

eTable 2. Articles included in scoping review

Authors, year of publication, and country	Sample	Design & methods	Purpose/objectives	Main findings
Barclay et al. (2015) Australia	N = 17 (traumatic SCI)	Semi-structured interviews	To examine the facilitators and barriers to social and community participation after acquiring SCI	<ul style="list-style-type: none"> ▪ Facilitators included financial resources, technology, and social support from friends, family, and peers. ▪ Barriers/challenges included physical environment, transportation, financial resources, and unsupportive social attitudes.
Barclay et al. (2017) Australia	N = 17 (nontraumatic SCI)	Semi-structured in-depth interviews	To understand the lived experience of people with nontraumatic SCI in relation to their community and social participation, including the barriers and facilitators	<ul style="list-style-type: none"> ▪ The environment factors that influenced social and community participation at the physical and institutional level included items related to transportation, built environment, financial resources, and equipment. ▪ The environment factors that influenced social and community participation at the social/cultural level included the attitudes of society and others, such as family, friends, and healthcare workers.
Bökel et al. (2020) Germany	N = 1479 (traumatic and non-traumatic SCI)	Survey	To explore the perceived environmental barriers of people with SCI in Germany and their associations with QOL	<ul style="list-style-type: none"> ▪ Infrastructure (e.g., built environment and transportation) variables had a negative impact on the QOL of people with SCI. ▪ The perceived experience of barriers was associated with lower QOL. ▪ Participants also experienced negative social attitudes, with some participants reporting inadequate access to care attendants, supplies, and equipment.

(continues)

eTable 2. Articles included in scoping review (cont.)

Authors, year of publication, and country	Sample	Design & methods	Purpose/objectives	Main findings
Botticello et al. (2015) United States	N = 503 (chronic SCI)	Cross-sectional survey – Secondary analysis	To examine the link between features of the built environment and variances in perceived health among people with SCI	<ul style="list-style-type: none"> ▪ Poor perceived health was more likely to be associated with living in communities with more mixed land use and small amounts of open spaces.
Burkell et al. (2006) Canada	N = 207 (SCI)	Survey	To explore the information-seeking practices of people with SCI	<ul style="list-style-type: none"> ▪ Access to information is important to health. ▪ Most used source is SCI specialists despite being regarded as inaccessible. ▪ Internet is perceived to be accessible but is viewed as having lower quality of information.
Buscemi et al. (2016) Italy	N = 9 (SCI)	Focus groups, semi-structured interview, and virtual interview	To examine the perspectives of people in Italy in relation to their chronic neuropathic pain and how they manage this, including their lived experience of the healthcare services	<ul style="list-style-type: none"> ▪ Healthcare providers lacked specialized SCI knowledge. ▪ Participants found that treatments were focused on pharmacological means. ▪ Alternative health methods and types of care delivery were suggested to potentially help with managing pain that was not controlled through medications.

(continues)

eTable 2. Articles included in scoping review (cont.)

Authors, year of publication, and country	Sample	Design & methods	Purpose/objectives	Main findings
Carpenter et al. (2007) Canada	N = 357 (SCI)	Survey	To examine the association between participation and life satisfaction among people with SCI	<ul style="list-style-type: none"> ▪ Transportation can support or limit participation in chosen activities. Important features can include availability of public transport and the ability to drive/own a vehicle. ▪ Other limiting factors included accessibility of the built environment, including natural spaces such as beaches, and inadequate funding. ▪ Physical activity was important to most participants and can be supported by improving public spaces accessibility.
Drainoni et al. (2004) United States	N = 516 original sample; n = 286 subsample (SCI)	Cross-sectional survey	To explore the computer and internet use patterns of people with SCI and to assess health-related QOL in relation to their internet use	<ul style="list-style-type: none"> ▪ Majority of the participants owned a computer, and many also used one or more assistive devices (e.g., devices activated by voice). ▪ Many participants accessed the internet frequently for email, shopping, and information regarding disability and health.
Duggan & Dijkers (2001) United States	N = 40 (traumatic SCI)	Semi-structured in-depth interviews	To understand the subjective QOL of people with SCI living in the community	<ul style="list-style-type: none"> ▪ Factors that can contribute or detract from QOL are physical barriers within the home and the broader community and financial resources.

(continues)

eTable 2. Articles included in scoping review (cont.)

