

Author Year Country Research Design PEDro Score Total Sample Size	Methods	Outcome
<p>Gupta et al. (2008) India Case Control N_{Initial}=76, N_{Final}=76</p>	<p>Population: <i>Traumatic (n=38)</i>: Mean age=32.86yr; Gender: males=34, females=4. <i>Non-traumatic (n=38)</i>: Mean age=31yr; Gender: males=16, females=22 Intervention: Admission/discharge data from all surviving non-traumatic and traumatic spinal cord lesion (SCL) patients in a neurological rehabilitation facility was assessed over a 2yr period. Outcome Measures: LOS, BI, AIS collected at admission and discharge.</p>	<p>1. The traumatic SCL group had significantly more males than females ($p<0.05$) and was not significantly different in age, marriage, education or socioeconomic factors.</p>
<p>McKinley et al. (2008) USA Case control N_{Initial}=594, N_{Final}=594</p>	<p>Population: Infection related spinal cord disease (<i>IR-SCD</i>): Mean age=53.3yr; Gender: males=64.7%; Level of injury: paraplegia=74%. Traumatic SCI: Mean age=40.4yr; Gender: males=83.8%; Level of injury: paraplegia=49% Intervention: No intervention. Data was reviewed of individuals diagnosed with infection related SCD against those with traumatic SCI. Outcome Measures: Acute and rehabilitation hospital LOS, FIM motor scores, FIM motor change, FIM motor efficiency, AIS change.</p>	<p>1. When compared with traumatic SCI (n=560), patients with IR-SCD comprised significantly less of the SCI/D rehabilitation admissions (3% versus 61%), were older (53 versus 40yr), and more often female (35% versus 16%). Injuries were more commonly located in the thoracic region (48% versus 38%).</p>
<p>Ronen et al. (2004) Israel Case Control N_{Initial}=1401, N_{Final}=1401</p>	<p>Population: <i>Traumatic Spinal Cord Injury (TSCI; n=250)</i>: Mean age=34.5±15.3yr; Gender: males=5, females=0; Level of injury: cervical=37%. Thoracic=32%, lumbosacral=31%; Severity of injury: Frankel grade A=74, B=42, C=100, D=34; Time since injury=59 days. <i>Non-Traumatic Spinal Cord Injury (NTSCI; n=1117)</i>: Mean age=47.1±16.8yr; Gender: male=9, female=3; Level of injury: cervical=32%, thoracic=44%, lumbosacral=24%; Severity of Injury: Frankel grade A=32, B=146, C=506, D=433. Time since injury=51mo. Intervention: No intervention. Retrospective analysis of the factors that influence LOS. Outcome Measures: LOS, SCI etiology, SCI severity, decade of admission to rehabilitation, and Spinal Cord Independence Measure II (SCIM II).</p>	<p>1. The mean LOS was 239±168 for individuals with TSCI and 106±137 for individuals with NTSCI. 2. SCI severity, etiology and decade of admission to rehabilitation were significantly associated with LOS ($p<0.001$). 3. SCIM II gains were positively associated with LOS, when LOS was short (<70 days; $r=0.81-0.82$, $p<0.001$). 4. Male patient LOS (147±183) was significantly higher than female patient LOS (105±82) ($p<0.02$).</p>
<p>Scivoletto et al. (2004) Italy Case Control N_{Initial}=281, N_{Final}=281</p>	<p>Population: SCI: Mean age=50.4yr; Gender (traumatic): males=82, females=23; Gender (non-traumatic): males=101, females=75; Level of injury: cervical=78, thoracic=152, lumbar=51; Severity of injury: AIS: A=84, B=18, C=127, D=52. Intervention: No intervention. Those with SCI were retrospectively evaluated to examine sex-related differences. Outcome Measures: Admission scores, discharge scores, length of stay, efficiency.</p>	<p>1. No significant difference was seen between males and females in all the outcome measures including: <ul style="list-style-type: none"> • Admission age. • Admission scores. • Discharge scores. • Length of stay. • Efficiency scores. 2. Female patients than male patients had a lower frequency of: <ul style="list-style-type: none"> • Traumatic lesions. • Complications at admission. </p>

