Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
Bélanger et al. 2000 Canada Prospective Controlled Trial Level 2 N=28	**Population:** 14 participants (11 men, 3 women); age: 32.4 ± 5.9 (range: 23-42) years; complete and incomplete injuries between C5-T6. 14 non-disabled matched controls. **Treatment**: NMES. Quadriceps training was conducted 5 days/week for 24 weeks. Participants trained for 1hr/day or until fatigue. Right quadriceps were stimulated with no resistance (but against gravity) while the left quadriceps were stimulated against a resistance. **Outcome measures:** BMD by DXA	1. At baseline BMD from the experimental group was lower at the distal femur, proximal tibia, and mid-tibia (decreased range: 25.8% to 44.4%) than non-disabled controls. 2. Increased BMD with training ($p<0.05$) for both sides of SCI participants, but the type of training had no effect (resistance vs. no resistance). There was a significant increase in the BMD of the distal femur and proximal tibia, but not in the mid-tibia.
Rodgers et al. 1991; USA Pre-post Level 4 N=12	**Population:** 9 men and 3 women; age: 38.3 ± 12.9 years; TPI: 6.4 ± 6.1 years; para/tetraplegia; complete/incomplete; no controls (only 9 participants had BMD) **Treatment**: Knee extension NMES. Each participant trained for a total of 36 sessions (3x/week for 12 weeks) using a progressive intensity protocol. This progression was continued to a maximum 15 kg load. **Outcome measures:** BMD of the tibia by DXA	1. Tibial BMD was not significantly changed after NMES protocol ($p>0.05$), but BMD was better than predicted values.

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