Last updated: December 31, 2024

Author Year Research Design Setting	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
Sobreira et al. 2021 Observational prospective study to determine the MCIDs for the FSS, among others OMs Two rehabilitation centers in Portugal	N=60 patients with SCI: Mean (SD) age was 54.5 (15.9) years 36M (60%), 24F (40%) Level of injury: Cervical (n=31), thoracic (n=19), lumbar (n=10) ASIA impairment scale classification: A (n=13), B (n=7), C (n=11), D (n=29) Mean (SD) time since injury 5.5 (1.468) months *N=57 patients completed the study (mean [SD] intervention time of 7.3 [1.7] weeks)			MCID: -1.16 Pooled (weighted) MCID: 1.6 Estimated using linear regression: -0.8 Distribution-based: 0.8-2.2
<u>Forchheimer et</u> <u>al. 2011</u> Retrospective analysis	N=6096 Mean age=32.5 (14) years 78.4%M, 21.6%F Mean time since injury =9.8 (9.3) years			<b>Cut-off Scores:</b> Pain severity can be categorized into 3 distinct groups as relates to pain interference: 1-3, 4-6, and 7-10

# Research Summary – Numeric Pain Rating Scale (NPRS) – Pain

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USA	All Participants had SCI and pain; injury level: 24.3% AIS D, 5.8% paraplegia AIS C, 5.0% paraplegia B, 29.8% paraplegia A, 7.0% tetraplegia AIS C, 8.0% tetraplegia AIS B, 20.1% tetraplegia AIS A Origin: Traumatic.			
<u>Dijkers 2010</u> Longitudinal observational study USA	N=168 Mean age: 38(18) years 92%M, 8%F Level of injury: 10% paraplegia incomplete, 26% paraplegia complete, 45% tetraplegia incomplete, 19% tetraplegia complete Origin: Traumatic	Construct validity / convergent validity: Adequate correlation between NPRS and Verbal Rating Scale (Spearman's r=0.38)		
<u>Bryce et al. 2007</u> Literature search USA	N=50 health care providers attending the 2006 combined American Spinal Injury Association (ASIA)/International Spinal Cord Society	<b>Content validity:</b> In a vote on the validity and usefulness of the NPRS in people with pain related to a SCI, attendees voted as follows:	<b>Test-retest</b> <b>reliability:</b> 100%	

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	(ISCoS) scientific meeting	<ul> <li>64% NPRS is a valid measure and should be part of a minimum dataset for clinical trials</li> <li>14% NPRS is a valid measure but should be part of an expanded dataset only</li> <li>20% NPRS needs further study to establish reliability and validity before being recommended</li> <li>2% NPRS is not valid or relevant for use</li> <li>79% NPRS as first choice for a minimum data set over a VRS (16%) and VAS (5%) (n= 57)</li> <li>Failure rates have been reported to be low: 0-5.3%</li> </ul>		

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Hanley et al. 2006 Observational USA	<ul> <li>Cohort 1 (for questions about general pain) (<u>Turner et al. 2001</u>): N=307 Mean age=43.1 (13.0) years 72%M, 28%F Level of injury: 51% tetraplegia, 49% paraplegia Mean (SD) time since injury=12.2 (9.67) years</li> <li>Cohort 2 (for questions about general pain) (<u>Turner et al. 2002</u>): N=174 Mean age=41.6 (13.6) years 71%M, 29%F Level of injury: 54% tetraplegia, 46% paraplegia Mean (SD) time since injury=8.1 (9.3) years</li> </ul>			<ul> <li>Cut-off Scores:</li> <li>For rating overall pain: mild = 1-3, moderate = 4-7, severe = 8-10</li> <li>For rating worst pain problem: mild = 1-3, moderate = 4-6, severe = 7-10</li> <li>For cut-off determination, pain severity on NPRS was compared to pain interference</li> </ul>

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Hanley et al. 2006 Comparative study USA	N=82; mean age=41.44 (10.14) years 54% cervical SCI, 38% thoracic SCI, 7% lumbar/sacral SCI Average pretreatment pain intensity = 5.27 (1.79) on NPRS	Age was significantly and positively correlated with absolute and percent change scores for participants who reported a meaningful change (r=0.48 and 0.46, respectively; <i>P</i> values < 0.01) and for those who reported no change (r=-0.45 and -0.40, respectively; <i>P</i> values < 0.01). The correlation between percent change and pretreatment pain was statistically significant for the rating, "My pain decreased to a meaningful extent" ( <i>r</i> = 0.37 for percent change, <i>r</i> = 0.57 for absolute change, <i>P</i> values <		Minimally Clinically Important Difference (MCID): 1.80 points or 36%

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		0.05 and 0.001, respectively).		