

Combined arm cycling and standard exercise training for improving trunk function after spinal cord injury

Submission date 20/10/2020	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 29/10/2020	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 07/08/2024	Condition category Injury, Occupational Diseases, Poisoning	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Core control is essential for carrying out activities of daily living but is very often impaired after a spinal cord injury, hindering functional recovery. This project aims to study the effectiveness of combined arm cycling and standard exercise training in improving trunk function in individuals with a spinal cord injury. It is hoped that the arm cycling exercise will enhance the effectiveness of standard exercise training at improving trunk function in individuals with spinal cord injury.

Who can participate?

Adults (aged 18 years and above) with a stable, chronic cervical or thoracic, incomplete spinal cord injury are eligible to participate in the study. Additional inclusion criteria are to be able to voluntarily pedal the arm bike and to have some residual trunk control.

What does the study involve?

All participants will undertake exercise training for improving trunk control three times a week for 8 weeks. Of these, half of them will undertake an additional arm cycling exercise at home, and the other half will undertake static sitting exercise at home. Neural and functional assessments will be performed at the beginning and after 4 and 8 weeks. A follow-up assessment will be carried out at 8 weeks after completing the intervention.

What are the possible benefits and risks of participating?

Participants will benefit from the arm cycling exercise and rehabilitation training by directly exercising muscles of the arms and the core, thereby improving mobility and strength. Participants may experience muscle soreness of the arms and shoulders as a result of 30 minutes of arm cycling. However, the muscle soreness should last no longer than 3 days and can be eased by gentle stretching of the muscles. Some participants may experience a mild headache after the neural assessment. Taking a painkiller before the assessment or resting after the assessment usually can release the headache effectively.

Where is the study run from?

The study is run by a research team at the University of Birmingham in collaboration with the

Midland Centre for Spinal Injuries at the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT, and with the National Spinal Injuries Centre, Stoke Mandeville Hospital Buckinghamshire Healthcare NHS Trust (UK)

When is the study starting and how long is it expected to run for?
January 2021 to December 2024

Who is funding the study?
The INSPIRE Foundation (UK)

Who is the main contact?
Dr Chloe Chiou
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Contact information

Type(s)
Public

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Integrated Research Application System (IRAS)
289841

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
IRAS 289841

Study information

Scientific Title

Functional activity of upper extremities to improve trunk function after spinal cord injury

Study objectives

It is hypothesised that SCI participants undertaking the combined intervention will increase the ability to recruit trunk muscles for postural stability to a greater extent compared to those undertaking the therapeutic exercise training alone.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 24/03/2021, West Midlands - Edgbaston Research Ethics Committee, REC ref: 21/WM/0047

Study design

Two-arm randomized controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Stable, lower cervical or upper thoracic, incomplete spinal cord injury

Interventions

Participants will be randomized into one of the two groups: the experimental group and the control group using minimisation methods ensuring balance in prognostic factors (e.g. level of injury, years since injury) between groups. All participants will receive standard exercise training focusing on improving trunk control and postural stability 3 times per week for 8 weeks.

Participants in the experimental group will undertake arm cycling exercise at home using a stationary arm bike provided by the research team for 30 minutes, 5 days per week, for 8 weeks. Participants in the control group will be instructed to practise static sitting without back support for the same amount of time. After completing the intervention, all participants will be followed up for 8 weeks to monitor whether the interventional effects outlast or not. Neurophysiological and functional assessments will be performed during the course of the intervention to monitor improvements in trunk control. Participants will stay in the trial for 16 weeks in total (8 weeks of intervention and 8 weeks of follow-up).

Intervention Type

Behavioural

Primary outcome(s)

Dynamic sitting balance assessed by multidirectional reach test at baseline, 4, 8 and 16 weeks

Key secondary outcome(s)

1. Neuromuscular and corticospinal function of the trunk muscles measured using non-invasive transcranial magnetic stimulation at baseline, 4, 8 and 16 weeks

2. Mobility measured using time of 3-meter walking or wheelchair transfer at baseline, 4, 8 and 16 weeks
3. Pressure relief measured using a force plate at baseline, 4, 8 and 16 weeks
4. Trunk control measured using trunk impairment scale at baseline, 4, 8 and 16 weeks
5. Function of upper extremities measured using a dynamometer and the Action Research Arm Test at baseline, 4, 8 and 16 weeks

Completion date

31/12/2024

Eligibility

Key inclusion criteria

SCI participants will be included if they have:

1. A stable, lower cervical or upper thoracic, incomplete spinal cord injury.
2. Ability to voluntarily move the elbow to operate the arm bike.
3. Visible motor evoked potentials (MEPs) in erector spinae (ES) muscles induced by transcranial magnetic stimulation (TMS). This is to ensure changes in corticospinal function are measurable

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

Participants will be excluded if they meet the criteria for exclusion for the use of TMS (Rossi et al., 2011):

1. Metal implants, cardiac pacemaker, history of epilepsy or fits, previous brain injury, neurosurgery of the brain, neurological disorders other than spinal cord injury, psychological disorders, actively taking antidepressant or other neuromodulatory drugs
2. Participants are pregnant or breastfeeding
3. Participants are under the age of 18

Date of first enrolment

01/07/2021

Date of final enrolment

31/12/2023

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University of Birmingham

Edgbaston

Birmingham

United Kingdom

B15 2TT

Study participating centre

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Midland Centre for Spinal Injuries

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHSFT

Oswestry

United Kingdom

SY10 7AG

Study participating centre

The National Spinal Injuries Centre

NSIC, Stoke Mandeville Hospital

Buckinghamshire Healthcare NHS Trust

Aylesbury

United Kingdom

HP21 8AL

Sponsor information**Organisation**

University of Birmingham

Funder(s)**Funder type**

Charity

Funder Name

Inspire Foundation

Alternative Name(s)

inspirefoundationuk, inspirefndtn, The INSPIRE Foundation, INSPIRE

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from the principal investigator Dr Shinyi Chiou (s.chiou@bham.ac.uk).

Neurophysiological and behavioural data that are fully anonymous will be accessible for research /academic purposes after the data are analysed and published in peer-reviewed journals (estimated January 2025 for 10 years, per University Data storage policy). Data will be shared as a spreadsheet and only for non-commercial use.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
HRA research summary			28/06/2023	No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes