

Promoting physical activity for disabled people who are ready to become physically active:

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Table 1 Study characteristics of the included studies

Authors	Sample size (M/F)	Age (SD) [range]	Disability group(s)	Duration inter-vention	Design	Assessment tool	Theory/ Model	Intervention delivery mode	Outcome measures	Significant Results	Non-significant results
(Arbour-Nicitopoulos, Martin Ginis, & Latimer, 2009)	44 (30/14)	49.70 (12.71)	SCI	10 weeks	RCT	Questionnaire measuring: - intention - self-efficacy (coping, barrier) - PARA-SCI - frequency of action planning - coping planning	-	- Exercise equipment, - Written materials (action plans, PA pamphlet, guidelines and safety tips, log books) - Telephone counselling sessions (3 in total)	- Intention - Coping self-efficacy: General barriers self-efficacy, Facility barriers self-efficacy, Scheduling self-efficacy. - Short version of the PARA-SCI over 7 days. - Frequency of action planning - Coping planning	- LTPA (exp vs con): d=0.71; p<0.03 - Intention (over time): d=0.18; p<0.03 - General barriers self-efficacy (over time): d=0.60; p<0.01 - Coping self-efficacy: Facility barriers (exp vs con): d=-0.65; p<0.04 General barriers (exp vs con): d=0.83; p<0.01 Scheduling (exp vs con): d=0.87; p<0.01 - Scheduling in week 1 predicting LTPA in week 5: β =0.31; p<0.03	- LTPA: Time effect was not significant, nor was the time x condition interaction (ps >0.60). - Intentions: No significant main effect for condition or time x condition interaction (ps <0.10).
(Arbour-Nicitopoulos, Tomasone, Latimer-Cheung, & Martin Ginis, 2014)	65 (37/27)	50.42 (12.78)	SCI	6 months	Cohort	Self-report LTPA Questionnaire for People with SCI	HAPA	Telephone counselling sessions (14 in total)	- Intention - Self-report LTPA Questionnaire for People with SCI for 7 days	- Intentions for regular LTPA at start and after 6 months remained high: ds=0.02-0.20; p = 0.44	- Increase in clients being regularly active at baseline (35%) versus 4 months (48%; p = 0.13) and 6 months (52%, p = 0.09)

Authors	Sample size (M/F)	Age (SD) [range]	Disability group(s)	Duration inter-vention	Design	Assessment tool	Theory/ Model	Intervention delivery mode	Outcome measures	Significant Results	Non-significant results
(Cardinal, Kosma, & McCubbin, 2004)	322(122/200)	52.5 (13.9)	AMP, CP, joint and connective tissue disease, MS, MD, PP, SB, SCI, CVA, unspecified	-	Cross-sectional	Questionnaire measuring: - Stage of change - Process of change (behaviour and cognitive) - Decision balance - Exercise barriers)	TTM	-	- Stages of change - Behavioural processes of change - Cognitive processes of change - Self-efficacy - Decision balance: Pros for exercise Cons for exercise - Exercise barriers	- Behavioural processes of change: $d=1.63$; $p<0.001$ - Self-efficacy: $d=1.31$; $p<0.001$ - Pros for exercise: $d=0.97$; $p<0.001$ - Cons for exercise: 0.87 ; $p<0.001$ - Cognitive processes of change: $d=0.87$; $p<0.001$ - Exercise barriers: $d=0.84$; $p<0.001$ Predicting stages of change: - Maintenance (91.3%) - Precontemplation (73.8%) - Contemplation (48.3%) - Preparation (23.8%) - Action (5.3%)	
(Gernigon, Pereira Dias, Riou, Briki, & Ninot, 2015)	18(13/5)	36.0 (16.1)	SCI	16 weeks	Cross-Sectional	- Approach and Avoidance Questionnaire for Sport and Physical Education - Physical Self-Perception Profile	-	-	- Approach and Avoidance Questionnaire for Sport and Physical Education - Physical Self-Perception Profile	Participants vs non-participants: - Mastery avoidance goals: $d=1.06$; $p<0.05$ - Physical self-worth: $d=1.53$; $p<0.01$	- global self-esteem: $d=1.06$; $p=0.07$ Participants vs non-participants: No significant differences were found for mastery-approach goals, performance-approach goals, performance-avoidance goals, physical condition, physical strength, body attractiveness, and sport competence ($p>0.05$).

