

<b>Author Year</b> <b>Country</b> <b>Research Design</b> <b>PEDro</b> <b>Sample Size</b>	<b>Methods</b>	<b>Outcomes</b>
<p><a href="#">Pointillart et al.</a> (2000)            (English translation of            Petitjean et al. (1998))            France            RCT            PEDro=6            N=106</p>	<p><b>Population:</b> Age range=20-47 yr; Gender: male=90%, female=10%; Level of injury: not specified; Severity of injury: complete=45%, incomplete=55%.</p> <p><b>Treatment:</b> Patients were randomly assigned to one of four groups: methylprednisolone (MP), nimodipine, MP + nimodipine, or no treatment. The dosages of nimodipine were 0.15 mg/kg/h over 2 hr followed by 0.03 mg/kg/h for 7 days. The dosages of MP followed National Acute Spinal Cord Injury Study (NASCIS) II guidelines and were 30 mg/kg over 1 hr followed by 5.4 mg/kg/h for 23 hr.</p> <p><b>Outcome Measures:</b> The following after 1 year: neurological function based on American Spinal Injury Association (ASIA) score (motor and sensory), adverse event outcomes.</p> <p><b>Chronicity:</b> Individuals were hospitalized within 8 hr of sustaining injury.</p>	<ol style="list-style-type: none"> <li>1. After 1 year, there were no significant differences in neurological recovery based on ASIA scores among the four groups (<math>p&gt;0.05</math>).</li> <li>2. Patients who received nimodipine and those who received no medication had significantly lower rates of hyperglycemia than patients who received MP (<math>p&lt;0.05</math>).</li> <li>3. The authors noted that patients with incomplete injuries experienced significantly more neurological recovery than patients with complete injuries (<math>p&lt;0.0001</math>).</li> </ol>