| **Authors; Country**<br>**Date included in the review**<br>**Number of articles**<br>**Level of evidence**<br>**Type of study**<br>**Score** | **Methods**<br>**Databases** | **Evidence** |
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| Krassioukov et al. 2009; Canada<br><br>Reviewed published articles from 1950 to July 2008<br><br>N=26<br>n=251<br><br>**Level of evidence:**<br>PEDRo Scale - RCTs (9–10: excellent; 6–8: good; 4–5: fair; 0-4: poor)<br><br>Modified Downs & Black scale - non RCTs (0 to 28)<br><br>**Type of study:**<br>2 case reports, 1 case series, 2 observational, 1 pre-post, 1 RCT<br><br>AMSTAR: 6 | **Methods:** Key word literature search for (original) articles, previous practice guidelines, and review articles was conducted to identify literature evaluating the effectiveness of any treatment or therapy for OH in the SCI population.<br>**Databases:** PubMed/MEDLINE, CINAHL, EMBASE, PsycINFO. | 1. There is evidence that OH can be improved with the use of fludrocortisones, ergotamine, ephedrine, L-DOPS, and salt supplementation (level 4 or 5), and salt and fluid regulation, in combination with other pharmacologic interventions (level 5).<br>2. Cardiovascular responses during orthostatic challenges may be improved with FES (level 2), simultaneous upper extremity exercise with paraplegia, but not tetraplegia (level 2), but not 6 months of bodyweight support treadmill training.<br>3. Cardiovascular responses during exercise may be improved with midodrine (level 2) and elastic stockings and abdominal binders (level 2). |
| Gillis et al. 2008; Belgium<br><br>Reviewed published articles from 1966 to April 2007<br><br>N=13<br>n=138<br><br>**Level of evidence:**<br>Downs & Black scale<br><br>**Type of study:**<br>Parallel group, cross-over, quasi-random assignment<br><br>AMSTAR: 5 | **Methods:** Key word literature search for non-pharmacological management of OH during early rehab in SCI.<br>**Databases:** PubMed/MEDLINE, OVID/EMBASE, CENTRAL | 1. The evidence is inconclusive whether compression/pressure, upper body exercise and biofeedback therapies are able to control OH.<br>2. Upper body exercise may be more relevant to lower-level paraplegia where sympathetic outflow is intact and motor functionality is present.<br>3. FES can attenuate the drop in BP by 8/4 mm Hg during an orthostatic challenge and is promising technology. However, few studies utilized patients in the acute stage. |