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(Jaarsma, Geertzen, de Jong, Dijkstra, & Dekker, 2014)	76 (30/46)	30.5 (9.7)	AMP, CP, SCI, VI, Les Autres, other Neuro	-	Cross-sectional	Self-constructed questionnaire on barriers and facilitators of sport	TPB, ICF	-	- Self-constructed questionnaire focusing on personal and environmental barriers and facilitators of sport	Wheelchair vs ambulant: - Experienced barriers: $d = 0.53$; $p = 0.023$ - Lack of sports facilities: $p < 0.01$ - Sports facilities not adjusted: $p < 0.01$ - Health and physical fitness to maintain active: $p = 0.015$ Initiate vs maintain: - Health and physical fitness: $d = 0.59$; $p = 0.012$ - Competition: $d = 0.62$; $p = 0.009$	Wheelchair vs ambulant: - Dependency on others: $p = 0.055$ - transport: $p = 0.055$
(Jaarsma, Dekker, Koopmans, Dijkstra, & Geertzen, 2014)	648 (311/337)	49.1 (18)	VI	-	Cross-sectional	Self-constructed questionnaire on barriers and facilitators of sport	ICF	-	- Self-constructed questionnaire focusing on personal and environmental barriers and facilitators of sport	- Higher education: $d = 0.24$; $p = 0.039$ Disability (experienced as barrier): $d = -0.31$; $p = 0.03$ - Costs: $d = -0.73$; $p < 0.001$ - Lack of peers/buddies: $d = -1.05$; $p < 0.001$ - Use of computer software: $d = 0.35$; $p = 0.003$	- Using a white cane: $d = 0.029$; $p = 0.801$ - Having a guide dog: $d = 0.23$; $p = 0.170$ - Age: $d = 0.0027$; $p = 0.368$ - Gender: $d = 0.10$; 0.361

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(Keegan, Chan, Ditchman, & Chiu, 2012)	126 (83/43)	43.5 (13.3) [19-76]	SCI	-	Cross-sectional	<ul style="list-style-type: none"> - Self-Report Functional Independence Measure basic Activities of Daily Living subscale. - TPB physical activity and exercise questionnaire - Friend Support for Exercise Habits Scale/ Family Support for Exercise Habits Scale - Outcome Expectations for Exercise Scale - Barriers to Health Promoting Activities for Disabled Persons Scale - SCI Exercise Self-Efficacy Scale - Revised Planning for Exercise Scale - International Physical Activity Questionnaire - Physical Activity Stages of Change Instrument 	Pender's Health promotion model (SCT & TPB)	-	<ul style="list-style-type: none"> - Pre-injury physical activity - Self-Report Functional Independence Measure - Normative and control beliefs about physical activity and exercise scale. - Friend Support for Exercise Habits Scale/ Family Support for Exercise Habits Scale - Outcome Expectations for Exercise Scale - Barriers to Health Promoting Activities for Disabled Persons Scale - SCI Exercise Self-Efficacy Scale - Revised Planning for Exercise Scale - International Physical Activity Questionnaire - Physical Activity Stages of Change Instrument 	<ul style="list-style-type: none"> - Physical activity/exercise participation: Pre-injury PA: $\beta=0.17$; $p<0.05$ - Severity of SCI: $\beta=0.20$; $p<0.05$ - Commitment to action plan: $\beta=0.41$; $p<0.01$ - Commitment to action plan: Friend/family support: $\beta=0.40$; $p<0.01$ - Perceived benefits: $\beta=0.17$; $p<0.05$ - Perceived self-efficacy: $\beta=0.35$; $p<0.05$ 	-

