Type of Outcome Measure: Pendulum Test

<table>
<thead>
<tr>
<th>Author ID</th>
<th>Study Design</th>
<th>Setting</th>
<th>Population (sample size, age) and Group</th>
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</thead>
</table>
| Smith et al. 2000 | Cross-sectional | University Rehab centre (tertiary care) | N=22 (21M, 1F)  
Mean age 33.4±12.5yrs (range 16-63yrs)  
14 tetraplegic, 8 paraplegic  
4 incomplete  
Mean DOI 29.8±43.2mo (range 4-172mo)  
≤grade 3 muscle strength in knee extensors. |

1. RELIABILITY

<table>
<thead>
<tr>
<th>Author ID</th>
<th>Internal Consistency</th>
<th>Test-retest, Inter-rater, Intra-rater</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith et al. 2000</td>
<td>No data available</td>
<td>Inter-trial reliability (test-retest) = Seven pendulum tests were performed at the end of manual muscle testing.</td>
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ANOVA.  
There were no significant differences between the 7 trials (P=.64).  

ICC and 95% confidence interval.  
ICC=0.92  
r >0.87

2. VALIDITY

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<th>Validity</th>
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| Smith et al. 2000 | Average manually applied velocities during the Manual Muscle Test (MMT) were compared to muscle tone score from pendulum testing.  
Higher levels of muscle tone corresponded to lower applied velocities and vice versa, suggesting an inverse relationship between these two variables.  

Pearson correlation coefficient.  
Correlations between pendulum test score and average velocity were significant for two of the three therapists (A: r=0.223, P=.32; B: r=0.657, P<.001; C: r=0.67, P<.001). Including all three data sets gave an average correlation of 0.638 and significance level of 0.001. |

3. RESPONSIVENESS – no data available

4. FLOOR/CEILING EFFECT – no data available

5. INTERPRETABILITY – no data available