

<b>Author Year</b> <b>Country</b> <b>Research Design</b> <b>Score</b> <b>Sample Size</b>	<b>Methods</b>	<b>Outcomes</b>
Boakye et al. (2008) USA Case Series N=31,381	<p><b>Population:</b> 31381 individuals from 1993-2002.</p> <p><b>Treatment:</b> Participants received laminectomy with or without fusion for acute spine trauma.</p> <p><b>Outcome Measures:</b> Clinical status and outcomes while in hospital.</p>	<ol style="list-style-type: none"> <li>1. Overall mortality was 3.0%</li> <li>2. Complication rate of 26.3%</li> <li>3. mean length of stay (LOS) 17 days</li> <li>4. One postoperative complication doubled the length of stay, increased the mortality rate by fivefold and added over \$50,000 to hospital charges.</li> <li>5. Individuals aged &gt;85 or 65-84 had a 44- and 14-fold greater risk of dying compared with individuals in the 18-44 age group respectively.</li> </ol>
<p><a href="#">Reis (2006)</a>            Portugal            Prospective Cohort            N<sub>Initial</sub>=23, N<sub>Final</sub>=20</p>	<p><b>Population:</b> Mean age: 29.3 yr; Gender: males=20, females=3; Injury etiology: Syringomyelia=3, microcystic lesions=3, arachnoid cysts=3, tethered cords=14; Level of injury: cervical=4, thoracolumbar=19; Level of severity: AIS A=5, B=8, C=10; Mean time since injury: 5.1 yr.</p> <p><b>Intervention:</b> Participants underwent a laminectomy at four levels to remediate arachnoiditis and altered CSF circulation. Upon opening of dural mater, arachnoiditis and cysts were removed and dentate ligaments were cut. Outcomes were assessed every mo up to 6 mo, then at 9 mo, 1 yr and at a follow-up with an upper limit of 66 mo post-surgery.</p> <p><b>Outcome Measures:</b> American spinal injury association (ASIA) motor, touch and pinprick.</p>	<ol style="list-style-type: none"> <li>1. Significant improvements in ASIA scores were evident from baseline to the last follow-up (all p&lt;0.001). Motor improved by 20.6%, touch by 15.6% and pinprick by 14.4%.</li> </ol>