Author Year Country Research Design PEDro Score Sample Size	Methods	Outcome
Pulsed Lavage		
Ho et al. 2012 USA RCT PEDro=5 N=28	**Population:** People with SCI and stage III and IV pelvic pressure injuries. **Intervention:** Daily low-pressure pulsatile lavage treatment with 1 L of normal saline at 11 psi of pressure was applied to the treatment group along with standard dressing changes. The control group received only sham treatment and standard dressing changes. **Outcome Measures:** Linear and volume measurements of pressure injury dimensions were obtained 1x/wk for 3 wk.	1. Pulsatile lavage enhanced stage III and IV pelvic pressure injury healing rates in people with SCI relative to standard pressure injury treatment alone.
Bogie et al. 2013 USA Observational N=28	**Population:** Mean age=55 yr**;** Gender: males=28, females=0; Level of Injury: paraplegic=12, tetraplegic=12; Wound status: grade III ulcers=8, grade IV ulcers=IV. **Intervention:** Chart reviews of patients who were treated by pulsatile lavage therapy. **Outcome Measures:** Adverse effects, treatment discontinuation and injuries to clinical care providers.	1. No adverse events for patients or care providers (mean therapy duration 46 days). 2. Treatment was temporarily discontinued in one patient due to mild bleeding from wound and resumed six days later. 3. Treatment discontinued for two patients due to a fever in one patient and rapid improvement in wound size in another.
Maggot Therapy		
Sherman et al. 1995 USA Prospective Control Trial N=8	**Population:** Mean age=44-68 yr; Gender: males=81; Level of injury: paraplegia=7, tetraplegia=1; Ulcer stages: III and IV. **Treatment:** 3-4 wks of conventional therapy preceded maggot placement under porous sterile dressings, for 48-72 hr cycles. Sodium hypochorite, normal saline or wet-to-dry gauze dressings were applied every 8 hours in between maggot cycles. **Outcome Measures:** Healing of pressure injury; wound area size.	1. Maggot therapy decreased pressure injury surface area by 22% per wk ($p<0.001$). 2. No adverse consequences of treatment were noted.
Wang et al.2010 China Observational N=25	**Population:** Patients with diabetic foot ulcers and 18 patients with pressure injuries after SCI. **Intervention:** Maggot therapy or traditional dressing **Outcome Measures:** Changes in the lesions were observed and bacterial cultures tested.	1. Maggot therapy is a safe and effective method for treating chronically infected lesions 2. All ulcers healed completely. The times taken to achieve bacterial negativity, granulation and healing of lesions were all significantly shorter in the maggot therapy group than in the control group, both for diabetic foot ulcers ($p< 0.05$) and pressure injuries ($p< 0.05$).
Silicone Moulding		
Erba et al. 2010 Switzerland Post-Test N=10	**Population:** Mean age=42 yr; Gender: males=6, females=4; Level of injury: paraplegic=10; Wound status: grade IV ulcer=10. **Intervention:** Injection of fluid silicone. Silicone moulding to facilitate debridgement.	1. No complications or recurrences occurred (mean follow-up 25 mo). 2. In all patients debridgement was performed en blooc without perforation into the decubital cavity and without additional excisions needed.

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Pulsed Lavage		
	Outcome Measures: Radical en bloc debridgement achievement, complications and recurrences.	3. No postoperative complications occurred.