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		3. Females had a higher frequency of incomplete lesions than males.
<p>McKinley et al. (2002) USA Case Control N_{Initial}=381, N_{Final}=183</p>	<p>Population: Non-traumatic SCI secondary to stenosis (n=81) versus traumatic SCI (n=102) within a single centre; Matching from N=381 sample on paraplegia versus tetraplegia and completeness. Intervention: No intervention. Various outcomes associated with non-traumatic (stenosis) versus traumatic SCI rehabilitation were compared. Outcome measures were collected at admission to and discharge from rehabilitation. Outcome Measures: LOS, charges, Discharge rates to home, FIM (score, change and efficiency).</p>	1. As compared to those with trauma (before matching), those with stenosis were significantly (p<0.01): <ul style="list-style-type: none"> • Older (64.1 versus 44.4). • More likely female (38.8 versus 21.2%) • More likely to have paraplegia (69.4% versus 45.5%) • More likely to be incomplete injury (AIS C or D) (100% versus 49.3%)
<p>Greenwald et al. (2001) USA Case Series N_{Initial}=1074, N_{Final}=1074</p>	<p>Population: Traumatic SCI from United States Model Systems database; matched male versus female by level of function, AIS and age: 50% were 18-34yr, 42% were 36-64yr and 8% were >64yr old; Level of injury: tetraplegia, paraplegia; Severity of injury: AIS A-D; Time to rehabilitation: 86% were admitted to Model systems within 21 days post-injury. Intervention: No intervention. Outcomes associated with inpatient acute and rehabilitation care focusing on gender effects were assessed. Outcome Measures: Length of Stay, Charges, ASIA motor index total score, FIM motor score, FIM motor change scores, FIM motor efficiency scores, and medical complications. Collected at admission to acute care and admission to and discharge from rehabilitation.</p>	<ol style="list-style-type: none"> 1. No significant differences were seen for acute care or rehabilitation Length of Stay or charges between males and females. 2. No significant differences were seen in discharge destinations between males and females. 3. No significant differences were seen in admission, discharge, or change scores for both functional (i.e., FIM) and neurological (i.e., AIS) assessments between males and females. 4. Gender differences in the development of complications during rehabilitation, notably, pressure sores (p<0.001) and DVTs (p=0.003) were more likely in men. 5. Younger patients had better functional outcomes than older patients with significantly higher FIM motor scores at discharge. 6. Older patients had significantly greater ASIA motor scores on admission and discharge than middle-aged patients, who had significantly greater scores than younger patients.
<p>Furlan et al. (2005) Canada Case Series N_{Initial}=55, N_{Final}=55</p>	<p>Population: <i>Males (n=38):</i> Mean age=51.5yr; Level of injury: C1 to C7; Severity of injury: AIS: A-D; Etiology of injury: falls=36.8%, motor vehicle accidents=31.6%, diving accident =7.9%, other=23.7% <i>Females (n=17):</i> Mean age=63.2 yr; Level of injury: C1 to C7; Severity of injury: AIS: A-D; Etiology of injury: falls=64.7%, motor vehicle accidents=23.5%, diving accident=11.8%.</p>	<ol style="list-style-type: none"> 1. No significant differences were seen between the two sexes was seen in: <ul style="list-style-type: none"> • Secondary complications. • Improvement in AIS scores. 2. Women had significantly higher rate of psychiatric complications (p=0.054) and deep venous thrombosis (p=0.092) than men.

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	<p>Intervention: No intervention. Those with acute cervical traumatic SCI were retrospectively analyzed to assess gender differences.</p> <p>Outcome Measures: Secondary complications, AIS.</p>	
<p>New et al. (2005) Australia Case Series N_{Initial}=70, N_{Final}=62</p>	<p>Population: <i>Non-traumatic SCI:</i> Mean age=69yr; Level and severity of injury: AIS B-D, tetraplegia=32.9%, AIS A, paraplegia=8.6%, AIS B-D=58.6%; Time since injury: <7 days=78.6%; Time to rehabilitation=30.9 days.</p> <p>Intervention: No intervention. Outcomes associated with non-traumatic SCI rehabilitation were assessed.</p> <p>Outcome Measures: Demographics, clinical characteristics, LOS, Discharge setting, level of lesion and AIS, FIM, mobility, bowel and bladder function. Collected at admission to and discharge from rehabilitation.</p>	<ol style="list-style-type: none"> 1. Those subjects' male, younger, more mobile, more independent bowel and bladder function and less severe AIS grades were more likely to be discharged home.
<p>Sipski et al. (2004) USA Case Series N_{Initial}=14433, N_{Final}=14433</p>	<p>Population: SCI: Mean age=31.8 yr; Gender: males=11762, females=2671; Etiology of injury: vehicular collision=6092, violence=2888, diving/other sports=1550, falls=2807, other=1096.</p> <p>Intervention: No intervention. Patient data was retrospectively analyzed to assess gender differences in patients with SCI.</p> <p>Outcome Measures: AIS, FIM scores, motor score improvement.</p>	<ol style="list-style-type: none"> 1. Completeness of injury was significantly higher in: <ul style="list-style-type: none"> • Males than females (p=0.007). • Younger females (younger than 40yr) than older females (older than 50yr), p<0.001. 2. AIS motor scores from admission to 1yr post injury, were significantly higher for women than men with complete (p=0.035) or incomplete (p=0.031). 3. At 1yr post injury, improvement of motor scores on the left side was significantly greater for women than for men with complete injuries (p=0.018) and incomplete injuries (p=0.016). 4. Women with motor incomplete tetraplegia at C1-4 levels had higher discharge FIM motor scores than men. However, motor complete men had higher discharge FIM scores than motor complete women.
<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.</p> <p>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> <p>Outcome Measures: Motor score, motor level sensory score, sensory level and ASIA grade.</p>	<ol style="list-style-type: none"> 1. Neurological recovery was not significantly related to gender (p>0.05).

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<p>Krause et al. (2006) USA Observational 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; Level of injury: 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%.</p> <p>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.</p> <p>Outcome Measures: Three general health indicators from the Behavioral Risk Factor Surveillance (self-rated health, days of poor physical health, days of poor mental health) and 3 healthcare utilization measures (number of hospitalizations, days of hospitalizations, number of doctor visits).</p>	<ol style="list-style-type: none"> 1. Differences in gender were seen in the significantly higher rates of non routine physician visits by females than males, but not for the other general health or healthcare utilization indicators. 2. After accounting for mediators, the gender differences remained significantly different for higher rates of non routine physician visits by females than males, however this gender effect was substantially less than that evident with the mediating variables of income and education.