Authors	Sample size (M/F)	Age (SD) [range]	Disability group(s)	Duration inter-vention	Design	Assessment tool	Theory/ Model	Intervention delivery mode	Outcome measures	Significant Results	Non-significant results
(Kennedy, Taylor, & Hindson, 2006)	35 (30/5)	31.91 (10.60) [18-61]	SCI	6 weeks	Cohort	<ul style="list-style-type: none"> - Life Satisfaction Questionnaire - Hospital Anxiety and Depression Scale - Perceived Manageability - Generalised Self-Efficacy Scale - Overall gains (via interviews) 	-	Course with multiple or single activity program (1 week)	<ul style="list-style-type: none"> - Life Satisfaction questionnaire - Hospital Anxiety and Depression Scale - Needs Assessment Checklist - Generalised Self-Efficacy Scale - Overall gains of intervention: <ol style="list-style-type: none"> 1) Why would you recommend Back-Up to other people with SCI? 2) Describe how being involved in Back-Up has had a positive effect on your rehabilitation. 3) What do you feel you have gained from Back-Up? 	<ul style="list-style-type: none"> - Life Satisfaction General: $d=0.88$; $p=0.016$ - Leisure Satisfaction: $d=1.021$; $p=0.007$ - Anxiety: $d=0.50$; $p<0.01$ - GSES: $d=0.93$; $p=0.012$ 	<p><i>Quantitative results:</i></p> <ul style="list-style-type: none"> - Perceived Manageability $d=0.88$ <p><i>Qualitative results:</i></p> <ul style="list-style-type: none"> - Overall gains of intervention: <ol style="list-style-type: none"> 1) 'Meeting people and making friends.' 'Perception of possibilities and capabilities.' 2) 'Self-confidence and sense of achievement.' 'Skills and knowledge' 3) 'Self-confidence and sense of achievement.' 'Meeting people and making friends.'
(Kosma, Cardinal, & McCubbin, 2004)	151 (34/117)	37.9 (8.8)	SCI, CP, MS	-	Cross-sectional	Questionnaire measuring: <ul style="list-style-type: none"> - Stage of change - Process of change - Self-efficacy - Decision balance 	TTM	-	<ul style="list-style-type: none"> - Stages of change - Self-efficacy - Decision balance 	Most important stages of change predictors: <ul style="list-style-type: none"> - Function 1: Behavioural changes: $r=0.94$ Cognitive changes: $r=0.71$ Self-efficacy: $r=0.57$ Decision balance: $r=0.36$ - Function 2: Cognitive processes of change: $r=0.58$ 	-

Authors	Sample size (M/F)	Age (SD) [range]	Disability group(s)	Duration inter-vention	Design	Assessment tool	Theory/ Model	Intervention delivery mode	Outcome measures	Significant Results	Non-significant results
(Latimer, Martin Ginis, & Arbour, 2006)	54 (26/28)	40.61 (10.89)	SCI	8 weeks	RCT	Questionnaire measuring: - intention - PARA-SCI - Perception of control	TPB	- Exercise equipment - Written materials (action plans, PA pamphlet, guidelines and safety tips, log books)	- Intention - Physical Activity Recall Assessment for Individuals with SCI - PBC - Scheduling self-efficacy - Barrier self-efficacy	- Minutes PA (exp vs con): $d=0.52$, $p=0.04$ - Intention as predictor for PA duration (only exp): $\beta=0.68$, $p=0.05$ - Intention as predictor for PA frequency (only exp): $\beta=0.76$, $p=0.05$ - Treatment effect on intention: $d=0.73$, $p=0.04$ - Treatment effect on scheduling self-efficacy: $d=0.71$, $p=0.04$	- Number of days participants engaged in ≥ 30 min of physical activity. - Intention was no predictor for PA duration and frequency $ps > 0.84$ - PBC not significant for experimental and control group. - No significant treatment effects for the PBC or barrier self-efficacy measures ($ps > 0.05$).
(Latimer, Martin Ginis, & Craven, 2004)	124 (86/38)	43.45* (16.21)*	SCI	-	Cross-sectional	Questionnaire measuring TPB constructs (attitude, subjective norm, PBC) - Godin Leisure Time Exercise Questionnaire	TPB	-	- Self-constructed questionnaire assessing TPB construct: Attitude Subjective norm PBC Intentions - Godin Leisure Time Exercise Questionnaire	- PBC as predictor of intention (only for TP): $\beta=0.59$, $p<0.01$ - PBC predictor of exercise in moderate intensity exercise model (only for TP): $\beta=0.33$, $p=0.03$	- For individuals with paraplegia, none of the TPB constructs predicted intentions. - For TP intentions were not a significant predictor of exercise behaviour at any intensity. - For individuals with paraplegia, the TPB constructs did not predict exercise behaviour at any intensity.

