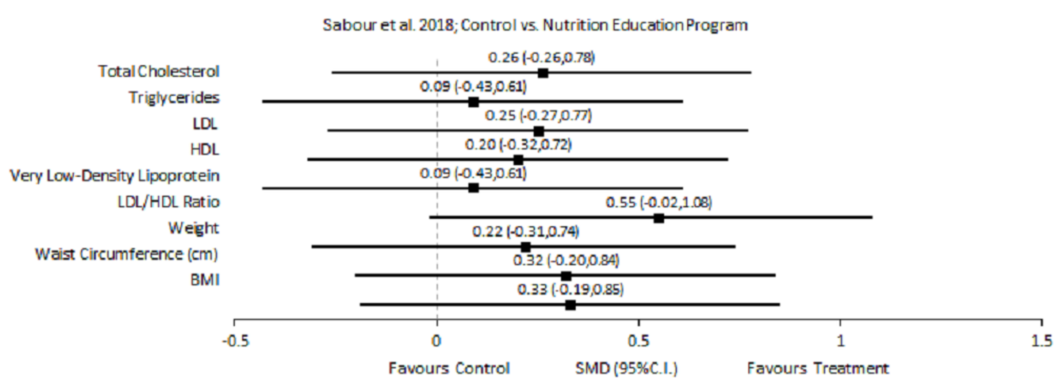
Author Year Country PEDro Score Research Design Sample Size	Methods	Outcomes
Sabour et al. 2018 Iran RCT PEDro=7 N=57	**Population:** Mean age: Not reported; Gender: males=45, females=12; Time since injury=>2 yr; Level of injury: C=9, T=41, L=7; Severity of injury: Not reported. **Intervention:** Participants were randomized to a control group and a nutritional education group in which they attended a total of 5 education session over a 7-month period. **Outcome Measures:** Body weight and serum concentrations of total cholesterol (TC), triglyceride (TG), high-density lipoprotein (HDL), and low-density lipoprotein (LDL). Two-way repeated measure of analysis (ANOVA) was used.	1. ANOVA showed no significant effect of the intervention on TG, TC, HDL, and LDL levels (p>0.05). 2. Test of within subject contrast revealed no significant effect of the intervention on level of LDL (p=0.159), TC (p=0.224), TG (p=0.172) or HDL (p=0.081). 3. Changes in TC level were not significantly different between intervention and control group (p=0.224). 4. No significant differences in weight (p=0.64), height (p=0.10), waist circumference (p=0.92), or BMI (p=0.71) between intervention and control groups at baseline. 5. No significant changes in weight (p=0.97) or waist circumflex (p=0.361) observed in the intervention group compared to the control group. 6. No significant influence of nutritional education on anthropometric measurements, lipid profile, and blood pressure in patients with spinal cord injury.
	Effect Sizes: Forest plot of standardized mean differences (SMD ± 95%C.I.) as calculated from pre- and post-intervention data. 	
Szlachcic et al. 2001 USA Prospective Controlled Trial N=222	**Population:** Gender: males=198, females=24; Level of injury: complete, incomplete; Time since injury=>2 yr. **Intervention:** Subjects who had a cholesterol level >5.2mmol/L (n=86) were referred to either a dietary consultation where they were advised to modify daily intakes as follows: total fat<30% of kcal, saturated fat<10% of kcal, cholesterol<300 mg, carbohydrate=60% of kcal, or no treatment. **Outcome Measures:** Total cholesterol (TC), high-density lipoprotein cholesterol (HDL), low-density lipoprotein cholesterol (LDL), triglycerides.	1. TC decreased in the dietary counseling group from 6.1 mmol/L to 5.8 mmol/L (p<0.001) and slightly increased in the control group from 4.2 mmol/L to 4.3 mmol/L (p=0.006). 2. LDL was reduced from 4.1 mmol/L to 3.9 mmol/L (p=0.004) in the dietary counseling group; there was no change for controls. 3. Neither group experienced significant changes in HDL or triglyceride values.
