Known-groups validity:
<table>
<tr><td>Parameter</td><td>Mobility</td><td>Mean±SD</td><td>P value</td></tr>
<tr><td rowspan="3">MBI Factor 1 (Transfers and ADL)</td><td>No</td><td>35.49±21.58*</td><td><0.001</td></tr>
<tr><td>Dependent</td><td>37.62±15.93*</td><td></td></tr>
<tr><td>Independent</td><td>63.22±9.23</td><td></td></tr>
<tr><td rowspan="3">MBI Factor 2 (Mobility)</td><td>No</td><td>2.14±2.00*</td><td><0.001</td></tr>
<tr><td>Dependent</td><td>6.77±3.63*</td><td></td></tr>
<tr><td>Independent</td><td>19.67±4.72</td><td></td></tr>
<tr><td rowspan="3">MBI Total</td><td>No</td><td>37.64±23.18*</td><td><0.001</td></tr>
<tr><td>Dependent</td><td>33.46±18.07*</td><td></td></tr>
<tr><td>Independent</td><td>82.89±12.25</td><td></td></tr>
</table>
*Statistically significant difference.

Table 2. Test-retest reliability:
<table>
<tr><td rowspan="2">Parameter</td><td rowspan="2">ICC (95% CI)</td><td colspan="2">Paired samples t-test</td><td rowspan="2">P value</td></tr>
<tr><td>Initial</td><td>Reassessment</td></tr>
</table></td></tr>
</table>

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

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<tr><td></td><td colspan="4"><table>
<tr><td>MBI Factor 1 (Transfers and ADL)</td><td>0.996* (0.99-1.00)</td><td>34.12±20.77</td><td>34.29±21.14</td><td>0.567</td></tr>
<tr><td>MBI Factor 2 (Mobility)</td><td>0.994* (0.99-1.00)</td><td>3.27±4.89</td><td>3.22±4.76</td><td>0.570</td></tr>
<tr><td>MBI Total</td><td>0.996* (0.99-1.00)</td><td>45.24±27.40</td><td>45.36±27.38</td><td>0.612</td></tr>
</table>
*Statistically significant difference.</td></tr>
<tr><td>Cho et al. 2020

Study to develop a new Korean version of the SCIM III and to investigate its reliability and validity

Korean National Rehabilitation Center spinal cord unit</td><td>N = 40
32M, 8F
Mean (SD) age 47.32 (14.27) years
AIS A (n = 14), AIS B (n = 5), AIS C (n = 8), AIS D (n = 13)
Cause of lesion: Traffic accident (n = 13); falls (n = 14); operation (n = 5); and others (n = 8), such as multiple sclerosis (n = 2), decompressive operation (n = 4), tuberculosis meningitis (n = 1), and</td><td>Correlation Between the KSCIM-III and MBI:
The correlation coefficient between KSCIM-III and MBI was statistically significant (r = 0.953, P < 0.0001). The matches items between each area of the KSCIM-III and MBI were as follows:
Feeding / Feeding: 0.973
Bathing / bathing self: 0.962.</td><td></td><td></td></tr>
</table>

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

Author Year Research Design Setting (country)	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
	SCI metastasis (n = 1) Injury level: Paraplegia (n = 15), Tetraplegia (n = 25)	• Dressing / dressing: 9.987. • Grooming / personal hygiene: 0.964. • Sphincter management-bladder / bladder control: 0.677. • Sphincter management-bowel / bowel control: 0.581. • Use of toilet / toilet: 0.964. • Mobility – bed to wheelchair / chair/bed transfer: 0.987. • Mobility – indoors and outdoors on even surface / ambulation: 0.762.		

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

Author Year Research Design Setting (country)	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
		• Stair management / stair climbing: 0.942. All areas were statistically significant (P < 0.001).		
Conti et al. 2019 Validation cross-sectional study of the Italian version of the SCI-SCS Multicetnre study in outpatient clinics of three urban spinal units across Italy	N = 156 (126M, 30F) Mean age: 50.17 Tetraplegia: 55 Incomplete Injury (ASIA B,C,D): 97 Non-traumatic injury: 24	Modified Barthel Index (MBI) p-value = 0.016 Pearson's r = -0.20		
Küçükdeveci et al. 2000 Turkey	Total sample 100 (50 patients with SCI and 50 patients with stroke).	Correlations between the MBI and ASIA (American Spinal Injury Association) motor scores were Moderate at	Internal consistency of the Modified BI is High at admission (Cronbach's α = 0.88) and discharge (Cronbach's α = 0.90).	

Reviewer ID: William Miller, Carlos L. Cano Herrera

Last updated: December 31st, 2024

Author Year Research Design Setting (country)	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
Only abstract available		admission (r = 0.55) and High at discharge (r = 0.76). Correlations were weaker between the MBI and ASIA sensory scores; Moderate at both admission (r = 0.43) and discharge (r = 0.51).	Inter-rater reliability for MBI items range from Moderate to Hig h (ICC= 0.50-0.78). Inter-rater reliability for the total MBI scale is Moderate (ICC = 0.77)	