

SUPPLEMENTARY DIGITAL MATERIAL 4

Supplementary Table IV.—Characteristics of included clinical practice guidelines.

Nr.	Short Title	Full title	Year	Author	Country	Objective	Scope	Target user	Target population ^a	Care continuum	Care setting	N (.rec) ^b
1	NICE_Rehabilitation, 2022	Rehabilitation after traumatic injury	2022	National Institute for Health and Care Excellence (NICE)	UK	Offer clinical guidance for the rehabilitation of individuals with complex rehabilitation needs after traumatic injury ^c	Comprehensive	Health care workers Social care workers Individuals with SCI Family and caregivers Others ^d	TSCI and others	Acute Chronic	Inpatient Outpatient	8 (1-8)
2	Consortium_Bone health, 2022	Bone health and osteoporosis management in individuals with spinal cord injury	2022	Paralyzed Veterans of America and Consortium for Spinal Cord Medicine	USA	To aid health care professionals in augmenting bone health and management of osteoporosis among adult individuals living with SCI/disease (SCI/D) and to prevent fractures and fracture-related morbidity and mortality and to ensure individuals with SCI have an adequate bone mass to allow participation in leisure-time weight-bearing activities without risk of injury.	Topic-specific	Health care workers	SCI (adults 18+ with paralysis, excluding spinal stroke)	Acute Chronic	Inpatient Outpatient	3 (9-11)
3	German speaking society_Lifelong follow-up, 2022	Lifelong follow-up care for people with spinal cord injury (Original title: <i>Lebenslange Nachsorge für Menschen mit Querschnittlähmung</i>)	2022	German speaking society of spinal cord injury (<i>Deutschsprachige Medizinische Gesellschaft für Paraplegiologie (DMPG)</i>)	Austria, Germany, Switzerland	To describe the lifelong and holistic care of persons with paraplegia, specifically with regard to continuous quality improvement, taking into account individual needs, effectiveness, efficiency and appropriateness.	Comprehensive	Health care workers Individuals with SCI Family and caregivers Others ^d	SCI (adults)	Chronic	Outpatient	8 (12-19)
4	Can-SCIP, 2021	Canadian spinal cord injury practice (Can-SCIP) guideline	2021	Praxis Spinal Cord Institute	Canada	First comprehensive living guideline designed to provide evidence-based recommendations for adults 18 years and older with a SCI in all phases of care (from pre-hospital emergency care through acute and rehabilitation care and on to community care), across an individual's lifetime.	Comprehensive	Health care workers Individuals with SCI Family and caregivers ^e Policy makers Administrators	TSCI (adults 18-65 years)	Acute Chronic	Inpatient Outpatient	2 (20-21)
5	Sekido N_Urinary dysfunction, 2020	Clinical guidelines for the diagnosis and treatment of lower urinary tract dysfunction in patients with spinal cord injury	2020	Sekido N, Igawa Y, Kakizaki H, Kitta T, Sengoku A, Takahashi S, <i>et al.</i>	Japan	Offer clinical guidance for the the diagnosis and treatment of lower urinary tract dysfunction in patients with SCI. ^e	Topic-specific	Health care workers	SCI (adults with lower urinary tract dysfunction)	Acute Chronic	Inpatient Outpatient	1 (22)
6	Consortium_Neurogenic bowel, 2020	Management of neurogenic bowel	2020	Paralyzed Veterans of America and Consortium for	USA	The overall aim was to improve the care of individuals with SCI by guiding clinicians and policy makers	Topic-specific	Health care workers	SCI (adults 18+ with paralysis,	Acute Chronic	Inpatient Outpatient	3 (23-25)

		dysfunction in adults after spinal cord injury: Clinical practice guideline for health care providers		Spinal Cord Medicine		with its recommendations. More specifically, to guide management decisions related to neurogenic bowel dysfunction.			excluding spinal stroke)			
7	Consortium_Autonomic dysreflexia, 2020	Evaluation and management of autonomic dysreflexia and other autonomic dysfunctions: Preventing the highs and lows. Management of blood pressure, sweating, and temperature dysfunction	2020	Paralyzed Veterans of America and Consortium for Spinal Cord Medicine	USA	The overall aim was to improve the care of individuals with SCI (SCI) by guiding clinicians and policy makers with its recommendations. More specifically, to guide the prevention and treatment of autonomic dysreflexia and other autonomic dysfunctions in all settings, which can only result in the best outcomes and least amount of morbidity and mortality for those who experience SCI.	Topic-specific	Health care workers	SCI (adults and children)	Acute Chronic	Inpatient Outpatient	1 (26)
8	MASCIP_Weight management, 2019	Multidisciplinary Association for Spinal Cord Injury Professions (MASCIP) guideline for weight management in individuals with spinal cord injury	2019	Wong S, O'Connor L, Twist A, Moseley G, Langan R, Smith E, <i>et al.</i> as Multidisciplinary Association for Spinal Cord Injury Professions (MASCIP)	Ireland, UK	The overall aim was to improve the care of people with a SCI and to guide clinicians and policy makers through its recommendations. More specifically, to explore interventions that need to be tailored to the changed nutritional needs and physical activity following SCI and to explore their use for the treatment and management of overweight and obesity for people with a SCI.	Topic-specific	Health care workers Policy makers	SCI (adults)	Acute Chronic	Inpatient Outpatient	1 (27)
9	International Consultation on Incontinence, 2018	Neurogenic bowel dysfunction: Clinical management recommendations of the Neurologic Incontinence Committee of the Fifth International Consultation on Incontinence 2013	2018	Cotterill N, Madersbacher H, Wyndaele JJ, Apostolidis A, Drake MJ, Gajewski J, <i>et al.</i> as Neurologic Incontinence Committee of the Fifth International Consultation on Incontinence 2013	Austria, Belgium, Canada, Germany, Greece, Japan, Poland, Switzerland, Netherlands, UK	Update clinical management of neurogenic bowel dysfunction from the recommendations of the 4th International Consultation on Incontinence (ICI), 2009. The 4th ICI was organised to develop recommendations for the diagnosis evaluation and treatment of urinary incontinence, fecal incontinence, pelvic organ prolapse and bladder pain syndrome.	Topic-specific	Health care workers ^e	SCI and others	Not described	Not described	1 (28)
10	UEMS_PRM, 2018	Evidence-based position paper on Physical and Rehabilitation Medicine (PRM) professional practice for persons with	2018	Rapidi CA, Tederko P, Moslavac S, Popa D, Branco CA, Kiekens C, <i>et al.</i> as UEMS PRM Section	Belgium, Croatia, Cyprus, Greece, Poland, Portugal, Romania, Spain	Improve Physical and Rehabilitation Medicine (PRM) physicians' professional practice for persons with SCI in order to improve their functionality, social and community reintegration, and to overcome activity limitations and/or participation restrictions.	Comprehensive	Health care workers	SCI	Acute Chronic	Inpatient Outpatient	1 (29)