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(Martin Ginis et al., 2013)	238 (179/57, 2 missing)	44.14 (12.74)	SCI	-	Cross-sectional	PARA-SCI, Questionnaire measuring LTPA outcome expectancies, self- efficacy (task, maintenance, recovery, scheduling, goal setting), intentions, planning and action control	TPB, HAPA	-	Motivational phase constructs: - LTPA Outcome Expectancies - Task self-efficacy - Intentions Volitional phase constructs: - Planning - Maintenance Recovery, Scheduling, Goal Setting self-efficacy - Action Control	- Actors reported more min/day of moderate and heavy intensity LTPA than intenders and non-intenders, ps < 0.001. - Actors scored significantly higher than both intenders and non-intenders on all constructs, ps ≤ 0.01. - Intenders scored significantly higher than non-intenders on all constructs, ps ≤ 0.01.	Intenders and non-intenders did not differ on min/day of moderate and heavy intensity LTPA.

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(Molton, Jensen, Nielson, Cardenas, & Ehde, 2008)	130 (93/37)	45 (14.4) [18-82]	SCI	-	Cross-sectional	<ul style="list-style-type: none"> - Numerical Rating Scale for pain intensity - Multi-dimensional Pain Readiness to Change Questionnaire - Motivational Model of Pain Self-Management 	Motivational Model of Pain Self-Management	-	<ul style="list-style-type: none"> - Numerical Rating Scale - Multidimensional Pain Readiness to Change Questionnaire - Motivational Model of Pain Self-Management 	<ul style="list-style-type: none"> - Effect Perceived importance on exercise behaviour: $\beta = 0.48$, $p < 0.001$ - Effect Perceived importance on Readiness to exercise: $\beta = 0.56$, $p < 0.001$ - Readiness to exercise on exercise behaviour: $\beta = 0.54$, $p < 0.001$ - Self-efficacy on exercise behaviour: $\beta = 0.41$, $p < 0.001$ - Self-efficacy on readiness to exercise: $\beta = 0.56$, $p < 0.001$ - Readiness to exercise on exercise behaviour: $\beta = 0.23$, $p = 0.01$ 	<ul style="list-style-type: none"> - Effect of perceived importance on exercise behaviour (including readiness to exercise) $\beta = 0.18$, $p = 0.04$ (after α correction)

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(Pelletier, Latimer-Cheung, Warburton, & Hicks, 2014)	17 (13/4)	42.1 (10.6)	SCI	16 weeks	Cohort	- Exercise beliefs questionnaire	SCT	Telephone counselling sessions (5 in total)	- (Self-reported) Adherence to twice-weekly exercise program for 16-week period - Exercise belief questionnaire	-	- No difference in attendance rates between inpatient compared to outpatient counselling groups. - Effect size: Inpatient compared to outpatient counselling groups: $d=0.63$, $p=0.22$ Outpatient referral only compared to referral plus counselling: $d=0.79$, $p=0.22$. - Exercise belief questionnaire: No significant differences in constructs between groups. $p>0.05$. No significant correlation between adherence and constructs. $p=0.21$

Authors	Sample size (M/F)	Age (SD) [range]	Disability group(s)	Duration inter-vention	Design	Assessment tool	Theory/ Model	Intervention delivery mode	Outcome measures	Significant Results	Non-significant results
(Perrier, Sweet, Strachan, & Latimer-Cheung, 2012)	201 (119/82)	44.0 (12.8)	SCI, AMP, other (stroke, polio)	2 weeks	Pre-post testing	Questionnaire measuring: - Athletic identity (AIMS) - Outcome expectancies - Risk perceptions - Self-efficacy - Intentions - Planning	HAPA	-	- Athletic Identity Measurement Scale - Instrumental expectancies - Affective expectancies - Negative expectancies - Health risk perceptions - Task self-efficacy - Intentions - Scheduling self-efficacy - Barrier self-efficacy - Action planning - Coping planning - Recovery self-efficacy - modified version of the 7 day short form Leisure Time Physical Activity Questionnaire for People with Spinal Cord Injury	- Negative outcome expectancies negatively predicts intention on sport participation: $\beta=-0.24$, $p=0.001$ - Higher task self-efficacy, decrease in planning: $\beta=0.22$, $p=0.015$ - Indirect effect task self-efficacy on planning through intention: $\beta=0.13$, $p=0.002$ - Maintenance self-efficacy on sport participation: $\beta=0.48$, $p=0.003$ - Indirect effect planning on sport participation through self-efficacy: $\beta=0.33$, $p=0.002$	- Health risks did not predict intentions to participate in sport: $\beta=-0.09$, $p=0.17$ - Relationship between planning and sport participation: $\beta=0.052$, $p=0.65$ - recovery self-efficacy and sport: $\beta=0.19$, $p=0.11$

