

Author Year Country PEDro Score Research Design Sample Size	Methods	Outcomes
<p>Phillips et al., (2014b) Canada RCT crossover PEDro=3 N=20</p>	<p>Population: Mean age=30.7yr; Gender: males=7, females=3; Level of injury: C4-T5; Severity of injury: AIS A-B. Population demographics as stated above are for SCI patiently only. This study also included 10 age- and sex-matched able-bodied control individuals. Intervention: Patients were progressively tilted from supine to 30°, 45°, and 60°; this tilting procedure was conducted over 2 days, during which SCI patients were administered 10 mg of midodrine (treatment) or given no treatment (control, baseline measure) in a randomized order. Outcome Measures: Resolution of orthostatic hypotension (OH), Mean Arterial Pressure (MAP). Chronicity: 8 patients were <1yr post injury (6.5-11wk); 2 patients were >1yr post injury (144-324wk).</p>	<ol style="list-style-type: none"> 1. Midodrine lessened the decline in MAP from 0 to 60s after tilt; Posterior cerebral artery blood velocity did not decline as much 30-60s after tilt in the treatment group compared to the control group (p<0.05). 2. Midodrine led to a 59% improvement in orthostatic tolerance in the treatment group compared to the control group (p<0.01).
<p>Krstacic et al., (2016) Croatia Prospective Controlled Trial N=40</p>	<p>Population: Tetraplegia. Interventions: Patients received either methylprednisolone or no treatment. The methylprednisolone group received an initial bolus of 30 mg/kg followed by 5.4 mg/kg every hour for 23hr. All patients had heart rate variability monitored by an electrocardiogram holter monitor. Outcome Measures: Heart rate frequency domains, heart variability time domains. Chronicity: Treatment was initiated within 8hr of injury.</p>	<ol style="list-style-type: none"> 1. There were no statistically significant results between groups on measures of heart rate variability.