		spinal cord injury. The European PRM position (UEMS PRM Section)										
11	International Continence Society_Uroynamics, 2018	Urodynamics in patients with spinal cord injury: A clinical review and best practice paper by a working group of The International Continence Society Urodynamics Committee	2018	Schurch B, Iacovelli V, Averbeck MA, Carda S, Altaweel W, Finazzi E. as The International Continence Society Urodynamics Committee	Brazil, Italy, Saudi Arabia, Switzerland	To define the best clinical approach to SCI patient undergoing urodynamics and to clarify the role of urodynamics focusing on patients' assessment, indications, technical aspects, and follow-up.	Topic-specific	Health care workers	SCI	Acute Chronic	Inpatient Outpatient	1 (30)
12	Consortium_Cardiometabolic risk, 2018	Identification and management of cardiometabolic risk after spinal cord injury: Clinical practice guideline for health care providers	2018	Paralyzed Veterans of America and Consortium for Spinal Cord Medicine	USA	The overall aim was to improve the care of patients with SCI by guiding clinicians and policymakers with its recommendations. More specifically, to guide cardiometabolic disease prevention and treatment in all settings, which can only result in the best outcomes and least amount of morbidity and mortality for those who experience SCI.	Topic specific	Health care workers Individuals with SCI	SCI (with paralysis since at least one year, excluding spinal stroke)	Acute Chronic	Inpatient Outpatient	2 (31-32)
13	Consortium_Venous thromboembolism, 2016	Prevention of venous thromboembolism in individuals with spinal cord injury: Clinical practice guidelines for health care providers.	2016	Paralyzed Veterans of America and Consortium for Spinal Cord Medicine	USA	The overall aim was to improve the care of patients with SCI and to provide guidance for clinicians and policymakers. More specifically, further standardization and improvement in the quality of clinical practice with the ultimate objective of optimizing outcomes for persons with SCI across the spectrum of their care.	Topic-specific	Health care workers	TSCI	Acute	Inpatient	1 (33)
14	Consortium_Pressure ulcers, 2014	Pressure ulcer prevention and treatment following spinal cord injury: A clinical practice guideline for health-care professionals.	2014	Paralyzed Veterans of America and Consortium for Spinal Cord Medicine	USA	To present the current state of the science in pressure ulcer research and clinical practice and scientifically sound strategies that are effective in identifying risk and reducing the incidence, prevalence, and recurrence of this lifelong complication of SCI.	Topic-specific	Health care workers Individuals with SCI Family and caregivers ^f Policy makers Administrators Others ^d	SCI	Acute Chronic	Inpatient Outpatient	1 (34)
15	Canadian_Pressure ulcers, 2013	Canadian best practice guidelines for the prevention and management of pressure ulcers in people with	2013	Houghton PE, Campbell KE and CPG Panel	Canada	1. To provide experts in SCI with the wound care information they require and wound care experts with the SCI information they need to deal effectively with this special population.	Topic-specific	Health care workers	SCI (with pressure ulcers)	Acute Chronic	Inpatient Outpatient	5 (35-39)

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2. To provide a common framework for spinal cord experts and wound care specialists that can improve communication between these groups. Improved communication can enhance pressure ulcer prevention and management strategies across the continuum of care for people with SCI, improving their quality of life and generating healthcare savings

3. To provide a very comprehensive approach to skin and wound care for the SCI population, which will ultimately help prevent and better manage pressure ulcers in this group of individuals.

16	NICE_Urinary incontinence, 2012	Urinary incontinence in neurological disease: Assessment and management	2012	National Institute for Health and Care Excellence (NICE)	USA	To improve care by recommending specific treatments based on what symptoms and neurological conditions people have.	Topic-specific	Health care workers Individuals with SCI Family and caregivers Others ^d	SCI and others	Chronic	Outpatient	1 (40)
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^aThe description "SCI" includes both traumatic and non-traumatic SCIs, "TSCI" refers to traumatic SCIs only and "and others" means that SCIs were included among other health conditions. ^bN represents the number of ageing-specific recommendations included. The brackets indicate the number that refers to the ageing-specific recommendations found in Table 2. ^cCould be inferred from the guideline, however, it was not directly described. ^dOthers included for example commissioners and providers, third-party payers or cost and decision makers. ^eFamily and caregivers are not addressed directly as the CPG is not meant to be used for self-diagnosis or treatment, but as a baseline to bring health care workers attention to the topic. ^fThere is also a consumer-specific guide.