

Author, Year Country Research Design PEDro Score Total Sample Size	Methods	Outcome
<p>Kapadia et al. (2014) Canada Post-Hoc Analysis N_{Initial}=27, N_{Final}=27</p>	<p>Population: <i>Conventional Occupational Therapy 1 (COT1; n=5):</i> Mean age=60.8yr; Gender: males=5, females=0; Level of injury: C3=3, C4=2; Severity of injury: not reported; Time since injury=43.6 days. <i>COT2 (n=12):</i> Mean age=44.75yr; Gender: male=9, female=3; Level of injury: C4=7, C5=5, C6=1; Severity of Injury: AIS level B=4, C=8. Time since injury=58.33 days. <i>Functional Electrical Stimulation (FES) + COT (FES+COT; n=10):</i> Mean age=43.2yr; Gender: male=8, female=2; Level of injury: C3=1, C4=3, C5=1, C6=5; Severity of Injury: AIS level B=4, C=5, D=1; Time since injury=69.9 days.</p> <p>Intervention: Retrospective post hoc analysis of data from phase I and II RCTs. COT1 received 45hr of therapy, COT2 received 80hr, and FES + COT received 40hr of each therapy for a total of 80hr. Outcome measures were assessed at baseline and at discharge.</p> <p>Outcome Measures: FIM, self-care sub-scores of the Spinal Cord Independence Measure (SCIM).</p>	<ol style="list-style-type: none"> 1. Mean scores on the FIM self-care sub-score were 12.8, 10, and 20.1 for the COT1, COT2, and FES+COT groups, respectively. 2. The mean scores on the SCIM self-care sub-scores for the COT1, COT2, and FES-COT groups were 2.6, 3.16, and 10.2 for the COT1, COT2, and FES-COT groups, respectively. 3. All groups showed improvement in FIM and SCIM scales from baseline to discharge; however, no significant differences were observed between groups (p>0.05).
<p>Whiteneck et al. (2011) USA Observational N_{Initial}=600, N_{Final}=600</p>	<p>Population: <i>Total Group (TG; n=600):</i> Mean age=37.2±16.6yr; Gender: males=80.5%, females=19.5%; Level of injury: C1-C4=132, C5-C8=151, T1 and below=317; Severity of injury: AIS level A, B, C=506, D=94; Time since injury=31.7±28.1 days. <i>Group 1(C1-C4, AIS A, B, C; n=132):</i> Mean age=41.9±17.0yr; Gender: males=80.3%, females=19.7%; Time since injury=42.1±30.5 days. <i>Group 2(C5-C8, AIS A, B, C; n=151):</i> Mean age=33.7±15.6yr; Gender: males=80.8%, females=19.2%; Time since injury=33±28.7 days. <i>Group 3(T1 and below, AIS A, B, C; n=223):</i> Mean age=33.4±14.2yr; Gender: males=81.6%, females=18.4%; Time since injury=31.5±28.1. <i>Group 4(T1 and below, AIS D; n=94):</i> Mean age=45.3±18.5yr; Gender: males=77.7%, females=22.3%; Time since injury=15.5±12.4 days.</p> <p>Intervention: No intervention. Prospective observation of time patients spent in various therapeutic activities. Patients were group by neurological level and completeness of injury. Outcome measures were assessed for the duration of the patient's stay and correlated with patient, injury and clinician characteristics.</p>	<ol style="list-style-type: none"> 1. The average length of stay for the TG was 55±37 days, during which 180±106hr of total treatment was received, or 24±5hr per wk. 2. Across individual groups, treatment times and intensities varied extensively and were not correlated with patient, injury or clinician characteristics (R₂=0-0.19). 3. LOS was weakly correlated with total hours of therapy (R₂=0.47).

