

Author Year Country Research Design PEDro Score Sample Size	Methods	Outcome
Telephone and Pressure Injury Management		
<p>Arora et al. 2017 Australia RCT PEDro=8 N_{initial}=120 N_{final}=115</p>	<p>Population: <i>Int</i> (n=60): Mean age= 35yr; Gender: males=52, females=8; Level of Injury: ASIA Classification: A=52, B=3, C=2, D=0, Unknown=3. <i>Con</i> (n=60): Mean age= 36yr; Gender: males=54, females=6; Level of Injury: ASIA Classification: A=47, B=2, C=8, D=1, Unknown=2.</p> <p>Intervention: Intervention group (Int) received weekly advice by telephone for 12 wk about the management of their pressure injuries from a trained health-care professional. Advice pertained to seating, bed overlays, cushions, equipment, diet, nutrition, wound dressings, pressure management techniques, moisture management and when to seek medical or nursing consult. Control group (Con) received standard care 12wk follow-up.</p> <p>Outcome Measures: Primary outcome: Pressure injury size, Secondary outcomes: Pressure injury depth, Pressure injury Scale for Healing (PUSH). Assessments completed at baseline and 12 weeks.</p>	<ol style="list-style-type: none"> 1. The mean between-group difference for the size of the PU at 12 wks was 2.3 cm² favouring the intervention group (p=0.08), however the depth was not significantly different after 12 weeks when comparing treatment and intervention groups (p=0.17). 2. A statistically significant between-group decrease in PUSH score was seen in favour of the intervention group (p=0.02). 3. Inconclusive findings for outcomes for pressure injury undermining and depth, participant and clinicians' subjective impressions about pressure injury improvement 4. Improvements noted on Braden scale, primarily related to nutrition and moisture. 5. Participants' rating of their confidence in managing their pressure injury were rated as high (7.3 on 10 point scale) 6. Intervention group participants were satisfied with the telephone intervention (8.6 on 10 point scale); control group was 6.5.
Telehealth and Pressure Injury Management		
<p>Houlihan et al. 2013 USA RCT PEDro=6 N=142</p>	<p>Population: Mean age=48.2 yr; Gender: males=51, females=55; Injury etiology: SCI=106, Multiple Sclerosis=36, Level of injury (SCI): paraplegia=54, tetraplegia=46. Medical history: depression=55, pressure injury=66.</p> <p>Intervention: CareCall (telehealth program with interactive voice response) access for 6 mo (unlimited call-in access and received calls 1x/wk) vs. normal care.</p> <p>Outcome Measures: Pressure injury Scale for Healing (PUSH) tool v.3.0, Patient Health Questionnaire -9 (PHQ-9), Cornell Services Index (CSI) and Craig Hospital Inventory of Environmental Factors – Short Form.</p>	<ol style="list-style-type: none"> 1. Overall there was no positive impact on pressure injuries at 6 mo; however, a significant difference in percentage with ≥1 pressure injuries for females in the intervention group (p=0.04). 2. Among those with depressive symptoms at baseline, severity at 6 mo differed between groups (p=0.038). 3. There were no between group differences in terms of healthcare utilization. 4. Participants using Carecall self-reported increased health-care availability (p=0.043) although other factors (i.e., availability at baseline, time and age) were more powerful predictors of this.
<p>Phillips et al. 1999 USA Case Control N_{initial}=37; N_{Final}=35</p>	<p>Population: Mean age=35 yr. Intervention: Videoconferencing was used to assist patients in treating and monitoring pressure injuries. Patients were divided into 3 groups: telephone, videophone, and standard care.</p> <p>Outcome Measures: Number of pressure injuries, emergency room (ER) visits, hospitalizations, doctor's visits annually and employment rate.</p>	<ol style="list-style-type: none"> 1. Overall it was found that the video group reported the largest number of ulcers, followed by the standard care group and the telephone group. 2. The standard care group reported the lowest number of ER visits, hospitalizations, and health care provider visits. 3. The numbers of visits were similar for the other two groups. <p>Over half the members of each group had no hospitalizations during the study period. It was</p>

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		also noted that 26% of the subjects had returned to work 6 mo after injury.
Vesmarovich et al. 1999 USA Case Series N=8	<p>Population: Age range= 38-78 yr; Gender: males=8, females=0.</p> <p>Intervention: The outpatient nurse using the Picasso Still Image Videophone conducted 1x/wk telerehabilitation visits. Subjects and family members received 30 minutes of education; equipment was sent home with subjects. Interviews were conducted to determine level of satisfaction</p> <p>Outcome Measures: Number of ulcers healed, satisfaction.</p>	No statistical results reported <ol style="list-style-type: none"> 1. Subjects were seen approximately seven times (range 1-18 visits). 2. Seven wound sites healed completely and two needed surgery. Subjects and family were highly satisfied.
Internet and Pressure Injury Management		
Hilgart et al. 2014 United States Post-test N=7	<p>Population: Mean age=36.14 yr; Gender: males=2, females=5; Level of injury: tetraplegia=5, paraplegia=2; Mean time since injury=10.43 yr.</p> <p>Intervention: Participants had 6 weeks of access to use the iSHIFTup program, an Internet intervention designed to improve skin care behaviour. Assessments were administered after the intervention was completed.</p> <p>Outcomes: Program usage (login, completion of 4 components – cores, modules, diary, and follow up), Internet Evaluation and Utility Questionnaire (IEUQ) which measures participants’ experiences and perceptions of an internet intervention; Internet Impact and Effectiveness Questionnaire (IIEQ) which measures participants’ perceptions of the internet intervention in relation to perceived effectiveness in resolving or preventing the target health condition..</p>	<ol style="list-style-type: none"> 1. In terms of program usage over the 6 week intervention period, average use was 14.86 (SD 10.75). All participants may diary entries (avg 19.57, SD 13.21), all completed at least 1 module (avg 6.86, SD 4.45) and all 3 cores. All 7 completed at least 1 follow up and 1 module. 2. In terms of IEUQ, 100% of participants reported that the program was mostly or very helpful and acceptable, the program was very easy to comprehend, they mostly or very much liked the layout, and they would likely return to the program. 3. In terms of IIEQ, 86% of participants reported that the program was very easy and convenient to use, was mostly or very engaging, was mostly or very useful, credible, mostly or very satisfying and enjoyable, was trustworthy and had no privacy concerns, and was a good mode of delivery. 4. In terms of IIEQ, 100% of participants found the program helpful in improving skin care routines and managing skin care as well as reported knowledge gains in skin care and pressure injury prevention. 5. In terms of IIEQ, 86% of participants found that the program was very helpful in providing behavioural support for skin care activities, was some-what or very effective for long-term use, was easy to follow through with program recommendations, and helpful in being confident in tracking daily skin care activities.