

Author, Year Country Study Design Sample Size	Study Characteristics	Results
Pressure Injuries		
(McCaskey et al., 2011) USA Case Report & General Review	Population: 5 yr female with C3-C4 complete SCI. Problem: Pressure Ulcers	1. Article reviews this case report and then provides an excellent general review on pressure ulcers risk factors in pediatrics with considerations for care.
(Vogel et al., 2002b) Part I USA Observational N=216	Population: Age at injury: 14.1±4.0 yr; Age at interview: 28.6±3.4 yr; Time since injury: 14.2±4.6 yr; Gender: males=150, females=66; 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. Intervention: None. Survey. Outcome Measures: Prevalence of pressure ulcerations (PU).	2. PU within the previous 3 yr were experienced by 44% (n=94), of which the mean number of ulcers per subject was 2.5, with 53% reporting 1 ulcer, 17% experiencing 2 ulcers, and 30% reporting > 2 ulcers. 3. Among men, 48% reported PU, in contrast to 33% of the women (p=0.045). 4. PU occurred more commonly in non-white than in white subjects (p=0.04). 5. Individuals who had sports-related SCI were significantly less likely to sustain PU compared with participants with non-sports-related SCI (p=0.033). 6. Those with violence-related SCI were not at greater risk of developing PU compared with those with nonviolent SCI. 7. PU were significantly associated with more severe neurologic impairment as measured either by ASIA Motor scores or by injury severity groupings. 8. Mean ASIA Motor score was significantly lower in subjects with PU compared with those without ulcers (p=0.006); however, PU were not more common in those with tetraplegia compared with those with paraplegia. 9. Individuals with PU demonstrated significantly more functional limitation as measured by the FIM. Both the total (p=0.002) and the motor FIM scores (p=0.002) were significantly lower in subjects with PU. 10. PU were not significantly associated with either bladder or bowel incontinence. 11. There was no difference in PU between those with and without bowel incontinence. 12. Subjects who smoked cigarettes or marijuana regularly demonstrated a significantly higher prevalence of PU p=0.01). 13. PU less commonly affected those who drank alcohol at least monthly compared with those who denied drinking alcohol (p=0.031). 14. Development of PU was significantly associated with spasticity (p=0.009). 15. PU were not statistically associated with heterotopic ossification, hip subluxation, hip contractures, or scoliosis.
Traumatic Skin Lesions		
(Almeida et al., 2009) Brazil Case Report	Population: Age: 19 mo; Gender: 1 male; Injury etiology: Transverse Myelitis with atrophy C3-T1.	1. One year post intervention, the patient's lips had completely healed and there was no tooth mobility.

N=1	<p>Problem: Self-injury (biting) to the mouth and bruxism.</p> <p>Intervention: Triamcinolone and 3mm thick silicone mouth guard in the maxillary arch.</p>	
(Colville & Mok, 2003) United Kingdom Case Reports N=2	<p><i>Case Report 1:</i> Population: Age: 6 yr; Injury etiology: traumatic, high-level SCI from shrapnel. Problem: Self-injury (biting) to the tongue and lips. Intervention: Psychologist involvement, psychosocial meetings, play therapy, reassurance, discharge planning.</p> <p><i>Case Report 2:</i> Population: Age: 12 yr; Injury etiology: SCI requiring spinal fusion and halo traction. Problem: Self-injury (biting) to the lips, spitting at nurses, anger, fear of death. Intervention: Psychologist and interpreter involvement.</p>	<p><i>Case Report 1:</i> 1. Behaviour completely abated.</p> <p><i>Case Report 2:</i> 2. Lip-biting behaviour diminished but child continued to be difficult to manage and did not develop any attachments with ward staff prior to discharge.</p>
(Vogel & Anderson, 2002) USA Case Reports N=4	<p><i>Case Report 1:</i> Population: Age: 6 yr; Gender: Male; Injury etiology: SCI; Level of injury: complete left C7, right T1. Problem: Picking/scratching nipples. Pt. described them as being "irritated." Intervention: Carbamazepine (10mg/mg/day).</p> <p><i>Case Report 2:</i> Population: Age: 11 mo; Gender: Male; Injury etiology: SCI at birth; Level of injury: C5. Problem: Biting of the dorsum of both hands and thumb nails. Intervention: Gloves (ages 3-5 yr), 10-15 mg/kg/day Carbamazepine (ages 5-8 yr), 15 mg/kg/day Gabapentin (age 9yr).</p> <p><i>Case Report 3:</i> Population: Age: 13 yr; Gender: Female; Injury etiology: Transverse Myelitis; Level of injury: left C8, right T1. Problem: Biting to arms and fingers. Pt. attributed this to anxiety and "tingling" to the area. Intervention: Counseling initiated followed by carbamazepine at age 14 yr (100 mg, three times daily), and then gabapentin (300 mg, three times daily).</p> <p><i>Case Report 4:</i> Population: Age: 17 yr; Gender: Male; Injury etiology: SCI; Level of injury: C5. Problem: Bilateral hand and terminal digit biting. Pt. reported the biting helped to move his hands. Intervention: Education, occupational therapy, gloves.</p>	<p><i>Case Report 1:</i> 1. Significant improvement in in self-injurious behaviour, relapsing only when the medication was stopped/ started (between age 6 and 14 yr).</p> <p><i>Case Report 2:</i> 2. Resolution of symptoms with behaviour only returning when medication was stopped/restarted.</p> <p><i>Case Report 3:</i> 3. Resolution of symptoms with behaviour only returning when medication was stopped/restarted.</p> <p><i>Case Report 4:</i> 4. Resolution of symptoms within one year without reoccurring.</p>
Latex Allergy		
(Vogel et al., 2002b) Part I USA Observational	<p>Population: Age at injury: 14.1±4.0 yr; Age at interview: 28.6±3.4 yr; Time since injury: 14.2±4.6 yr; Gender: males=150, females=66; Level of injury: tetraplegia=123, paraplegia=93. Severity</p>	<ol style="list-style-type: none"> 1. Eighteen individuals reported allergy to latex. 2. Latex allergy was significantly more common in women (16%) than in men (6%) (p=0.017).

<p>N=216</p>	<p>of injury: C1-4 ABC=41, C5-8 ABC=67, T1-S5 ABC=82, tetra/para D=26. Intervention: None. Survey. Outcome Measures: Prevalence of PU (PU), hospitalizations, latex allergy, medical conditions, health insurance</p>	<ol style="list-style-type: none"> 3. Latex allergy was reported by 33% of those with SCI related to medical or surgical conditions, in contrast to a 6% prevalence in the other etiology groupings ($p < 0.001$). 4. Latex allergy was also significantly associated with higher ASIA Motor scores ($p = 0.003$). 5. Latex allergy was more common in those with normal bladder control than those on intermittent catheterization programs or those with indwelling catheters ($p = 0.005$).
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