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.	 Significantly increased V_T during recovery in IH than that in sham protocol compared to baseline*. Increased FVC and FEV₁ in 4 participants after 10 days, 3 showed no change, one showed decline. Increase in MV significantly associated between increase in V_T & breathing frequency during recovery period after IH session. 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 CO₂.
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	 Significantly increased V_E during hypoxia. Significantly increased V_E* in patients with cervical SCI only. Significantly increased V_E variability* in patients with thoracic SCI only. No significant change in V_E & V_E variability in sham protocols*. Significantly higher V_E variability at baseline and recovery in patients with CSCI compared to TSCI and non-SCI. 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.