Author Year Country Research Design Score Sample Size	Methods	Outcome
Vivodtzev et al. 2021 USA Case control Level 3 N = 21	 Population: 21 patients with (< 2 years) high-level (C4 - T3) SCI who were enrolled in an exercise program employing FES - row training (FESRT) (as part of rehabilitation), were retrospectively divided into 2 groups: buspirone group (n = 10) and control group (n = 10). Buspirone group: mean (SD) age 32 (± 10), mean (SD) time since injury 1.0 (± 0.4) years, AIS A (n = 5), AIS B (n = 3), and AIS C (n = 2). Control group: mean (SD) age 28 (± 5), mean (SD) time since injury 1.2 (± 0.4) years, AIS A (n = 6), AIS B (n = 2), and AIS C (n = 3). Treatment: FESRT for 6 months with a naturalistic group division between those taking Buspirone or not. Buspirone group: None of the participants had buspirone. Control group: None of the participants had buspirone. Cardiopulmonary exercise testing during FES-Rowing and a pulmonary function test before and after their 6-month FESRT program. VO₂, VCO₂, respiratory exchange ratio (RER), expired O₂ and CO₂ gas fractions, V_E, V_T, HR, peak lactate assessment, FEVi, FVC each within 200 mL, and ERV. 	 After training, Buspirone group tended to have a significantly greater increase in VO₂peak than the control group (+ 0.24 ± 0.23 vs. + 0.10 ± 0.13 L/ min, p = 0.08), although in both groups (p ≤ 0.04) this parameter increased. There was also a significantly greater increase in V_Epeak after training in Buspirone compared to Control (+ 6.5 ± 8.1 vs 0.7 ± 6.9 L/min, p < 0.05). Those on Buspirone improved V_T after training compared to baseline (p < 0.01), while it was not changed in the control group (p = 0.63). As a result, those on Buspirone tended to breathe deeper compared to Control (p = 0.06). Furthermore, changes in FVC and FEV₁ were significantly correlated with those in V_Tpeak in Buspirone (r > 0.66, p < 0.05).