Table 1. Characteristics of included studies – Transcraniële stimulatie

Study	Sample (I/C)	Age (I/C)	Duration (I/C)	Injured level (I/C)	Degree of injury (I/C)	Intervention scheme	Intervention length	Follow-up	Control	Outcome
Fregni, 2006 *RCT, America*	11/6	36.6 ± 12.6/ 34.2 ± 15.8	3.7 ± 1.8/ 3.4 ± 1.5 months	Cervical segments, 5; thoracic segments and lumbar segments, 6/ Cervical segments, 4; thoracic segments and lumbar segments, 2	Complete injury: 8/3 Incomplete injury: 3/3	tDCS, 2 mA, 20 min, the anode electrode is placed over C3 or C4 of the primary motor cortex and the cathode electrode over the contralateral supraorbital area	1 time/day for 5 days	16 days	Sham-NIBS	VAS
Soler, 2010 *RCT, Spain*	10/10	40.9 ± 10.8/ 45.0 ± 10.9	8.6 ± 7.3/ 8.6 ± 5.6 years	Cervical segments, 1; thoracic segments and lumbar segments, 9/ Cervical segments, 4; thoracic segments and lumbar segments, 6	Complete injury: 8/8 Incomplete injury: 2/2	tDCS, 2 mA, 20 min, the anode electrode is placed over C3 or C4 of the primary motor cortex and the cathode electrode over the contralateral supraorbital area	1 time/day, 5 times/week for 2 weeks	12 weeks	Sham-NIBS	NRS
Thibaut, 2017 *RCT, America*	16/17	51.4 ± 14.9/ 51.0 ± 10.1	5.8 ± 6.3/ 4.6 ± 3.5 years	NR	NR	tDCS, 2 mA, 20 min, the anode electrode is placed over C3 or C4 of the primary motor cortex and the cathode electrode over the contralateral supraorbital area	1 time/day for 5 days	8 weeks	Sham-NIBS	VAS
Yeh, 2021 *RCT, Taiwan and China*	6/6	47.3 ± 9.1/ 48.8 ± 14.4	18.5 ± 9.4/ 36.0 ± 39.6 months	Cervical segments, 3; thoracic segments, 2; lumbar segments, 1/ Cervical segments, 5; thoracic segments, 1	Complete injury: 2/2 Incomplete injury: 4/4	tDCS, 2 mA, 20 min, the anode electrode is placed over C3 or C4 of the primary motor cortex and the cathode electrode over the contralateral supraorbital area	2-3 times/week, 4-6 weeks, 12 times	4 weeks	Sham-NIBS	NRS

Yilmaz, 2014 *RCT, Turkey*	9/7	40.0 ± 5.1/ 36.9 ± 8.0	32.2 ± 25.9/ 35.4 ± 17.9 months	Thoracic segments, 15; lumbar segments, 1*	Complete injury: 4/4 Incomplete injury: 5/3	rTMS, 10 Hz, 1500 pulses, 110% resting motion threshold, primary motor cortex	1 time/day for 10 days	6 weeks	Sham-NIBS	VAS
Nardone, 2017 *RCT, Austria*	6/6	43.0 ± 13.0*	9.8 ± 5.0/ 9.0 ± 3.7 years	Cervical segments, 4; thoracic segments, 2/ Cervical segments, 4; thoracic segments, 2	Complete injury: 1/1 Incomplete injury: 5/5	rTMS, 10 Hz, 1250 pulses, 120% resting motion threshold, dorsolateral prefrontal cortex	5 times/week for 2 weeks	1 month	Sham-NIBS	VAS
Sun, 2019 *RCT, China*	11/6	45.9 ± 24.6/ 36.0 ± 26.7	NR	Cervical segments, 4; thoracic segments, 5; lumbar segments, 2/ Cervical segments, 1; thoracic segments, 4; lumbar segments, 1	Complete injury: 8/4 Incomplete injury: 3/2	rTMS, 10 Hz, 1200 pulses, 80% resting motion threshold, primary motor cortex	1 time/day, 6 times/week for 6 weeks	6 weeks	Sham-NIBS	NRS
Zhao, 2020 *RCT, China*	24/24	41.6 ± 9.0*	NR	NR	Complete injury/incomplete injury: 37/11*	rTMS, 10 Hz, 1500 pulses, 90% resting motion threshold, primary motor cortex	1 time/day, 6 times/week for 3 weeks	3 weeks	Sham-NIBS	NRS

Abbreviations: NIBS = non-invasive brain stimulation; NR = not reported; NRS = numeric rating scale; RCT = randomized controlled trial; rTMS = repetitive transcranial magnetic stimulation; tDCS = transcranial direct current stimulation; VAS = visual analogue scale.

****Reported for the total study population only***