

Author Year Country Research Design PEDro Sample Size	Methods	Outcomes
<p>Alibai et al. 2015 Iran RCT PEDro= 8 N_{initial}= 27, N_{final}= 20</p>	<p>Population: Mean age= 40.1±9.5yr; Gender: male= 90%, female= 10%; Level of injury: cervical; Severity of injury: complete= 60%, incomplete= 40%</p> <p>Treatment: Patients were first administered methylprednisolone per standard protocol. Patients were then randomly assigned to receive erythropoietin or placebo. The EPO dosage was 500 IU/mL immediately and 24 hours later.</p> <p>Outcome Measures: Assessed baseline, 1, 6, and 12 months post-injury: ASIA sensory and motor scores.</p> <p>Chronicity: Individuals were studied within 8 hr of sustaining injury.</p>	<ol style="list-style-type: none"> No significant differences between EPO and placebo groups on ASIA motor scores at any time point ($p>0.05$). No significant differences between EPO and placebo groups on ASIA sensory scores at any time point ($p>0.05$).
<p>Costa et al. 2015 Italy RCT PEDro= 7 N_{initial}= 19, N_{final}= 19</p>	<p>Population: Mean age= 27.67y Gender: male= 94.7%, female= 5.3%; Level of injury: cervical, thoracic; Severity of injury: AIS A or B</p> <p>Treatment: Participants were randomized to receive either methylprednisolone or erythropoietin treatment groups for 48 hours.</p> <p>Outcome Measures: ASIA motor and sensory, MAS, Penn Score, VAS, SCIM. Evaluated at baseline, day 3, 7, 14, 30, 60, and 90.</p> <p>Chronicity: Screened and enrolled within 8 hours of sustaining injury.</p>	<ol style="list-style-type: none"> No between-groups difference on ASIA motor and sensory, MAS, Penn score, VAS or SCIM ($p>0.05$) at day 90.
<p>Alibai et al. 2014 Iran RCT PEDro=6 N=30</p>	<p>Population: Age range=18-65 yr; Gender: male=77%, female=23%; Level of injury: cervical-thoracic; Severity of injury: complete=47%, incomplete=53%.</p> <p>Treatment: Patients were randomly assigned to receive either recombinant human erythropoietin (rhEPO) + methylprednisolone sodium succinate (MPSS; 500 unit/kg of rhEPO) or placebo + MPSS. MPSS was administered according to National Acute Spinal Cord Injury Study (NASCIS) III guidelines.</p> <p>Outcome Measures: The following after 1 week, 1 month, and 6 months: neurological recovery using the AIS. The following after 6 months: sexual dysfunction.</p> <p>Chronicity: Individuals studied were admitted to hospital within less than 6 hr after trauma.</p>	<ol style="list-style-type: none"> Patients who received rhEPO + MPSS recovered significantly more neurological function according to the AIS compared to patients who received placebo + MPSS after 1 week ($p=0.046$), 1 month ($p=0.021$) and after 6 months ($p=0.018$). There were no significant differences in sexual dysfunction between patients who received rhEPO + MPSS and patients who received placebo + MPSS ($p>0.05$).
<p>Xiong et al. 2011 China Prospective Control Trial N=63</p>	<p>Population: Mean age=53 yr; Gender: male=62%, female=38%; Level of injury: cervical-thoracic; Severity of injury: complete=14%, incomplete=86%.</p> <p>Treatment: Patients who developed ischemia-reperfusion injuries during spinal decompression surgery received either erythropoietin (EPO) + methylprednisolone (MP) or MP alone. MP was delivered intravenously according to National Acute Spinal Cord Injury Study (NASCIS) II guidelines. EPO was injected intramuscularly three times a week (3000U/vial) for 8 weeks.</p>	<ol style="list-style-type: none"> Patients who received EPO + MP experienced significantly higher neurological recovery based on the ASIA scale compared to those receiving MP alone after 1 week, 1 year, and 2 years ($p<0.05$). Patients who received EPO + MP achieved significantly higher ADL scores than patients who received MP alone 1 week and 1 year after treatment ($p<0.05$). Three patients who received EPO + MP and two patients who received

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	<p>Outcome Measures: The following after 1 week, 1 year, and 2 years: neurological recovery using ASIA score (motor function and sensory function), activities of daily living (ADLs), and adverse event outcomes.</p> <p>Chronicity: Individuals were studied at 1 week, 1 year and 2 years post spinal surgery.</p>	<p>MP alone experienced adverse event outcomes that resolved after treatment. No statistical tests were performed to determine significant differences between the two groups.</p>