

Author Year Country Score Research Design Total Sample Size	Methods	Outcomes
<p>Agarwal & Mathur (2009) India RCT PEDro=4 N=297</p>	<p>Population: Mean age=32 yr; Gender: males=87% (study group), males=74% (control group); Level of injury: not specified; Severity of injury: AIS A-E. Chronicity: Individuals studied were within an average of 8 days (range: 3-40 days) after injury; 80% and 77% individuals in the study and control groups entered the study within 10 days after injury, respectively. Intervention: Individuals were randomly allocated into the treatment group receiving 5000 IU low dose unfractionated heparin (LDUH) every 12 hr for 3 mo from time of admission, or the control group (no heparin). Physical therapy measures were advised for both groups. Outcome Measures: Incidence of Deep Vein Thrombosis (DVT). Method of Diagnosis: Color Doppler studies.</p>	<p>Timing of DVT onset: DVT was detected within 6-10 days after injury in the study group, and within 5-28 days after injury in the control group. Incidence of DVT:</p> <ol style="list-style-type: none"> 1. 1.8% of individuals in the treatment group and 3% of individuals in the control group developed DVT (>0.05). 2. Heparin prophylaxis was found to have no significant correlation with DVT incidence (p<0.05).
<p>Green et al. (1988) USA RCT PEDro=7 N_{Initial}=75; N_{Final}=58</p>	<p>Population: Age=3-81yr; Gender: males=63, females=12; Severity of injury: complete=75. Chronicity: Unknown Intervention: Individuals were randomized to one of two regimens of heparin treatment: fixed dose or adjusted dose heparin. Outcome Measures: Incidence of Deep Venous Thrombosis (DVT) and bleeding.</p>	<ol style="list-style-type: none"> 1. Individuals on the adjusted-dose regimen received a mean of 13200±2200 U of heparin per dose and had an activated partial thromboplastin time 1.5 times higher than those on a fixed-dose regimen. 2. Thromboembolism was detected in 9/29 individuals randomized to the fixed-dose regimen and 2/29 on the adjusted-dose regimen. 3. While no individual who received the adjusted-dose and whose activated partial thromboplastin time reached the target level had a thrombosis, bleeding occurred in 7 individuals; no individual on the fixed-dose regimen bled.
<p>Merli et al. (1988) USA RCT PEDro=4</p>	<p>Population: Not available. Chronicity:<2 weeks post SCI Intervention: Randomly assigned to one of three groups: 5000 IU low dose</p>	<ol style="list-style-type: none"> 1. Electric stimulation plus heparin significantly lowered (p<0.05) the incidence of DVT.

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N _{Initial} =53; N _{Final} =48	unfractionated heparin (LDUH) alone, 5000 IU LDUH combined with electrical stimulation, or no treatment. Outcome Measures: Incidence of Deep Venous Thrombosis (DVT).	2. No differences were noted between the heparin and placebo group.
Frisbie & Sasahara (1981) USA Prospective Controlled Trial N=32	Population: Mean age=27yr (treatment), 28yr (control); Level of injury: cervical-lumbar; paraplegic=8, tetraplegic=24. Chronicity: <1 week post SCI Intervention: Individuals were assigned to receive 5000 IU low dose unfractionated heparin (LDUH) every 12hr until 60 days post SCI or no treatment. Outcome Measures: Incidence of Deep Venous Thrombosis (DVT).	1. DVT incidence was unexpectedly low in both the control (1/17) and treatment (1/15).
Winemiller et al., (1999) USA Case Series N=285	Population: Mean age=26 yr (VTE), mean age=25 yr (no VTE); Gender: males=88% (VTE), males=72% (no VTE); Level of injury: cervical-lumbar; Severity of injury: Frankel scores A-B. Chronicity: All individuals were studied for the initial 6 week duration following injury. Intervention: Retrospective review of individuals who were administered antithrombotic prophylaxis (sequential compression devices (SCD)/gradient elastic stockings (GES)) or unfractionated heparin (UFH) for 42 days-6 weeks after injury. Outcome Measures: Incidence of DVT/PE. Method of Diagnosis: Fibrinogen scans, impedance plethysmography, Doppler studies, venography, and ventilation-perfusion scanning.	Timing of DVT onset: DVT/PE was first detected at a median of 14.5 days after injury; 63% of initial DVT/PE events occurred within the first 3 weeks. Incidence of DVT: <ol style="list-style-type: none"> Overall incidence of DVT/PE was 84/428 (19.6%); 59 DVT and 25 PE. A multivariate analysis suggested a reduced risk of thromboembolism in individuals with SCI treated with heparin within the first 14 to 42 days after injury. The effect of heparin may be most effective within the first 14 days after injury.
Gunduz et al. (1993) Turkey Post-Test N=31	Population: Mean age=27 yr; Gender: males=27, females=4; Level of injury: cervical-lumbar; Severity of injury: Frankel complete=24, Frankel partial=6. Chronicity: Individuals were admitted within an average of 27 days post injury; 12 individuals were admitted within the	Timing of DVT onset: Not indicated. Incidence of DVT: <ol style="list-style-type: none"> Incidence of DVT was 53.3%.

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	<p>first 2 weeks (mean=12.25 days \pm 2.2 days), 18 individuals were admitted within the first 2 mo (mean=40.98 \pm 3.75 days).</p> <p>Intervention: All individuals received 5000 IU low dose unfractionated heparin (LDUH) every 12h for 12 weeks from time of admission.</p> <p>Outcome Measures: Incidence of deep vein thrombosis (DVT).</p> <p>Method of Diagnosis: Venography.</p>	
<p>Kulkarni et al. (1992) England Case Series N=97</p>	<p>Population: Mean age: not specified; Gender: males=80, females=20; Level of injury: cervical-lumbar; Severity of injury: not specified.</p> <p>Chronicity: Most individuals studied were admitted <24 hr following injury; 33 individuals were admitted within 2-87 days following injury.</p> <p>Intervention: All individuals received 5000 IU low dose unfractionated heparin (LDUH) every 8 hr from time of admission.</p> <p>Outcome Measures: Incidence of deep vein thrombosis (DVT) or pulmonary embolism (PE).</p> <p>Method of Diagnosis: Clinical examination.</p>	<p>Timing of DVT onset: Not indicated.</p> <p>Incidence of DVT:</p> <ol style="list-style-type: none"> 1. 26 individuals developed thromboembolic complications (17 DVT, 7 PE, 2 DVT + PE). 2. Delayed arrivals (>24 hr post SCI) were more at risk of developing thromboembolic complications.