

Author, Year Country Study Design Sample Size	Study Characteristics	Results
(Blevins & Raffini, 2015) USA Case Report N=2	<p><i>Case Report 1:</i>  <b>Population:</b> Age: 17 yr; Gender: male; Injury etiology: SCI; Mechanism: MVC; Severity of injury: triplegia.  <b>Intervention:</b> Prophylactic, non-retrievable IVC filter and 40 mg enoxaparin daily for 12 mo.  <b>Outcome Measures:</b> VTE incidence and outcome.</p> <p><i>Case Report 2:</i>  <b>Population:</b> Age: 15 yr; Gender: male; Injury etiology: SCI; Mechanism: gunshot; Severity of injury: paraplegia.  <b>Intervention:</b> Prophylactic, removeable IVC filter with removal scheduled.  <b>Outcome Measures:</b> VTE incidence and treatment.</p>	<p><i>Case Report 1:</i></p> <ol style="list-style-type: none"> <li>1. Presentation: Occlusive thrombi extending from the IVC filter bilaterally down to the popliteal veins within two months of stopping enoxaparin.</li> <li>2. Treatment: Catheter- directed thrombolysis with recombinant tissue plasminogen activator and balloon venoplasty were performed to restore vascular patency.</li> <li>3. Follow-up: Warfarin as an outpatient for long-term anticoagulation.</li> </ol> <p><i>Case Report 2:</i></p> <ol style="list-style-type: none"> <li>4. Presentation: IVC filter was never removed due to loss of follow-up. Occlusive thrombi extending from the IVC filter bilaterally down to the popliteal veins within 7 months of injury.</li> <li>5. Treatment: Catheter- directed thrombolysis with recombinant tissue plasminogen activator and balloon venoplasty were performed to restore vascular patency.</li> <li>6. Follow-up: Warfarin as an outpatient for long-term anticoagulation.</li> </ol>
(Jones et al., 2005) USA Observational N=16,240 (N=1,585 <20 yr)	<p><b>Population:</b> Age: 44.5±21.0 yr; Gender: males=11,777, females=4,463; Level and severity of injury: complete paraplegia=1017, complete tetraplegia=1218  <b>Intervention:</b> None  <b>Outcome Measures:</b> Incidence of venous thromboembolism (VTE).</p>	<ol style="list-style-type: none"> <li>1. In total, 70 of 1,585 (4.4% pediatric patients (aged 8-19 yr) with SCI developed a VTE within one year of hospitalization.</li> </ol>
(Vogel et al., 2002b) USA Observational N=216	<p><b>Population:</b> Age at injury: 14.1±4.0 yr; Age at interview: 28.6±3.4 yr; Gender: males=150, females=66; Time since injury: 14.2±4.6 yr; Level of injury: tetraplegia=123, paraplegia=93. Severity of injury: C1-4 ABC=41, C5-8 ABC=67, T1-S5 ABC=82, tetra/para D=26.  <b>Intervention:</b> None. Survey.  <b>Outcome Measures:</b> Prevalence of thromboembolism.</p>	<ol style="list-style-type: none"> <li>1. Forty-one subjects experienced thromboembolism after the immediate postinjury period.</li> <li>2. Among all the study variables, thromboembolism was only significantly associated with older age at interview (p=0.044) and longer duration of injury (p=0.004).</li> </ol>