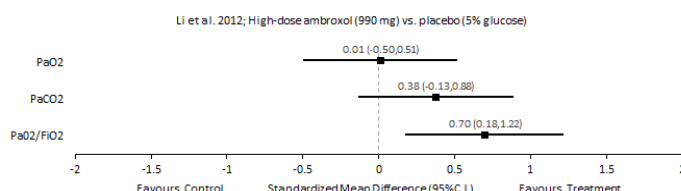


Author Year Country Research Design Score Sample Size	Methods	Outcome												
Barratt et al. 2012 Australia RCT PEDro = 9 Level 1b N = 12	<p>Population: Age range: 25-37 yr; Gender: male=9, female=3; Level of injury: C5-C7; Severity of injury: complete=10, incomplete=2; AIS A-B.</p> <p>Intervention: Patients were randomized to receive either bronchodilator therapy (inhaler, 100 µg salbutamol) or placebo (propellant only).</p> <p>Outcome Measures: The following at 10 minutes and 30 minutes after inhalation: FVC, FEV₁, and peak expiratory flow (PEF) rate.</p> <p>Chronicity: The median time since injury was 24 (18-35) days.</p>	<ol style="list-style-type: none"> After 10 minutes, patients who received the bronchodilator therapy experienced a significant improvement in FVC (p<0.05), FEV₁ (p<0.05), and PEF (p<0.05) compared to patients who received the placebo. After 30 minutes, patients who received the bronchodilator therapy experienced a significant improvement in FVC (p<0.05) and FEV₁ (p<0.05) compared to patients who received the placebo. There were no significant differences between groups with regard to PEF (p>0.05). 												
	<p>Effect Sizes: Forest plot of standardized mean differences (SMD ± 95%C.I.) as calculated from pre- (baseline) and post-intervention (after 10 minutes) data.</p> <table border="1"> <caption>Forest Plot Data: Barratt et al. 2012; Bronchodilator vs. Placebo</caption> <thead> <tr> <th>Outcome</th> <th>Standardized Mean Difference (SMD)</th> <th>95% Confidence Interval (C.I.)</th> </tr> </thead> <tbody> <tr> <td>FEV1</td> <td>0.39</td> <td>[-0.45, 1.23]</td> </tr> <tr> <td>PEF</td> <td>0.63</td> <td>[-0.23, 1.48]</td> </tr> <tr> <td>FVC</td> <td>0.52</td> <td>[-0.33, 1.37]</td> </tr> </tbody> </table>		Outcome	Standardized Mean Difference (SMD)	95% Confidence Interval (C.I.)	FEV1	0.39	[-0.45, 1.23]	PEF	0.63	[-0.23, 1.48]	FVC	0.52	[-0.33, 1.37]
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Li et al. 2012 China RCT PEDro = 6 Level 1b N = 61	<p>Population: Age range: 39-67 yr; Gender: male=40, female=21; Level of injury: cervical; Severity of injury: complete=27, incomplete=34 AIS A-B.</p> <p>Intervention: Patients were randomized to receive either high-dose ambroxol (990</p>	<ol style="list-style-type: none"> Patients who received high dose ambroxol experienced significantly fewer episodes of pneumonia (p=0.027) and hypoxemia (p=0.047) than patients who received placebo. There were no significant differences with 												

	<p>mg/day for 5 days) or placebo (5% glucose in 500 mL saline for 5 days) after spinal fixation surgery.</p> <p>Outcome Measures: The following during hospital stay: post-operative pulmonary complications in the form of pulmonary infection, atelectasis, and hypoxemia.</p> <p>The following after 3 and 5 days in the ICU: arterial blood gas analysis in the form of partial pressure of inspired oxygen in arterial blood (PaO_2), partial pressure of carbon dioxide in arterial blood (PaCO_2), and ratio of arterial oxygen partial pressure to fractional inspired oxygen.</p> <p>Chronicity: Time since injury not specified.</p>	<p>regards to atelectasis between groups ($p=0.430$).</p> <p>2. After 3 days in ICU, patients who received high dose ambroxol had a significantly higher oxygenation index than patients who received placebo ($p=0.049$). There were no significant differences in PaO_2 ($p=0.683$) and PaCO_2 ($p=0.847$) between groups.</p> <p>3. After 5 days in ICU, patients who received high dose ambroxol had a significantly higher oxygenation index than patients who received placebo ($p=0.032$). There were no significant differences in PaO_2 ($p=0.193$) and PaCO_2 ($p=0.928$) between groups.</p>																
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