

Author, Year Country Research Design PEDro-Score Total Sample Size	Methods	Outcome
<p>Krause et al. (2006) USA Case Series N_{Initial}=1342, N_{Final}=1278</p>	<p>Population: Mean age=41.6yr; Gender & Race: 75% white, 74% male, 56% white male, 21% white female, 18% African American men, 5% African American females; Injury Duration: Mean=9.7yr; Injury level: Cervical=55%; Injury severity: No sensation or movement=29.4%, sensation but no movement=28.5%, movement but not ambulation=20.8%, useful function including ambulation=21.5%. Intervention: No intervention. Cross-sectional survey to examine the effect of race and gender on health status and healthcare utilization and the mediating effects of education and income. Outcome Measures: Three general health indicators from the Behavioural Risk Factor Surveillance (self-rated health, days of poor physical health, days of poor mental health) and three healthcare utilization measures (number of hospitalizations, days of hospitalizations, number of doctor visits).</p>	<ol style="list-style-type: none"> 1. A significant difference was seen based on race in 3 of 6 outcomes: African Americans had more days in poor health, more hospitalizations in the past year and more days hospitalized. 2. Inclusion of mediators in MANOVA analysis indicated that variables of income and education accounted for much more of the variance seen for these variables of general health and healthcare utilization than did race.
<p>Meade et al. (2004) USA Case Control N_{Initial}=628, N_{Final}=628</p>	<p>Population: Traumatic SCI from United States Model Systems database; matched white versus African American subjects matched by level of function, ASIA Impairment Scale, age and primary care sponsor. Mean age=34.2yr; Gender: males=84.2%, females=14.7%; Level of injury: paraplegia, tetraplegia; Severity of injury: AIS: A-D. Intervention: No intervention. Various outcomes associated with acute inpatient and rehabilitation care focusing on race effects by comparing outcomes of African Americans and whites. Outcome Measures: AIS motor index scores, FIM motor score, Medical complications, discharge disposition, medical procedures and medical management. Collected at admission to acute care and admission to and discharge from rehabilitation.</p>	<ol style="list-style-type: none"> 1. No significant differences between white versus African American races for AIS and FIM motor index scores. 2. No significant differences for discharge disposition (p=0.622). 3. African Americans were more likely to be injured as a result of violence and whites were more likely to be injured in MVCs. 4. African Americans were significantly more likely to receive laparotomies (p<0.001) and be catheter free in comparison to Caucasians. 5. Whites were more likely to receive spine surgeries (p<0.001) and have more suprapubic cystomies in comparison to African Americans. 6. No significant differences between racial groups in the occurrence of medical complications during either acute care or rehabilitation.
<p>Pollard & Apple. (2003) USA Case Series N_{Initial}=412, N_{Final}=95</p>	<p>Population: Mean age=not reported; Gender: not reported; Level and severity of injury: incomplete tetraplegia; Time since injury=not reported. Intervention: No intervention. Retrospective review of patients with incomplete tetraplegia to determine what patient characteristics, injury variables and management strategies are associated with improved neurological outcomes.</p>	<ol style="list-style-type: none"> 1. Neurological recovery was not significantly related to race (p>0.05).

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	Outcome Measures: Motor score, motor level sensory score, sensory level and ASIA grade.	
<p>Putzke et al. (2002) USA Case Control Study 1: N_{Initial}=2438, N_{Final}=374 Study 2: N_{Initial}=3301, N_{Final}=316</p>	<p>Population: <i>Study 1:</i> Mean age=34.8yr (white) & 35.3yr (African American); Gender (both groups): males=90%, females=10%. <i>Study 2:</i> Mean age=37.7yr (white) & 37.8yr (African American); Gender (both groups): males=93%, females=7%.</p> <p>Intervention: No intervention. Race effects on various outcomes associated with integrated acute and rehabilitation care (study 1) or long-term (study 2) studied by comparing results between whites and African Americans.</p> <p>Outcome Measures: <i>Study 1:</i> FIM motor and efficiency scores, length of stay, discharge destination, medical complications, charges. <i>Study 2:</i> FIM motor and efficiency scores, CHART, Satisfaction with Life Scale (SWLS), SF-12 (measured the individual's perception of his/her health status), medical complications and number of hospitalizations. All collected at admission, discharge or at annual follow-up (Study 2 only).</p>	<p><i>Study 1</i></p> <ol style="list-style-type: none"> 1. Significant differences between race were not found relating to any of the outcome measures including FIM, Length of Stay (acute or rehabilitation care), Discharge destination and charges ($p>0.05$). 2. The 2 groups were significantly different ($p<0.001$) on numerous other demographic and injury-related factors including age, education, gender, race, marital and occupational status, lesion level, and injury duration. <p><i>Study 2</i></p> <ol style="list-style-type: none"> 3. No significant differences were seen with SWLS, SF-12 and CHART ($p=0.25$). 4. None of the medical outcome variables differed significantly ($p>0.05$) with race, including days rehospitalized and number of rehospitalizations in the previous year, impairment level, and total medical complications. 5. Despite non-significant results with multivariate analyses, univariate analyses were also conducted and were generally non-significant except that whites reported less handicap on the CHART mobility subscale ($p=0.03$). 6. As with Study 1, both groups differed significantly on numerous demographic and injury-related factors ($p<0.001$).
<p>Eastwood et al. (1999) USA Case Series N_{Initial}=5180, N_{Final}=3904</p>	<p>Population: Age: <21=882, 21-30=1182, 31-40=803, 41-50=484, >50=552, unknown=1; Gender: males=3157, females=747; Level and severity of injury: paraplegia-incomplete=777, paraplegia-complete=1202, tetraplegia-incomplete=1065, tetraplegia-complete=782, unknown=78; Time since injury=not reported.</p> <p>Intervention: No intervention. Retrospective chart review of patients discharged between 1990 and 1997 with traumatic SCI to determine predictors of acute rehabilitation length of stay and their association with medical and social outcomes. Outcomes were assessed at rehabilitation discharge and 1yr following injury.</p> <p>Outcome Measures: Rehabilitation LOS, age, race, method of bladder management,</p>	<ol style="list-style-type: none"> 1. Caucasians experienced significantly longer rehabilitation LOS than African Americans ($p<0.05$).

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	tetraplegia, education, marital status, discharge disposition, 1yr presence of pressure ulcers, rehospitalization, place of residence, days per week out of residence.	