complex they are, the greater their cost, weight, and tendency to break down. Wheelchair tolerance is gained over time and is accompanied by measures to prevent orthostatic hypotension and pressure ulcers.

FIG 30-9 A wheelchair allows an adolescent mobility and independence. (Courtesy of Texas Children's Hospital, Houston, TX.)

A variety of orthoses and other appliances can be adapted for use by many children. The primary purpose of lower extremity bracing in children with SCIs is for ambulation.

During the recovery and rehabilitation phase, patients with SCI must be carefully monitored for complications of immobility such as DVT and pulmonary embolus. Children with high-level lesions are susceptible to the development of **autonomic dysreflexia**, which requires prompt action to prevent encephalopathy and shock. Clinical manifestations of autonomic dysreflexia include a drastic increase in systemic blood pressure, headache, bradycardia, profuse diaphoresis, cardiac arrhythmias, flushing, piloerection, blurred vision, nasal congestion, anxiety, spots on the visual field, or absent or minimum symptoms (Vogel, Hickey, Klaas, et al, 2004).

The child and family with SCI are prepared for the eventual