Author Year Country Research Design Score Sample Size	Methods	Outcomes
Karpova et al. (2013) Canada Systematic Review AMSTAR=7 N=30 studies	**Objective:** To examine the role of magnetic resonance imaging (MRI) in predicting outcomes after surgery for degenerative compressive myelopathy (DCM). **Methods:** Comprehensive literature search of English studies with $\geq$25 participants aged $\geq$18 yr after surgical intervention, with symptomatic DCM and detailed preoperative MRI details available. **Databases:** MEDLINE, EMBASE, PubMed. **Evidence:** Studies were assessed for quality using modified Cochrane guidelines (1-2=poor, 3=good, 4-5=excellent). Levels of evidence were assigned using the Sackett Scale.	1. Quality of studies was excellent (n=6), good (n=9), and poor (n=15). 2. Levels of evidence were I (n=2), II (n=3), and IV (n=25). 3. The following surgical outcomes (SO) were evaluated: recovery rate (RR) and post-operative functional score (POFS). 4. Relationship between cord compression and SO was assessed in 14 studies: transverse area (TA, n=5), compression ratio (CR, n=5), antero-posterior (AP, n=1), and qualitative measures (QM, n=3). 5. TA was significantly associated with RR but not POFS. CR, AP, and QM were not significantly associated with RR or POFS. 6. Relationship between signal intensity and SO was assessed in 24 studies: presence, area, and intensity of change on T1/T2-weight imaged (WI). 7. Presence, area, and intensity of SI on T2WI, as well as presence of SI on both T1/T2WI were significantly associated with RR and/or POFS.