Authors	Sample size (M/F)	Age (SD) [range]	Disability group(s)	Duration intervention	Design	Assessment tool	Theory/ Model	Intervention delivery mode	Outcome measures	Significant Results	Non-significant results
(Perrier, Shirazipour, & Latimer-Cheung, 2015)	201 (119/82)	44.27 (12.08)	Acquired physical disabilities, such as SCI	-	Cross-sectional	Questionnaire measuring: - Intention - Outcome expectancies - Risk perceptions - Self efficacy - Planning	HAPA	-	- Staging sport - Outcome expectancies - Risk perceptions - Task self-efficacy - Intentions - Maintenance self-efficacy - Planning - Recovery self-efficacy	Task self-efficacy, $p < 0.001$: $d(NI, IN) = 0.25$ $d(NI, A) = 1.34$ $d(IN, A) = 1.15$ Intentions, $p < 0.001$: $d(NI, IN) = 0.57$ $d(NI, A) = 2.29$ $d(IN, A) = 1.32$ Scheduling self-efficacy, $p < 0.001$: $d(NI, IN) = 0.51$ $d(NI, A) = 1.49$ $d(IN, A) = 0.76$ Affective outcome expectancies, $p < 0.001$: $d(NI, IN) = 1.10$ $d(NI, A) = 1.20$ $d(IN, A) = 0.0080$ Recovery self-efficacy, $p < 0.001$: $d(NI, IN) = 0.76$ $d(NI, A) = 1.46$ $d(IN, A) = 0.17$ Barrier self-efficacy, $p < 0.001$: $d(NI, IN) = 0.95$ $d(NI, A) = 1.58$ $d(IN, A) = 0.78$ Action plans, $p < 0.001$: $d(NI, IN) = 0.92$ $d(NI, A) = 2.56$ $d(IN, A) = 1.06$	Bonferroni-adjusted $\alpha = 0.006$: - Instrumental outcome expectancies, $p = 0.13$: $d(NI, IN) = 0.43$ $d(NI, A) = 0.46$ $d(IN, A) = 0.0061$ - Negative outcome expectancies, $p = 0.006$: $d(NI, IN) = 0.15$ $d(NI, A) = 0.44$ $d(IN, A) = 0.25$ - Risk perceptions, $p = 0.21$: $d(NI, IN) = 0.18$ $d(NI, A) = 0.42$ $d(IN, A) = 0.68$ - Coping plans, $p = 0.028$ $d(NI, IN) = 0.28$ $d(NI, A) = 0.71$ $d(IN, A) = 0.38$

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(Saebu & Sorensen, 2011)	327 (149/178)	24.15 (3.88)	CP, SB, SCI, MD, VI	-	Cross-sectional	<ul style="list-style-type: none"> - International Physical Activity Questionnaire - Functioning and Disability - Barriers to exercise (environmental factors) - Exercise Self-Regulation Questionnaire 	SDT, ICF	-	<ul style="list-style-type: none"> - International Physical Activity Questionnaire (Short Form) - Self construction questionnaire about function and disability - Self constructed questionnaire about environmental factors - Exercise Self-Regulation Questionnaire - Exercise self-schema - Medical Outcome Study Short Form 12 	<ul style="list-style-type: none"> - Acquired disability $\beta=0.12$, $p<0.05$ - Low need for personal activity equipment $\beta=0.15$, $p<0.01$ - Employed $\beta=0.16$ - Available local activities $\beta=0.11$, $p<0.05$ - High physical component summary (PCS) $\beta=0.12$, $p<0.05$ - Exerciser schematics $\beta=0.27$, $p<0.01$ - High intrinsic motivation $\beta=0.14$, $p<0.01$ 	<ul style="list-style-type: none"> - No need for personal aids - High education - Need for more than 3 hours of daily personal care - Functional personal activity equipment - Adapted facilities at site - High level of information of activities - Age - Gender

