

Introduction

•Despite the health risks associated with inactivity, little effort has been directed towards promoting leisure-time physical activity (LTPA) within the SCI population

•Limitations of existing physical activity surveys for this population are:
 •smaller, potentially non-representative samples
 •primarily focused on sports participation

•Preliminary data ($n=158$) found LTPA participation to be higher for men and younger individuals, whereas no differences were found as a function of lesion level or completeness, employment status, or mode of mobility (Latimer et al., 2006)

•Researchers must examine LTPA and its correlates in sufficiently large, representative samples in order to:
 • identify groups in greatest need of activity-enhancing interventions
 • design and assess empirically-informed activity-enhancing interventions for people with SCI

Purpose

•To comprehensively describe LTPA in a large, representative sample of the Ontario SCI population
 •To identify groups in greatest need of LTPA-enhancing interventions

Participants

Demographics		Injury Characteristic	
N	696	Years post injury	15.21 ± 11.53
Male	532 (76.4%)	Tetraplegia	364 (52.3%)
Age (yr)	47.15 ± 13.46	Incomplete injury	416 (59.8%)
Caucasian	622 (89.4%)	Cause of injury	
High school education or less	244 (35.1%)	Vehicular	335 (48.6%)
Married	309 (44.4%)	Violence	13 (1.9%)
		Sports/Recreation	132 (19.1%)
		Falls	98 (14.2%)
		Disease	16 (2.3%)
		Medical/Surgical	46 (6.7%)
		Other	50 (7.2%)
		Mode of mobility	
		Manual chair	389 (55.9%)
		Power chair	222 (31.9%)
		Gait aid	85 (12.2%)

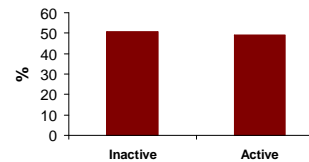
Evaluation Measure

•Physical Activity Recall Assessment for People with SCI (PARA-SCI; Martin Ginis et al., 2005)

Results

LTPA Participation Rates

Figure 1. LTPA participation rates for active (LTPA > 0 min/day) and inactive (LTPA = 0 min/day) respondents.



Correlates of Participation Status

•Two significant correlates were associated with a decreased likelihood of being active:
 •Greater years post-injury (OR=.97, $p < .01$)
 •Being a powerchair vs. a manual wheelchair user (OR=.57, $p < .02$)

LTPA Patterns Among Active Individuals

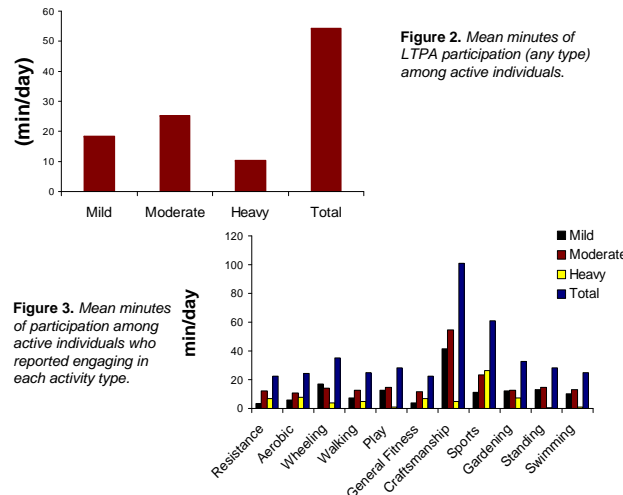


Figure 2. Mean minutes of LTPA participation (any type) among active individuals.

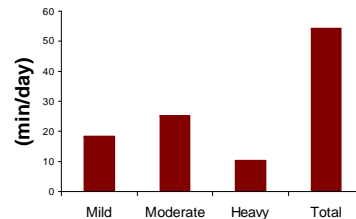


Figure 3. Mean minutes of participation among active individuals who reported engaging in each activity type.

LTPA Correlates Among Active Individuals

•Regression analyses revealed two variables significantly related to LTPA:

(1) **Mode of Mobility:** Overall, manual wheelchair users reported significantly more mild, moderate, and total LTPA than power chair users.

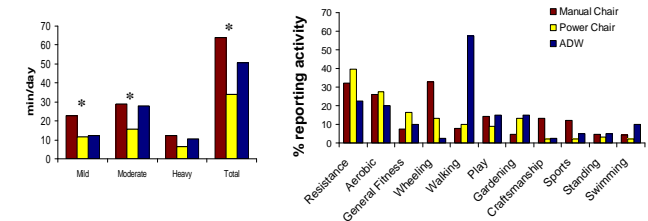


Figure 4. Mean minutes (a) and percentage of respondents reporting each activity type (b) as a function of mode of mobility (* denotes a significant difference at $p < .05$ level).

(2) **Sex:** Men reported significantly more total LTPA than women.

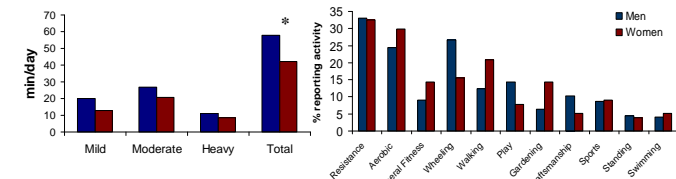


Figure 5. Mean mins (a) and percentage of respondents reporting each activity type (b) as a function of sex (* denotes a significant difference at $p < .05$ level).

Discussion

•Data support earlier speculation that people with SCI are at the lowest end of the LTPA participation spectrum.

•Consistent with our earlier work, men were more active than women. Additionally, YPI and mode of mobility were associated with LTPA activity status, while mode of mobility was also associated with total LTPA.

•Among the active subset ($n=343$), a mean of 54 min/day of LTPA was reported, with mild and moderate LTPA accounting for most of this activity.

•In general, exercise activities (e.g., resistance training) were the most frequently reported LTPA types.

•Distinctions in LTPA types highlight the importance of promoting different types of LTPA for people who use different mobility devices and for men vs. women.

•Findings provide a benchmark measure of LTPA participation that can be used to gauge the effectiveness of future activity-enhancing interventions.