Table F.1.b. People with spinal cord injury, relationship between physical activity and health-related outcomes

Questions: What is the association between **physical activity** and health-related outcomes?
Population: People with spinal cord injury
Exposure: Greater volume, duration, frequency, or intensity of physical activity
Comparison: No physical activity or lesser volume, duration, frequency, or intensity of physical activity
Outcome: Risk of co-morbid conditions (including disease progression and symptoms of disease), physical function, health-related QOL

Outcome	Systematic review evidence Review credibility	No. of studies/ Study design No. of participants	Quality Assessment					Summary of findings	Certainty	US PAGAC evidence *(39)*
			Risk of bias	Inconsistency	Indirectness †	Imprecision	Other			
Risk of co-morbid conditions	No systematic reviews identified									3 ESRs Limited evidence suggests that physical activity reduces shoulder pain and improves vascular function in paralyzed limbs in individuals with spinal cord injury. **PAGAC Grade: Limited.**
Physical function[a]	No systematic review included									8 ESRs Moderate evidence indicates that physical activity improves walking function, muscular strength, and upper extremity function for persons with spinal cord injury. **PAGAC Grade: Moderate.**
Health-related QOL	No systematic review included[b]									2 ESRs Limited evidence suggests physical activity improves health-related quality of life in individuals with spinal cord injury. **PAGAC Grade: Limited.**

Abbreviations: ESR = existing systematic review; PAGAC = Physical Activity Guidelines Advisory Committee; QOL = quality-of-life
† Serious indirectness indicates measurement of intermediate/indirect outcomes or heterogeneity in exposures and comparisons assessed; certainty of evidence was not always downgraded for indirectness if it was not judged to impact the certainty in the findings for the outcome evaluated in the review

[a] Three additional reviews were identified *(12, 14, 25)* but were rated as very low credibility and are not included. One additional review *(28)* included data from the abstracts of two studies among persons with spinal cord injury. Results are not presented here given no full-text article available.
[b] One systematic review was identified *(14)* but was rated as very low credibility and was not included.