Author Year Country Research Design Sample Size	Methods	Outcomes
Readdy et al., 2015 United States Cohort N=34	**Population:** Mean age: 61.53yr; Gender: males=28, females=6; Mean injury severity score=23.52; Mean ICU LOS (days)=11.67. **Interventions:** Vasopressor administration **Outcome Measures:** American Spinal Injury Association grade improvement, vasopressure administration, complications.	1. Nineteen patients (56%) saw an improvement of at least one ASIA scale score. 2. Thirty-one patients had dopamine administered, 22 had phenylephrine, 27 had dopamine administered first, 7 had phenylephrine administered first, 18 patients had 2 vasopressors, and 12 had 2 or more vasopressors concurrently. 3. 90% of patients over 55 years old experienced complications, this is compared to 52% of younger patients. This effect was seen regardless of injury severity, ASIA scale score, and steroid administration. 4. Cardiogenic complications occurred in 26 patients, while the second highest complication was respiratory failure and urinary tract infections.
Phillips et al., (2014a) Canada PCT N=16	**Population:** Mean age=30yr (SCI Group), mean age=26yr (Able-bodied, AB Group); Gender: males=7, females=1 (SCI Group), males=7, females=1 (AB Group); Level of injury: C4-C7; Severity of injury: AIS A-B. **Intervention:** Patients with SCI (SCI Group) were given 10 mg of midodrine and compared to able-bodied controls (AB Group) who were not given treatment. Patients were transferred to a tilt table and tilted from supine to 30^{o}, 45^{o}, and 60^{o} angles; hemodynamic data was collected at each position. This tilting procedure was conducted over 2d, during which SCI patients were administered midodrine or given no treatment in a randomized order. **Outcome Measures:** Baroreflex Sensitivity (BRS) and Common Carotid Artery (CCA) stiffness. **Chronicity:** 7 SCI patients were 6.5-11 weeks post injury, 1 SCI patient was 144wk post injury.	1. Arterial stiffness was elevated in SCI patients when in the upright position compared to AB controls ($p<0.05$). 2. In the SCI Group, there was a significant negative association between BRS and arterial stiffness in the upright position ($p=0.03$); no significant relationship was found in the AB Group ($p=0.15$). 3. Reduced BRS is related to increased arterial stiffness in SCI patients. 4. Midodrine led to increased BP and reduced HR in SCI patients compared to AB controls. 5. No changes in BRS or CCA parameters occurred after midodrine administration in SCI patients.
Wood et al., (2014) USA Case Series N=38	**Population:** Mean age=38.8 yr; Gender: males=29, females=9; Level of injury: C1-C7, below C7; Severity of injury: mean Injury Severity Score (ISS)=35. **Intervention:** Retrospective review of SCI patients admitted to an Intensive Care Unit (ICU) who were administered pseudoephedrine for more than one day or were receiving vasopressor support and/or atropine. **Outcome Measures:** Discontinued vasopressor use, decreased use of atropine, reduced bradycardic episodes. **Chronicity:** Mean ICU length of stay was 39d.	1. Pseudoephedrine success was observed in 31 of 38 (82%) patients. 2. Mean duration of pseudoephedrine therapy was 32d.