Author Year Country PEDro Score Research Design Sample Size	Methods	Outcomes
Roberts & Young (2010) USA Case Series N=45	**Population:** Mean age=39.7 yr; Gender: males=37, females=8; Level of injury: cervical; Severity of injury: injury severity score (ISS)>20 (mean score=34.2). **Chronicity:** Filters were placed in all individuals within 72 hr of admission. **Intervention:** Placement of a prophylactic inferior vena cava (IVC) filter. Individuals were placed on prophylactic anticoagulant therapy 1 week after injury (Lovenox or Heparin). **Outcome Measures:** Incidence of pulmonary embolism (PE) and complications related to insertion. **Method of Diagnosis:** Not indicated.	**Timing of DVT onset**: Not indicated. **Incidence of PE:** 1. No individuals sustained a PE. 2. No complications related to IVC filter insertion were observed. 3. IVC filters are suggested as safe and perhaps add preventative value against thrombotic complications.
Gorman et al., (2009) USA Case Control N=112	**Population:** Mean age=37.1 yr (inferior vena cava (IVC) filter), Mean age=48.1 yr (no filter); Gender: males=96% (IVC filter), males=69% (no filter); Level of injury: C3-L3; Severity of injury: not specified. **Chronicity**: Individuals either received or did not receive an IVC filter during their acute hospitalization before admission to the rehabilitation centres. No other information was provided. **Intervention:** Retrospective review of SCI individuals who had received a prophylactic IVC filter, compared to those that had not. All individuals were also treated with another form of prophylaxis, "usually low molecular unfractionated heparin (LMWH) and compression stockings." **Outcome Measures:** Incidence of deep vein thrombosis (DVT). **Method of Diagnosis:** Clinical examination and duplex ultrasonography.	**Timing of DVT onset**: Average length of stay for individuals was 39 days (IVC filter) and 27 days (no filter) after acute hospitalization. No information was provided specifying when screening was performed. **Incidence of DVT:** 1. Individuals without IVC filter had fewer DVTs than those with an IVC filter (5.2% and 20.4% respectively, p=0.021). 2. IVC filter placement resulted in significantly increased risk of DVT development.
Kinney et al., (1996) USA Case Control	**Population:** Mean age=33.8 yr; Gender: males=100% (SCI group); Level of injury: cervical; Severity of injury: not specified. **Chronicity:** The mean acute hospitalization after injury was 27.5 days (SCI group). Timing of filter insertion was not described.	**Timing of PE onset**: No information was provided specifying when screening was performed. **Incidence of PE:**

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N=11	**Intervention:** Retrospective review of SCI individuals who received prophylactic inferior vena cava (IVC) filters, compared to non-SCI individuals (historical controls) who received the filter. **Outcome Measures:** Incidence of pulmonary embolism (PE). **Method of Diagnosis:** Computed tomography and ventilation-perfusion lung scanning.	1. The SCI population had an 18.2% incidence rate of PE, which was higher compared to rates in historical controls.
Rogers et al., (1995) USA Pre-Post N=63	**Population:** Mean age=38.9 yr; Gender: males=73%, females=27%; Level of injury: not specified; Severity of injury: not specified. **Chronicity**: The mean time from admission to filter insertion was 4.3 days. **Intervention:** A subset of high-risk trauma individuals (SCI=25) received prophylactic vena cava filter (VCF) insertion. Forms of standard prophylaxis were contraindicated. **Outcome Measures:** Incidence of deep vein thrombosis (DVT) or pulmonary embolism (PE). **Method of Diagnosis:** Impedance plethysmography, venous duplex ultrasonography, ventilation-perfusion scanning, and pulmonary angiography.	**Timing of DVT onset**: Screening was done within 48 hr of filter insertion and on a weekly basis afterwards until death/discharge. No other information specifying timing of DVT onset was described. **Incidence of DVT:** 1. 3 individuals developed DVT. 2. No individuals developed PE.
Wilson et al., (1994) USA Pre-Post N=15	**Population:** Mean age=31.4 yr; Gender: males=12, females=3; Level of injury: cervical-lumbar; Severity of injury: injury severity score (ISS)>20. **Chronicity:** Individuals were hospitalized for a median of 22 days. Timing of filter insertion was done “as soon as clinically feasible.” **Intervention:** Prophylactic inferior vena cava (IVC) filter insertion. All individuals also received either low-dose subcutaneous heparin or venous compression devices while hospitalized. These individuals were compared to historic controls who did not receive filters.	**Timing of DVT/PE onset**: No PE was observed in up to 24 mo of follow-up. **Incidence of DVT:** 1. No individuals developed DVT during acute hospitalization. 2. No individuals developed PE after filter insertion.

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	Outcome Measures: Incidence of deep vein thrombosis (DVT) or pulmonary embolism (PE). **Method of Diagnosis:** Impedance plethysmography and venous duplex ultrasonography.	
Balshi et al., 1989 USA Case Series N=13	**Population:** Age range=17-48yr; Gender: males=11, females=2; Severity of Injury: quadriplegia. **Chronicity:** 2 weeks-4 yr post SCI. **Intervention:** Prophylactic Greenfield inferior vena cava (IVC) filter insertion. **Outcome Measures:** Incidence of deep venous thrombosis (DVT) or pulmonary embolism (PE).	1. Twelve individuals experienced a DVT while one had a PE. 2. Two individuals experienced recurrent DVT. 3. Distal migration of the filter occurred in two individuals.
Jarrell et al., (1983) USA Case Series N=21	**Population:** Not clear. **Chronicity:** Acute. **Intervention:** Prophylactic Greenfield inferior vena cava (IVC) filter insertion. **Outcome Measures:** Incidence of pulmonary embolism (PE).	1. There was one PE-related fatality. 2. There was no other instance of suspected or proved PE after insertion of the filter. 3. Follow-up revealed two instances of thrombosis.