increased ICP. Seizures are common in children and may be present in coma as a result of any cause. Any repetitive or seizure movements are precisely described.

Posturing

Primitive postural reflexes emerge as cortical control over motor function is lost in brain dysfunction. These reflexes are evident in posturing and motor movements directly related to the area of the brain involved. Posturing reflects a balance between the lower exciting and the higher inhibiting influences and strong muscles overcoming weaker ones. **Decorticate** or flexion posturing (Fig. 27-4, *A*) occurs with severe dysfunction of the cerebral cortex or with lesions to corticospinal tracts above the brainstem. Typical posturing includes rigid flexion with the arms held tightly to the body; flexed elbows, wrists, and fingers; plantar flexed feet; legs extended and internally rotated; and possibly the presence of fine tremors or intense stiffness. **Decerebrate** posture or extension posturing (see Fig. 27-4, *B*) is a sign of dysfunction at the level of the midbrain or lesions to the brainstem. It is characterized by rigid extension and pronation of the arms and legs, flexed wrists and fingers, a clenched jaw, an extended neck, and possibly an arched back. Unilateral extension posture is often caused by tentorial herniation.