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(Sweet, Martin Ginis, & Latimer-Cheung, 2012)	541 (411/130)	47.6 (13.4)	SCI	18 months	Observational study	- TPB to predict LTPA in persons with SCI - PARA-SCI	TPB	-	- Theory of Planned Behaviour Measures - Physical Activity Recall Assessment for People with SCI	Significant results compared to inactive group: - Intention: Increaser: d=0.16, p=0.02 Decreaser: d= 0.29, p<0.01 Stable active: d=0.43, p<0.01 - Less severe injuries: Decreaser: d=0.27, p=0.01 Stable active: d=0.20, p=0.05 - Stable active Younger: d=0.016, p=0.05 - Fewer years post injury: d=0.03, p<0.01	Non-significant results (p>0.05) compared to inactive group: - Age: Increaser, Decreaser - Gender: Increaser, Decreaser, Stable active - Years post injury: Increaser, Decreaser - Injury severity: Increaser - Subjective norms: Increaser, Decreaser, Stable active - Attitude: Increaser, Decreaser, Stable active - PBC: Increaser, Decreaser, Stable active
(Thomas et al., 2011)**	21(10/11)	43.6 (14.2)	SCI	9 months	RCT	- TTM questionnaire - Borg Rating of Perceived Exertion scale for physical activity intensity	TTM	- Telephone counselling sessions (7 in total), - Written materials (brochures, tailored exercise instructions), - Exercise materials (dvd)	- Stages of Change (TTM) - Self-reported activity log (number of days, total minutes per day, types of activity, and intensity of each activity for one full week per month for each of the 3 months) - Borg Rating of Perceived Exertion scale for physical activity intensity	- CON: PA increase at T2, T3 and T4 compared to T1 (p<0.05, p<0.01, p<0.05 respectively). - EXP: PA increase T3 and T4 compared to T1 (p<0.05 for both).	- EXP: no increase in PA at T2 compared to T1 (p>0.05). - No significant differences in improvement between groups

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(Warms, Belza, Whitney, Mitchell, & Stiens, 2004)	16 (13/3)	43.2 (11.3) [24-68]	SCI	6 weeks	Cohort	<ul style="list-style-type: none"> - Stage of Readiness for Change in Exercise Behaviour - Barriers to Health Activity Among Disabled Persons - Self-rated Abilities for Health Practices Scale - Self-rated Health Scale 	-	<ul style="list-style-type: none"> - Face to face counselling (motivational interviewing, goal setting, action plan), - Telephone counselling sessions (4 in total), - Written materials (pamphlets, tailored physical activity information) 	<ul style="list-style-type: none"> - Accelerometer and a physical activity record for 4 days. - Stages of change (Trans Theoretical Model) - Barriers to Health Activity Among Disabled Persons Scale. - Self-rated Abilities for Health Practices Scale. - Self-rated Health Scale. - CES-D - Isometric strength of elbow and shoulder flexors/extensors was measured bilaterally using a handheld dynamometer 	<ul style="list-style-type: none"> - Motivational barriers: d=1.5, p=0.01 - Exercise self-efficacy: d=-1.1, p=0.05 - Self-rated Health: d=-1.1, p=0.04 - Muscle Strength: d=-3.6, p<0.001 	<ul style="list-style-type: none"> - Activity score: d=-0.68, p = 0.32 - Total barriers score: d=1.1, p=0.06 - external barriers: d= 0.50, p=0.37 - self-rated abilities for health practices: d=-0.45, p=0.39 - Depression: d=0.64, p=0.24

* Pooled mean and standard deviation

** Effect sizes could not be calculated based on the results provided in the study.

A = Actors, AMP = Amputation, CES-D = Centre for Epidemiologic Studies Depression Scale, CON = control group, CP = Cerebral Palsy, CVA = Cerebral Vascular Accident (which includes both stroke and traumatic brain injury), EXP = Experimental group, F = Female, HAPA = Health Action Process Approach, I = Interview, ICF = International Model of Classification, Functioning and Disability, IN = Intenders, LTPA = Leisure Time Physical Activity, M = Male, MD = Muscular Disease, MS = Multiple Sclerosis, NI = Non-Intenders, PA = Physical Activity, PARA-SCI = Physical Activity Recall Assessment for People with Spinal Cord Injuries, PBC = Perceived Behavioural Control, PP = Post-Polio, Q = Questionnaire, RCT = Randomised Controlled Trial, SB = Spina Bifida, SCI = Spinal Cord Injury, SCT = Social Cognitive Theory, SD = Standard Deviation, SDT = Self-Determination Theory, SOC = Stages of Change, TP = Tetraplegia, TPB = Theory of Planned Behaviour, TTM = Trans Theoretical Model, VI = Visual Impairment