

Author Year Country Research Design Score Total Sample Size	Methods	Outcome
Seyyedzadeh et al. 2021 Iran Prospective controlled trial Level 2 N = 3	Population: 3 participants with SCI; 2 males and one female; mean ($\pm$ SD) age 29.7 ($\pm$ 3.8) years; level of injury T8 (n = 1) and T10 (n = 2); and AIS C (n = 3). Treatment: Two different medial linkage mechanisms while wearing a KAFO were used: - KAFO equipped with a sliding mechanism. - KAFO equipped with a medial linkage mechanism associated with reciprocating gait motion. Each participant underwent 2 weeks of gait training after the initial fitting of each KAFO, with three 2-hour sessions per week. The training program included trunk, upper-limb and lower-limb stretching, and a period of training that focused on standing and walking. Two weeks of orthotic gait training was considered for each KAFO separately. Outcome Measures: 10MWT and 6MWT were assessed after each intervention.	Use of the KAFO with medial linkage mechanism associated with reciprocating gait motion improved the speed of walking (0.03 ± 0.002 m/s with sliding mechanism vs. 0.043 ± 0.008 m/s with medial linkage mechanism associated with reciprocating gait motion) and distance walked (9.25 ± 1.03 m with sliding mechanism vs. 11.08 ± 1.5 m with medial linkage mechanism associated with reciprocating gait motion) when compared with the use of the KAFO with the sliding mechanism.
Senthilvelkumar et al. 2023 India Case series Level 4 N = 430	Population: 430 patients with motor complete low thoracic SCI admitted for a comprehensive rehabilitation program and completed a minimum of 6 weeks inpatient rehabilitation program; 383 males and 47 females; mean ($\pm$ SD) age 32.3 ($\pm$ 11.1) years; AIS A (n = 395) and AIS B (n = 35); injury level T9 (n = 41), T10 (n = 125), T11 (n = 90), and T12 (n = 174); and mean ($\pm$ SD) time from the injury to the onset of rehabilitation 15.4 ($\pm$ 34 months). Treatment: Patients were trained to be wheelchair independent and considered for orthotic walking	- WISCI II: 260 (60.5%) patients achieved WISCI II level 12, and 105 (24.2%) achieved WISCI II level 9 at the time of discharge. - Speed and distance walking: - People with WISCI level 12 (n = 234; missing data = 26) were able to walk with a mean speed of $0.297 (\pm 0.097)$ m/s and covered a mean distance of $376 (\pm 179.7)$ m. - People with WISCI level 9 (n = 80; missing data = 25) were able to walk with a mean speed of $8.2 (\pm 5.8)$ m/min and covered a mean distance of

	training. The orthotic walking training consisted of a progressive training program with the aim of walking independently using KAFOs and elbow crutches. Training sessions lasted two hours per day and six days per week for 12 weeks. Outcome measures: WISCI II, walking speed and endurance were assessed at the time of discharge.	215.5 ($\pm$ 104.6) m at the time of discharge. 3. Multivariate logistic regression revealed that people with male gender, time since injury less than 6 months, single neurological level of injury of T10, T11, and T12, negative Beever's sign, and length of stay more than 12 weeks also increased the chance of achieving orthotic walking after LT-SCI. 4. Multivariate analysis revealed that age (< 30 years), single neurological level of injury of T10 & below, and etiology of the SCI were the factors that predicted the achievement of WISCI II level 12. Age less than 30 years and the single neurological level of injury of T12 increased the chance of achieving WISCI II level 12 by 10 times.
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