Authors, year of publication, and country	Sample	Design & methods	Purpose/objectives	Main findings
Gallagher et al. (2020) Ireland	N = 8; N = 117 (SCI)	In-depth semi-structured interviews and survey	To examine the experiences and perspectives of wheelchair and seating assistive technology service provision among people with SCI in Ireland	Interview themes reveal: <ul style="list-style-type: none"> ▪ Wheelchair and seating assistive technology provision was found to be essential to life after sustaining SCI. ▪ The built environment was found to be inaccessible including locations deemed as accessible. ▪ Barriers and facilitators to provision of wheelchairs included funding, healthcare professionals' knowledge, and relationships with service providers. ▪ System challenges exist related to responsibility and accountability for wheelchair and seating provision.
Glennie et al. (2017) Canada	N = 338 (traumatic SCI)	Cohort review with core dataset from Rick Hanson SCI Registry and follow-up questionnaire	To explore the environmental barriers, health status, and QOL outcomes between people with tSCI living in rural versus urban settings, and if people relocated to urban settings after tSCI	<ul style="list-style-type: none"> ▪ At 1 year in the community, participants residing in rural setting reported more perceived environmental barriers when compared to those living in urban areas.
Goodridge et al. (2015) Canada	N = 23 (traumatic SCI)	Semi-structured interviews	To understand access to healthcare and support services from the perspective of people with SCI, focused on the gaps To compare the differences in perceptions of access between people with SCI living in urban and rural areas	<ul style="list-style-type: none"> ▪ Factors that influence access to healthcare and support services included wait times and scheduling, availability of healthcare professionals, barriers in the built environment (e.g., hospital, parking, and housing), affordability (income, insurance), access to specialized equipment and assistive technology, and attitudes and knowledge of healthcare providers.

(continues)

eTable 2. Articles included in scoping review (cont.)

Authors, year of publication, and country	Sample	Design & methods	Purpose/objectives	Main findings
Hammell (2004) Canada	N = 15 (traumatic SCI, C1-C4 complete)	Semi-structured interviews	To explore the QOL of people with quadriplegia, and factors that facilitate or hinder QOL	<ul style="list-style-type: none"> ▪ Positive contextual factors influencing QOL included available resources, whereas negative factors consisted of limitations in accessing services and equipment. ▪ Service providers were perceived to lack expertise related to disability. ▪ Inaccessible environments hindered participants from acquiring sufficient psychological and social services.
Hampton et al. (2011) United States	N = 23 (multiple sclerosis, SCI, spina bifida)	Semi-structured, open-ended interviews	To examine the need for health services (e.g., social and psychological health domains) and the barriers to such services for women with neurological disabilities	<ul style="list-style-type: none"> ▪ The TPSG program facilitated access to health services for women with SCI.
Jalovic & Pentland (2009) Canada	N = 7 (SCI)	Focus groups and semi-structured interviews	To understand the experiences with using the Telephone Peer Support Group Program (TPSG) for accessing peer support and health care experts among women with SCI living in rural areas	<ul style="list-style-type: none"> ▪ It was found that there was a relationship between satisfaction with life and health literacy. ▪ Physical morbidity rates were affected by health literacy for people with SCI.
Johnston et al. (2005) United States	N = 107 (traumatic SCI)	Cross-sectional survey	To explore the relationship between health literacy in SCI and health-related QOL, morbidity, satisfaction with life, functional independence, and community participation	<ul style="list-style-type: none"> ▪ Socioenvironmental factors influenced the ability to exercise including access to pertinent information, accessibility of facilities and equipment, and affordability, including insurance coverage.
Kehn & Kroll (2009) United States	N = 26 (SCI)	Semi-structured interviews	To understand the exercise experiences of people with SCI	<ul style="list-style-type: none"> ▪ Socioenvironmental factors influenced the ability to exercise including access to pertinent information, accessibility of facilities and equipment, and affordability, including insurance coverage.

(continues)

eTable 2. Articles included in scoping review (cont.)

Authors, year of publication, and country	Sample	Design & methods	Purpose/objectives	Main findings
Krause (2007) United States	N = n/a (SCI)	Cross-sectional and longitudinal data	To determine the problems that people with SCI self-report, what relationship those problems have with aging, and how these problems have been modified over time	Attitudes that are negative toward people with SCI were found not to be a common problem.
Manns & Chad (2001) Canada	N = 15 (complete SCI)	Ethnography	To examine the lived experience of what determines QOL for people with SCI, and to investigate the variances between people with quadriplegia and paraplegia within the domains of themes that constitute their QOL	<ul style="list-style-type: none"> ▪ QOL for people with SCI was found to be influenced by accessibility of the physical environment including the natural environment, stigma (e.g., attitudes of others), and finances, which act as a conduit to other essential resources (e.g., vehicles). ▪ Stigma can be influenced by the length of time lived with SCI.
Manns & May (2007) Canada	N = 35 (SCI); N = 23 (caregivers)	Focus groups	To understand the perspectives of people with SCI and their caregivers with regard to information needs and service delivery options that help them with maintaining or enriching their long-term health	<ul style="list-style-type: none"> ▪ Factors that acted as barriers or facilitators to the maintenance or enhancement of long-term health were categorized as readiness, information pathways, community health care, health promotion, and contextual factors.

(continues)

eTable 2. Articles included in scoping review (cont.)

Authors, year of publication, and country	Sample	Design & methods	Purpose/objectives	Main findings
Matsuda et al. (2005) United States	$n = 24$ (SCI); $n = 15$ (personal assistants)	Focus groups	To explore the barriers and satisfaction experienced by people with SCI and personal assistants	<ul style="list-style-type: none"> ▪ Both people with SCI and personal assistants experienced challenges with the consumer and personal assistant relationship, insufficient reimbursement, and limiting policies. ▪ Positive working relationship contributed to experiencing satisfaction for both groups.
Mattar et al. (2015) Canada	$N = 10$ (traumatic and nontraumatic SCI)	Semi-structured interviews	To gain an in-depth perception of the ways that information technology (IT) is utilized by people with SCI to help with their health and well-being	<ul style="list-style-type: none"> ▪ IT use by people with SCI impacted the general health and well-being by increasing access to SCI-related health information and potential for social participation. ▪ The reliability and applicability of the health information found online is met with skepticism by people with SCI despite the benefits of IT use.

