

<b>Author Year</b> <b>Country</b> <b>Research Design</b> <b>PEDro Score</b> <b>Total Sample Size</b>	<b>Methods</b>	<b>Outcome</b>
<p><a href="#">Dalyan et al.</a> (1998) USA Case Control N<sub>Initial</sub>=482; N<sub>Final</sub>=482</p>	<p><b>Population:</b> 482 men and women with traumatic SCI admitted to a United States Model Systems SCI Centre with specialized SCI acute care and rehabilitation services. Subjects included those with tetraplegia (256) &amp; paraplegia (226) and AIS A, B, C (362) &amp; D (120). <b>Treatment:</b> No intervention. Comparison of those admitted to a specialized spinal acute care and rehabilitation unit &lt;24 hours post injury versus &gt;24 hours-60 days post-injury <b>Outcome Measures:</b> Incidence of contractures during initial post-traumatic hospitalization.</p>	<ol style="list-style-type: none"> <li>Subjects who were admitted earlier (&lt;24 hours) had significantly fewer contractures than those admitted later (&gt;24 hours – 60 days) (p=0.05).</li> <li>Other factors associated with an increased incidence of contractures included tetraplegia versus paraplegia (p&lt;0.01), presence of a pressure ulcer (p=0.05), co-existence of head injury (p&lt;0.05).</li> </ol>
<p><a href="#">De Vivo et al.</a> 1990 USA Case Control N<sub>Initial</sub>=661; N<sub>Final</sub>=661</p>	<p><b>Population:</b> 661 people with SCI admitted to a United States Model Care System Centre with specialized SCI rehabilitation services. Subjects included those with tetraplegia and paraplegia and also those with incomplete versus complete injuries but frequencies were not provided. Average ages for early versus delayed admission groups were 29.5 and 32.0 years old respectively. <b>Treatment:</b> No tx per se, comparison of those admitted earlier (&lt;24 hours post injury) versus later (&gt;24 hours) to a specialized integrated spinal unit (i.e., combined acute care and rehabilitation). Subjects were sub-grouped into i) paraplegia, incomplete, ii) paraplegia, complete, iii) tetraplegia, incomplete, iv) tetraplegia, complete. <b>Outcome Measures:</b> LOS, Hospital charges, Incidence of medical complications, Neurologic recovery, Mortality all collected at Discharge.</p>	<ol style="list-style-type: none"> <li>Those with complete paraplegia (p=0.0169) &amp; incomplete tetraplegia (p=0.0001) admitted earlier (&lt;24 hours) had significantly shorter total hospitalization LOS. A similar trend for those with incomplete paraplegia (p=0.0568), no difference for those with complete tetraplegia (p=0.928).</li> <li>Mean hospital charges were less for subjects with complete (p=0.0099) and incomplete (p=0.0134) tetraplegia who were admitted earlier. Similar trend for those with incomplete paraplegia (p=0.0607), no difference for complete paraplegia (p=0.4777).</li> <li>In general, no overall differences were seen in the development of medical complications between the early versus late admission groups. A few differences for incidence specific complications.</li> <li>Trend for increased neurologic recovery with early admission in that 10/315 (3.2%) versus 4/401 (1.0%) in early versus late groups had complete recovery (p=0.08). Author warns of bias in this finding.</li> <li>Mortality comparisons not possible within sample for early versus late admission groups. Comparison with historical data suggests enhanced survival rates with early admission.</li> </ol>