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	Outcome Measures: Total time spent in rehabilitation, total minutes of treatment per week, LOS	
<p>Whiteneck et al. (2012) USA Observational N_{Initial}=1376, N_{Final}=1032</p>	<p>Population: <i>Total Group (TG; n=1032):</i> Mean age=37.7±16.7yr; Gender: males=81%, females=19%; Level of injury: C1-C4=294, C5-C8=204, T1 and below=534; Severity of injury: AIS level A, B, C=874, D=161; Time since injury=31.0±27.8 days. <i>Group 1(C1-C4, AIS A, B, C; n=294):</i> Mean age=40.9±17.1yr; Gender: males=82%, females=18%; Time since injury=38.9±32.2 days. <i>Group 2(C5-C8, AIS A, B, C; n=204):</i> Mean age=33.8±15.8yr; Gender: males=81%, females=19%; Time since injury=33±28.2 days. <i>Group 3(T1 and below, AIS A, B, C; n=373):</i> Mean age=32.7±13.3yr; Gender: males=80%, females=20%; Time since injury=30.0±26.0. <i>Group 4(T1 and below, AIS D; n=161):</i> Mean age=48.1±18.1yr; Gender: males=84%, females=16%; Time since injury=16.5±13.0 days</p> <p>Intervention: No intervention. Prospective observation of time patients spent in various therapeutic activities, correlated with patient characteristics and outcome. Patients were group by neurological level and completeness of injury. Outcome measures were assessed at rehabilitation discharge and 1yr post injury.</p> <p>Outcome Measures: Total time spent in rehabilitation, LOS, FIM, CHART physical independence, social integration, mobility dimensions, rehospitalization, pressure ulcer incidence.</p>	<ol style="list-style-type: none"> 1. Patient characteristics (level of injury, admission FIM, time from trauma to rehabilitation, age at injury, BMI≥30) are strong predictors of motor FIM outcome at discharge (p<0.05). 2. More time in PT was associated positively with motor FIM score at discharge and 1yr follow-up (p<0.001), as well as CHART physical independence (p<0.001), social integration (p=0.015), mobility dimensions (p<0.001), smaller likelihood of rehospitalization after discharge (p<0.001) and reporting of pressure ulcers (p=0.001) at 1yr follow-up. 3. More time in therapeutic recreation had similar positive associations with social integration (p=0.006), mobility (p=0.009), smaller likelihood of rehospitalization (p=0.010) and reporting of pressure ulcers (p=0.023) at discharge and follow-up. 4. Time spent in other disciplines had fewer and mixed relationships. OT was negatively associated with discharge FIM score (p=0.003) and positively associated with pressure sore at follow-up (p=0.026). No significant associations between social work and discharge/follow-up FIM. Psychology was negatively associated with CHART physical independence (p=0.002). Nursing positively associated with rehospitalization (p=0.037). SLP negatively associated with pressure sore incidence at follow-up (p=0.017).
<p>Heinemann et al. (1995) USA Case Series N_{Initial}=264, N_{Final}=246</p>	<p>Population: <i>SCI:</i> Mean age=38.9yr; Gender: males=79%, females=21%.</p> <p>Intervention: No intervention. Retrospective review of variation in therapy intensity (OT, BT, SLP, psychology). Also examined effect of various other factors</p>	<ol style="list-style-type: none"> 1. When analyzed together, none of the individual therapy intensities were predictive of improved outcomes. When analyzed individually, very little was significant in the prediction with only greater LOS associated with

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	<p>including length of stay, interruptions, onset days, admission scores and age. Outcome Measures: FIM (motor, cognitive, total), FIM Efficiency (motor or cognitive) all collected at Discharge.</p>	<p>greater achievement of potential motor gains ($p < 0.05$) and interrupted rehab associated with less achievement of potential motor gains ($p < 0.05$).</p> <ol style="list-style-type: none"> 2. Patients with >intervals between onset and admission had less motor function at discharge, achieved less of their potential motor gains and made less efficient motor gains (all $p < 0.05$). 3. Therapy intensity was predicted to a small degree by the various functional, demographic and medical variables (psychology intensity had highest explained variance with 26.3%; SLT 17.2%, All therapies combined 16.6%, OT 7.3%, PT 6.5%). 4. People with lower cognitive and motor function at admission receive more intense therapy (all therapy types $p < 0.05$).