

Author Year Country Research Design PEDro Sample Size	Methods	Outcomes
<p>Tesini et al., (2013) Switzerland RCT Crossover PEDro=4 N=9</p>	<p>Population: Median age=30.1yr; Gender: males=6, females=3; Level of injury: C4-T4; Severity of injury: AIS A-C. Intervention: Patients were positioned on a tilt-table at 0°, 15°, 30°, 45°, 60°, and 70° with individual electrical stimulation intensities depending on each patient; Patients underwent this tilting procedure for each of the following randomly assigned stimulation sites: A) abdominal muscles, B) lower limb muscles (Mm. gastrocnemii, hamstrings, Mm. quadriceps) C) combination of A and B, D) control (diagnostic) session. Outcome Measures: Systolic BP, diastolic BP, Mean Arterial Pressure (MAP), and Perceived Presyncope Score (PPS). Chronicity: Patients were 20-135 days (median=34 days) post injury.</p>	<ol style="list-style-type: none"> 1. BP did not differ significantly between the interventions (A, B, C, D) at any degree of incline ($p>0.05$). 2. BP was more stable up to 30° for A, B, and C interventions compared to D.
<p>Elokda et al., (2000) USA RCT PEDro=3 N=5</p>	<p>Population: Mean age=29yr; Gender: males=5, females=0; Level of injury: C6-T8. Intervention: Acute SCI patients were examined during tilting (0°, 15°, 30°, 45°, 60°), with or without Functional Neuromuscular Stimulation (FNS) of the knee extensors and foot plantar flexors in a randomized treatment order. Outcome Measures: HR, systolic BP, diastolic BP. Chronicity: Patients were 1-6wk post injury (mean=3wk).</p>	<ol style="list-style-type: none"> 1. At 15°, 30°, 45°, and 60° tilt test positions, systolic BP without FNS was significantly lower than with FNS ($p=0.05$, $p=0.0001$, $p=0.04$, $p=0.007$, respectively). 2. At 30° and 45° tilt test positions, diastolic BP without FNS was lower than that with FNS ($p=0.02$, $p=0.01$, respectively). 3. HR progressively increased with tilt angle. 4. At the 60° tilt test position; HR was significantly higher with FNS than without FNS ($p<0.05$).
<p>Sampson et al., (2000) Canada Pre-Post $N_{Initial}=6$ $N_{Final}=3$</p>	<p>Population: Mean age=30.3yr; Gender: males=6, females=0; Level of injury: C4-T4; Severity of injury: AIS A-B. Intervention: Patients were tilted by 10° increments from 0° to 90° at four Functional Electrical Stimulation (FES) intensities (0, 48, 96, and 160 mA); this tilting procedure was conducted for 2 separate stimulation sites: 1) quadriceps and pretibial muscles, and 2) patellae and malleoli. The order of stimulation intensities was randomized for each testing session. Outcome Measures: HR, systolic BP, diastolic BP, Perceived Presyncope Score (PPS). Chronicity: 3 patients had acute SCI (8-10wk post injury), 3 patients had chronic SCI (10-14yr post injury).</p>	<ol style="list-style-type: none"> 1. Mean systolic BP increased significantly with increasing stimulation intensities ($p=0.001$). 2. Mean diastolic BP increased significantly with increasing stimulation intensities ($p=0.0019$). 3. Mean systolic BP and diastolic BP decreased with increasing levels of incline angle ($p<0.001$). 4. Site of stimulation did not affect systolic BP or diastolic BP. 5. HR increased significantly with angle of incline ($p<0.001$). 6. Presyncopal symptoms were significantly greater with increased degrees of incline ($p<0.001$).

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<p>Daunoraviciene et al., (2018) Lithuania Pre-Post N=6</p>	<p>Population: Combined SCI and Stroke population: Mean age: 58.83yr; Gender: males=5, females=1; Severity of injury: AIS: C=3.</p> <p>Interventions: Verticalization training occurred with the use of a robotic tilt table, there were 10 sessions in total. Verticalization started at 20° and finished at 80°. During each 20-40 min session patients also experienced passive leg movement exercises if they remained stable throughout verticalization.</p> <p>Outcome Measures: Heart Rate (HR), Blood Pressure (BP), Berg Balance Scale (BBS) score, lower limb range of motion, (PASS), patient opinion of treatment. *Results reported for SCI only.</p> <p>Chronicity: Post-acute rehabilitation (2-4wk)</p>	<ol style="list-style-type: none"> 1. Compared to before treatment SCI patient's heart rate and systolic BP significantly decreased post treatment (p<0.05). BBS scores significantly increased post treatment (p<0.05). 2. Lower limb range of motion did not significantly change over the course of treatment. 3. PASS scores significantly increased post treatment in SCI patients (p<0.05). 4. SCI patients subjectively felt less confident in their training compared to stroke patients.