Koutrakis et	**Population:** Mean age=57.6±12.4 yr; Gender:	1. Statistically significant positive association

al. 2018 USA Observational N=174	males=141, females=33; Time since injury=20.9±12.9 yr; Level and Severity of injury: Cervical motor complete and AIS C=40, Other motor complete and AIS C=65, AIS D=69. *Level and severity of injury reported such that neither could be extracted independent of one another. **Intervention:** Participants completed food frequency and health questionnaires, gave blood samples and had percent total body fat measured via dual x-ray absorptiometry (DXA). Linear regression models were conducted to evaluate cross-sectional relationships between personal, lifestyle, and nutritional factors with blood plasma levels of 25-hydroxyvitamin D [25(OH)D]. **Outcome Measures:** Dietary factors, lifestyle factors, clinical factors, and 25(OH)D.	between 25(OH)D and total vitamin D intake, age, years of education, total calcium intake, wine consumption, total hours of planned exercise, female sex, white race, non-smokers, and users of sunscreen ($p<0.05$). 2. No significant relationship between 25(OH)D and SCI level of injury, completeness of injury, body mass index, % total body fat, mobility mode, comorbid medical conditions, time outside between sunrise and sunset or season ($p>0.05$). 3. A multivariable model showed age, total vitamin D intake, total hours of planned exercise, sex, race, wine use, and smoking status remained statistically significantly associated wit 25(OH)D. 4. Race and total vitamin D intake were the most statistically significant predictors ($p<0.0001$). 5. Impacts of supplementary vitamin D intake was statistically significant ($p<0.0001$) whereas dietary vitamin D intake was not ($p=0.305$). 6. In a univariable model, stretching, range of motion, and physical therapy was not significantly associated with 25(OH)D.
Javidan et al. 2017 Iran Observational N=265	**Population:** Mean age=36.2±10.8 yr; Gender: males=217, females=48; Time since injury: Not reported; Level of injury: paraplegia=157, tetraplegia=108; Severity of injury: AIS A=132, B=133, C=0, D=0. **Intervention:** Participants completed 24-hour dietary recalls with a Nutritionist IV 3.5.3. for analysis. **Outcome Measures:** Dietary intakes (Amino Acids, Fasting plasma glucose (FPG), Triglyceride (TG), Systolic blood pressure (SBP), diastolic blood pressure (DBP), Total cholesterol (TC), High-density lipoprotein (LDL), and Low-density lipoprotein (LDL).	1. Majority of the participants in the study showed low protein intake (<1.5 g/kg when 1.5-2 g/kg is recommended). 2. Higher intake of isoleucine associated with higher levels of FPG ($p=0.007$), TG ($p=0.014$), SBP ($p=0.012$) and DBP ($p=0.04$). 3. Dietary intake of lysine was positively related to levels of FPG ($p<0.0001$), TG ($p=0.046$), SBP ($p=0.002$) and DBP ($p=0.009$). 4. A significant positive relationship observed between intake of cysteine an levels of TG ($p=0.027$) and SBP ($p=0.048$). 5. FPG was significantly positively related to intake of all amino acids except Cysteine, Glutamic acid, Threonine, Leucine, and Histidine ($p<0.05$). 6. TG was significantly higher among men ($p=0.015$), significantly higher in those with incomplete SCI ($p=0.016$), and significantly higher in those with paraplegia ($p=0.035$). 7. Blood pressure (BP) was significantly higher in quadriplegics ($p<0.0001$). 8. Older participants had significantly higher SBP ($p<0.0001$) and DBP ($p<0.0001$). 9. Higher SBP ($p=0.002$) and DBP ($p=0.001$) seen in those with higher total energy intake. 10. BP significantly higher in those with higher carbohydrate and cholesterol intake ($p<0.05$). 11. Higher tryptophan intake associated with lower SBP ($p=0.03$). 12. Significant correlation between glutamic acid and SBP ($p=0.007$) and DBP ($p=0.006$). 13. Low BP associated with higher lysine/arginine ratio: SBP ($p=0.009$) and DBP ($p=0.01$). 14. Women had significantly higher HDL ($p<0.0001$).

		15. Age was significantly positively related to TC (p=0.015) and LDL (p<0.0001). 16. Weight was significantly positively related to TC (p<0.0001) and LDL (p<0.0001). 17. Higher BMI significantly related to TC (p<0.0001) and LDL (p<0.0001).