

AUTONOMIC DYSREFLEXIA



WHAT IS IT?

- Excessive autonomic nervous system activity triggered by afferent stimuli below the level of the spinal cord injury (usually level T6 and above)
 - The stimulus can be noxious or non-noxious
 - Usually it is a noxious stimulus
 - Example: kinked catheter, tight clothing, overheating, UTI, bowel impaction, skin irritation
- Need to realize that the patient does not have sensation at this level, so their body is telling them that something is wrong via AD/excessive ANS activity and you as the PT need to figure out what is causing this response



ANATOMY

- Know what level it can occur at (T6 level of injury and above)
- Noxious/non-noxious stimuli

DIFFERENTIAL DIAGNOSIS

- Orthostatic hypotension: presents similarly, check BP! OH: BP drops, AD: BP stays the same or is rising
- Migraine: a lot of reports from patients involve a pounding headache
- Essential hypertension: a person is becoming hypertensive with a certain activity
- Anxiety
- Withdrawal from pharmacologic drugs



SPECIAL TESTS

- BP
- Clinical diagnosis: look at the signs & symptoms
- Signs: very rapid increase in BP (doesn't always increase, but if it does, it will be rapid), decreased heart rate, goosebumps, diaphoresis, flushed skin above the level of the injury
- Symptoms: pounding headache, chills, anxiety, nausea

HOW IT WILL LOOK ON THE TEST

- Incorporating a patient with a SCI and identifying AD and knowing how to manage it, what level injuries it may occur with
- How to manage: sit the patient up! (the direct opposite of orthostatic hypotension), quickly identify what the irritant is



FUN WAY TO REMEMBER

- AD: BP up, sit patient up
- OH: BP down, lay patient down

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