Author Year Country Research Design Score Sample Size	Methods	Outcome
Tester et al. 2014 USA Pre-post Level 4 N = 8	**Population:** 8 participants with incomplete SCI (4M 4F) Mean age (SD): 53.1(10.9) Mean DOI (SD): 5.1(1.7) years AIS-A/C/D: 1/2/5 6 cervical, 2 thoracic **Treatment**: 10 days of intermittent hypoxia. **Outcome Measures:** V_E, V_T, FVC, FEV_1, V_T, breathing frequency.	1. Significantly increased V_T during recovery in IH than that in sham protocol compared to baseline*. 2. Increased FVC and FEV_1 in 4 participants after 10 days, 3 showed no change, one showed decline. 3. Increase in MV significantly associated between increase in V_T & breathing frequency during recovery period after IH session. 4. No significant difference in MV, V_T, and breathing frequency in recovery periods and baseline* periods over 10 days of intervention, respectively. *values before each IH session, under supplemental CO_2.
Sankari et al. 2015 USA Cohort Level 2 N = 24	**Population:** 24 participants with SCI and SCI and non-SCI Mean age (SD): 38.9 (15.9) Mean DOI* (SD): 12.9 (6.2) AIS-A/C/D: 14/1/1 8 cervical SCI (CSCI), 8 thoracic SCI (TSCI), 8 non-SCI *Applicable to CSCI & TSCI groups only **Treatment**: Acute intermittent hypoxia (15 episodes of 1 min) & sham protocol on each participant. **Outcome Measures:** V_E, V_T, and cardiovascular measures	1. Significantly increased V_E during hypoxia. 2. Significantly increased V_E* in patients with cervical SCI only. 3. Significantly increased V_E variability* in patients with thoracic SCI only. 4. No significant change in V_E & V_E variability in sham protocols*. 5. Significantly higher V_E variability at baseline and recovery in patients with CSCI compared to TSCI and non-SCI. 6. Significantly increased V_T* in patients with CSCI & TSCI.

		7. Significantly greater increase in V_T* in CSCI compared to TSCI. *During posthypoxic recovery compared to baseline.