Author Year Country PEDro Score Research Design Total Sample Size	Methods	Outcome
Estores et al. 2017 USA RCT Crossover PEDro=5 N=21	**Population:** Immediate treatment group (n=12): Mean age=41.1 yr; Gender: males=10, females=2; Time since injury=7.6 yr; Level of injury: C3-T12 for all; Severity of injury: AIS A=4, B=1, C=4, D=3; Type of pain=neuropathic. Delayed treatment group (n=8): Mean age=46.1 yr; Gender: males=6, females=2; Time since injury=13 yr; Level of injury: C3-T12 for all; Severity of injury: AIS A=1, B=1, C=2, D=4; Type of pain=neuropathic. **Intervention:** Participants were randomized to either an 8-wk once daily 10-needle battlefield acupuncture (BFA) group or a delayed-entry control group, then after the first BFA group finished, the delayed-entry group completed the BFA protocol. **Outcome Measures:** Change in pain severity (numeric rating scale (NRS)) and global impression of change (GIC).	1. Mean baseline pain scores were significantly higher in the acupuncture group than the control group (p=0.027). 2. BFA group reported significantly more pain reduction than the delated entry control group (p=0.014). 3. Significant difference between GIC scores from baseline to post-intervention between groups, with the BFA group showing a larger improvement (p=0.011).
Yeh et al. 2011 Taiwan RCT PEDro=6 N=99	**Population:** Age: 60.4 yr; Type of pain=undifferentiated. **Treatment:** Patients who previously underwent surgery for non-traumatic SCI were randomized to 3 groups: 1) received true acupoint intervention through electrical stimulation; 2) received sham acupoint; 3) received no acupoint stimulation. **Outcome Measures:** Visual Analogue Scale (VAS), Brief Pain Inventory (BPI)	1. Significant difference was seen in pain intensity between the true acupoint group and sham group ($p<0.03$) and the true acupoint group and control group ($p<0.02$). 2. A significant reduction was also seen in the impact of pain on sleep in the true acupoint group compared to the other two groups ($p<0.05$).
Dyson-Hudson et al. 2007 USA RCT PEDro=9 N=17	**Population:** Mean age=39.9 yr; Gender: males=18, females=5; Level of injury: tetraplegia=8, paraplegia=15; Type of pain=nociceptive musculoskeletal. **Treatment:** Individuals received 10 treatments, 2x/wk (acupuncture or sham acupuncture) for 5 weeks. **Outcome Measures:** Wheelchair User's Shoulder Pain Index (WUSP)I, Numeric Rating Scale (NRS)	1. Both groups experienced significant reduction in shoulder pain ($p<0.005$), as indicated by WUSPI. 2. Greater reduction in pain in acupuncture group vs. sham acupuncture group (66% vs. 43%) was noted; however there was no statistically significant difference in pain reduction between the two groups on WUSPI. 3. No significant differences in NRS between the two groups, though both had significant pain reduction.
Dyson-Hudson et al. 2001 USA RCT PEDro=7 N=24	**Population:** Age=28-69 yr; Gender: males=18, females=6; Level of injury: paraplegia, tetraplegia; Time since injury=5-33 yr; Length of shoulder pain=4 mo-22 yr. Type of pain=nociceptive. **Treatment:** Subjects received either acupuncture treatments (sessions lasted 20-30 min) or Tager Psychophysical	1. Analysis of treatment on PC-WUSPI scores using ANOVA showed a significant effect of time for both treatments (Acupuncture $p<0.001$ and Trager $p=0.001$). 2. Overall a reduction of the PC-WUSPI could be seen when looking at the data from the beginning of

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	Integration (approx. 45 min). Consisted of both table work and mental gymnastic exercises. **Outcome Measures:** Intake questionnaire (demographics and medical history), Weekly log, Wheelchair User's Shoulder Pain Index (WUSPI), Numeric rating scale, Verbal rating scale, range of motion.	treatment to the end for both groups ($p<0.05$). 3. Looking at the effect of treatment on the numeric rating scores, the ANOVA showed a significant effect of time for both acupuncture and Trager groups for average pain and most severe pain ($p<0.01$, $p<0.001$ respectively), for the least severe pain the acupuncture group showed a significant reduction ($p<0.01$) compared to the Trager group. 4. There was a statistically significant effect for both groups on verbal pain rating ($p=0.001$).
Norrbrink &Lundeberg 2011 Sweden Prospective Controlled Trial N=30	**Population:** Age=47.1 yr. Mean time since injury was 11.9 yr. Type of pain=neuropathic. **Intervention:** Participants were placed in one of two groups to receive acupuncture or massage therapy. Both groups received treatment 2x/wk for 6 wk. **Outcome Measures:** VAS	1. Worst pain intensity and pain unpleasantness improved significantly in the acupuncture group compared to the massage group. 2. However, no significant differences were seen in pain intensity between the two groups.
Rapson et al. 2003 Canada Pre-Post N=36	**Population:** Age=17-75 yr; Gender: males=23, females=13; Level of injury: cervical to lumbar; Length of pain=1 mo->15yr. Type of pain=neuropathic and musculoskeletal. **Treatment:** SCI patients were given acupuncture treatments. **Outcome measures:** Pain.	1. 24 participants improved in response to electro-acupuncture while 12 showed no improvement. 2. Bilateral pain (n=21) more likely to respond to electro-acupuncture than those with unilateral pain (n=3, $p=0.014$). 3. Those with symmetric pain had a higher response to treatment than those who asymmetric pain ($p=0.26$). 4. It was also noted that those with burning pain that was bilateral and symmetric ($p=0.006$) was more likely to improve after electroacupuncture. 5. Similar findings were noted for those who experienced bilateral symmetric constant burning pain ($p=0.005$).
Nayak et al. 2001 USA Pre-post Initial N=31; Final N=22	**Population:** Mean age=43.14 yr; Gender: males=15, females=7; Level of injury: C1-L3; Severity of injury: AIS: A, C, D; Time since injury=8.49 yr; Length of pain=8.46 yr. Type of pain=neuropathic and musculoskeletal. **Treatment:** 15 acupuncture treatments were administered over a 7.5-week period using a specific set of acupuncture points with additional points being selected by subjects based on individual history and clinical examination. **Outcome measures:** Pain intensity: numeric rating scale, general health: individualized symptom rating scale, pain	1. Pain intensity decreased over time: worst pain ($p<0.05$), average pain, ($p<0.01$), and present pain ($p<0.01$). 2. Post-treatment decline in pain intensity was maintained at 3 mo follow-up (pre-treatment vs. follow-up: $p<0.01$). 3. A difference in the ratings of pain intensity between pre- and post-treatment ($p<0.001$) was noted and this was maintained 3 mo after the end of treatment (pre-treatment vs. follow-up: $p<0.01$). 4. Those that did report pain relief at 3 mo follow up reported only moderate levels of pain intensity on the NRS

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	impact and interference: activity scale, mood, psychological well-being-general well-being schedule and expectations.	at the beginning of the study (7.83±0.75) compared to those who did not report pain relief (9.67±0.58, $p<0.01$). 5. Pain interference: a decrease in pain interference with ADLs was also noted ($p<0.05$). Respondents showed a reduction in interference with ADLs at post-treatment ($p<0.01$).