Author Year; Country Score Research Design Total Sample Size	Methods	Outcome					
Varghese et al. 2016 India PEDro=10 RCT Level 1 N=25	Population: 25 participants (22 men, 3 women) with traumatic chronic SCI; age: 38.3 ± 10.4 years; TPI: 12.2 (6.8) years; 5 cervical/upper thoracic, 20 lower thoracic/lumbar Treatment: Infusion of zoledronic acid (4 mg) or placebo (saline) Outcome measures: BMD by DXA at baseline and 12-months post-treatment.	 Significant within-group decrease in total hip BMD in placebo group only (0.607±0.073 to 0.491±0.169 g/cm²) Significant within-group decreases in femoral neck BMD in placebo (0.548±0.111 to 0.480±0.163 g/cm²) and zoledronic acid group (0.576±0.064 to 0.552±0.074 g/cm²) Significant within-group increases in BMD of distal third of forearm in placebo (0.713±0.031 to 0.747±0.028 g/cm²) and zoledronic acid group (0.717±0.066 to 0.760±0.072 g/cm²) No significant betweengroup differences in percentage changes of BMD and BMC 					
	Effect Sizes: Forest plot of standardized mean differences (SMD ± 95%CI) as calculated from pre- and post-intervention data						
	Varghese et al. 2016; Z Total Hip BMD Femoral Neck BMD Distal 1/3 of Forearm BMD	2oledronic Acid 1.33 (0.45,2.21) 0.46 (-0.33,1.26) 0.17 (-0.62,0.96)					
	-2 -1.5 -1 -0 Favours Control	0.5 0 0.5 1 1.5 2 SMD (95%C.I.) Favours Treatment					

Author Year; Country Score Research Design Total Sample Size	Methods Outcome					
Bauman et al. 2005b USA PEDro=10 RCT Level 1	Population: 40 participants (39 men, 1 woman) with complete motor injuries; age 43 ± 13 years; TPI: 12 ± 10 years (range: 1–34 years); 17 participants with tetraplegia and 23 participants with paraplegia. Treatment: Vitamin D ₂ analogue, 24 months. 1. Treatment group received calcium 1300 mg daily, vitamin D 800 IU daily, and 1-alpha vitamin D 800 IU daily, and placebo in place of vitamin D ₂ . Outcome measures: BMD by DXA, biomarkers at 6, 12, 18, and 24 in leg BMD only in the vitamin D ₂ (treatment) group at 6, 12, 18, and 24 months. There was significant interaction for group by time. 2. In the vitamin D ₂ (treatment) group, smoking compromised the response to treatment and changes in BMD. 3. In the vitamin D ₂ (treatment) group, smoking compromised the response to treatment and changes in BMD. 4. Significant changes noted in leg BMD only in the vitamin D ₂ (treatment) group at 6, 12, 18, and 24 months. There was significant interaction for group by time. 5. In the vitamin D ₂ (treatment) group, smoking compromised the response to treatment and changes in BMD. 6. In the vitamin D ₂ (treatment) group by time. 7. In the vitamin D ₂ (treatment) group, smoking compromised the response to treatment and changes in BMD. 7. In the vitamin D ₂ (treatment) group, smoking compromised the response to treatment and changes in BMD. 7. In the vitamin D ₂ (treatment) group by time. 7. In the vitamin D ₂ (treatment) group by time. 7. In the vitamin D ₂ (treatment) group by time. 7. In the vitamin D ₂ (treatment) group by time. 7. In the vitamin D ₂ (treatment) group by time. 7. In the vitamin D ₂ (treatment) group by time. 7. In the vitamin D ₂ (treatment) group by time. 8. In the vitamin D ₂ by the vitamin D ₂ (treatment) group by time. 8. In the vitamin D ₂ by the vitamin D ₂ (treatment) group by time. 9. In the vitamin D ₂ by the vitamin D ₃ by the vitamin D ₄ by the vitamin D ₄ by the vitamin D ₄ by the vitamin D ₅ b					
	Effect Sizes: Forest plot of standardized mean differences (SMD ± 95%CI) as calculated from pre- and post-intervention data					
	Bauman et al. 2005b; Vitamin D analog (1-alpha- hydroxyvitamin D2 [1-alpha D2]) Leg BMD Urine NTx/Cr Osteocalcin PINP Urine Calcium Total Calcium -2 -1.5 -1 -0.5 0 0.5 1 1.5 2 Favours Control Std Mean Difference (95%C.I.) Favours Treatment					

Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
Zehnder et al. 2004b Switzerland PEDro=7 RCT Level 1 N=65	Population: 65 men; age: 38.3 years; TPI: 8.7 years (range, 0.1–29.5); traumatic complete injuries between TI-L3; AIS: A, B. Treatment: Alendronate for 24 months. 1) 10mg per day plus 500mg calcium per day (n=33) or 2) Calcium alone (500mg per day) (n=32). Outcome measures: BMD by DXA and bone turnover markers.	 Decrease in BMD of the tibia in Calcium group but remained stable in the Treatment group (group difference, p = 0.017). There was no change in wrist BMD and a significant increase in lumbar spine BMD in both groups. BMD of the mid-shaft tibia and hip were maintained in the Treatment group and decreased in the calcium group. Biochemical markers of bone absorption significantly decreased from baseline in the Treatment group.

Author Year; Country Score Research Design Total Sample Size	Methods	Outcome				
	Effect Sizes: Forest plot of standardized mean differences (SMD ± 95%CI) as calculated from pre- and post-intervention data					
	Zehnder et al. 2004b	; Alendronate				
	BMD @ Lumbar Spine BMD @ Hip BMD @ Tibial Diaphysis BMD @ Tibial Epiphysis BMD @ Ultradistal Radius * BMD @ Radius 1/3 Shaft * Urine Deoxypyridinoline/Creatine	1 -0.5 0 0.5 1 1.5 2 I SMD (95%C.I.) Favours Treatment				
Moran de Brito et al. 2005 Brazil PEDro=6 RCT Level 1 N=19	Population: 15 men and 4 women; age: 30.8 (range: 17-47) years; TPI: 49.8 months (range: 13.1–255.7); 18 traumatic and 1 nontraumatic; para/tetraplegia; AIS: A, B, or C. Treatment: Alendronate for 6 months. 1. 10 mg and Calcium 1000 mg bid (n=10) and 2. Calcium (1000 mg bid) (n=9). Outcome measures: BMD by DXA	1. There was a mean increase in upper extremity BMD that was greater in Treatment vs. calcium group although not statistically significant. There were significant differences for total <i>T</i> -score and BMD.				

Author Year; Country Score Research Design Total Sample Size	Methods				0	utcom	e	
	Effect Sizes: Forest plot of standardized mean differences (SMD ± 95%CI) as calculated from pre- and post-intervention data							
	Moran de Brito	et al. 20	05; A	lendrona	te			
	BMD - Upper Extremity				3 (-0.45,:	1.50)		
	BMD - Trunk	_	0.00	(-0.95,0.9	0.28 (-0.68,1.24)		1	
	BMD - Lower Extremity BMD - Total		(0.19 (-0.77,1.15)				
	-2 -1.5 -1 Favours Control	-0.		0 (95%C.I.)	0.5	1 Favours	1.5 Treatment	2
Gifre et al. 2016 Spain Post-test Level 4 N=14	Population: 14 men with traumatic SCI & osteoporosis; age: 39 ±15 (range: 19-65) years; TPI: 15.2 ± 4 (8-21) months; AIS-A/B/C: 12/1/1; 43% paraplegia, 57% tetraplegia Treatment: Denosumab 60 mg every 6 months up to 12 month Outcome measures: Biochemical measurements: Serum creatinine, calcium, phosphate, 25OHD Bone turnover markers: Bone APINP, serum CTX BMD by DXA at lumbar spine, femoral neck, total hip.	J S	3.	incre hip (2 neck lumb 12 mc Signi decre P1NP CTX (BMD to Bo or 25c No se	ase in 2.4±3. (3.0±0) car sponths fican eases on the cone to the c	n BMD .6%), fe .3.6%) a bine (7. s in ALF %) and) at 12 in nges u urnove chang s treati	and 8±3.7%) n-group (42%), serum months nrelated r marke	at p

^{*} All data expressed as mean±SD, unless expressed otherwise.