

<b>Author Year; Country Score Research Design Total Sample Size</b>	<b>Methods</b>	<b>Outcome</b>
<p><a href="#">Gillis et al. 2008</a></p> <p>Belgium</p> <p>Reviewed published articles from 1966 to April 2007</p> <p>N=13</p> <p>n=138</p> <p><b>Level of evidence:</b></p> <p>Downs &amp; Black scale</p> <p><b>Type of study:</b></p> <p>Parallel group, cross-over, quasi-random assignment</p> <p>AMSTAR: 5</p>	<p><b>Methods:</b> Key word literature search for non-pharmacological management of OH during early rehab in SCI.</p> <p><b>Databases:</b> PubMed/MEDLINE, OVID/EMBASE, CENTRAL</p>	<ol style="list-style-type: none"> <li>1. The evidence is inconclusive whether compression/pressure, upper body exercise and biofeedback therapies are able to control OH.</li> <li>2. Upper body exercise may be more relevant to lower-level paraplegia where sympathetic outflow is intact and motor functionality is present.</li> <li>3. FES can attenuate the drop in BP by 8/4 mm Hg during an orthostatic challenge and is promising technology. However, few studies utilized patients in the acute stage.</li> </ol>