(continues)

eTable 2. Articles included in scoping review (cont.)

Authors, year of publication, and country	Sample	Design & methods	Purpose/objectives	Main findings
Monden et al. (2021) United States	N = 225 (SCI)	Cross-sectional observational study	To examine the relationship between psychosocial outcomes and stigma and the possible mediating influence between stigma and key injury and sociodemographic factors following SCI	<ul style="list-style-type: none"> ▪ Negative association was found between stigma and time since an individual was injured. ▪ Positive association was found between stigma and how long an individual stays in rehabilitation. ▪ Individuals who use wheelchairs reported experiencing higher stigma compared to those who do not use wheelchairs. ▪ Those using power wheelchairs experienced more stigma than those using manual wheelchairs. ▪ Significant positive association was found between stigma and depressive symptoms, as well as perceptions of disability. ▪ Significant negative association was found between stigma and QOL.
Mortenson et al. (2015) Canada	N = 13 (SCI)	Semi-structured interviews	To examine the choices of community-dwelling people with SCI who use power wheelchairs in relation to mobility	<ul style="list-style-type: none"> ▪ Barriers within the built and natural environment, transportation, and funding and policies were experienced by community-dwelling people with SCI who used power wheelchairs.

(continues)

eTable 2. Articles included in scoping review (cont.)

Authors, year of publication, and country	Sample	Design & methods	Purpose/objectives	Main findings
Neri & Kroll (2003) United States	N = 30 (SCI, cerebral palsy, multiple sclerosis)	Semi-structured in-depth interviews	To understand (1) what and the extent of the consequences that occur as a result of inadequate healthcare service access; (2) how these consequences vary based on gender, type of healthcare insurance, and disability type; and (3) to understand the interconnectedness and complexity of these consequences	<ul style="list-style-type: none"> Social, physical, and economic challenges were consequences of inadequate healthcare access.
Norman et al. (2010) Canada	N = 12 (traumatic SCI)	Semi-structured interviews	To investigate questions associated with chronic pain and information acquisition for people with tSCI	In relation to the questions that people with SCI have regarding their chronic pain, it was found that healthcare providers may have limited knowledge on this topic and that people with SCI accessed information from various sources, including the internet.
Scheer et al. (2003) United States	N = 30 (cerebral palsy, multiple sclerosis, SCI)	Structured interviews	To explore barriers to accessing health services (e.g., rehabilitation, specialists, and primary care) and the associated outcomes related to functioning, health, and well-being	<ul style="list-style-type: none"> Access to health services was influenced by transportation barriers, financial considerations, associated policies, and equipment.

(continues)

eTable 2. Articles included in scoping review (cont.)

Authors, year of publication, and country	Sample	Design & methods	Purpose/objectives	Main findings
Schladen et al. (2011) United States	N = 3 (SCI - paraplegia and tetraplegia)	Semi-structured key informant interviews, advisory role review, consumer polls	To gain an understanding of what people with SCI are interested in knowing or learning about for managing their health focused on cardiometabolic and skin health, and to explore if YouTube is an effective form of media to engage people with SCI in health self-management topics	<ul style="list-style-type: none"> In relation to the management of pressure ulcers and diet, which includes working with healthcare providers, there was inadequate understanding consideration for the specific needs of people with SCI.
Verdonck et al. (2011) United Kingdom	N = 15 (C3-5 SCI)	Focus groups	To examine the lived experiences of people with high cervical SCI living with electronic aids to daily living (EADL), including what meaning is given to these devices	<ul style="list-style-type: none"> People with high cervical SCI using EADLs benefited from its use as it can contribute to health and QOL.
Wearmouth & Wielandt (2009) Canada	N = 7 (SCI)	Demographic questionnaire and semi-structured interviews	To explore what the experiences of First Nations people with SCI were on reserve when using a wheelchair following rehabilitation	<ul style="list-style-type: none"> The experiences of people with SCI who use wheelchairs and live on reserve revealed that challenges arise with home accessibility, transportation, built and natural environment, proximity to services, and healthcare providers' knowledge about SCI.

(continues)

eTable 2. Articles included in scoping review (cont.)

Authors, year of publication, and country	Sample	Design & methods	Purpose/objectives	Main findings
Whiteneck et al. (2004) United States	N = 2726 (SCI)	Cross-sectional, follow-up survey	To examine the barriers within the environment indicated by people with SCI and what the respective impact of these barriers was on satisfaction with life and levels of participation when compared to injury level, demographic characteristics, and limitations in activity	<ul style="list-style-type: none"> Natural environment, transportation, and availability of health care were reported as some of the commonly experienced barriers by people with SCI.

Note: tSCI = traumatic spinal cord injury; QOL = quality of life.