**Venous Thromboembolism/Pulmonary Embolism**

* Occurs in 50-75% of patients with SCI and no VTE prophylaxis
* Highest risk **7-10 days** after acute SCI injury
* **Treatment**
	+ **8 weeks** with low-molecular-weight heparin recommended for **DVT prophylaxis after acute SCI**
	+ Anticoagulation for six months after the first DVT/PE
	+ Indefinite anticoagulation if there is a recurrence of DVT/PE
	+ IVC filter recommended for patients who develop DVT/PE while on anticoagulation or have VTE within IVC/Iliac veins.

**Heterotopic Ossification**

* Most likely to develop within **first 1 to 3 months** after SCI
* Most common in **hip**, knee, shoulder, and elbow
	+ **Common signs**
		- Pain, warmth, and swelling adjacent to a joint
		- Edema of the affected limb
		- Fever
		- **Reduced range of motion of a joint**
	+ **Diagnostic findings**
		- Serum Alkaline phosphatase may elevate acutely
		- **Plain radiograph is normal acutely** due to lack of calcium deposition
		- **Triple Phase Bone scan/MRI** can show HO in anacute setting
	+ **Treatment**
		- Gentle range of motion exercises
		- Etidronate
		- Radiation therapy
		- Surgical resection if HO interferes with self-care (sitting in a wheelchair), or contributes to developing pressure injuries
			* Additional workup is required prior to injury to ensure HO is not active

**Other Common Complications in SCI**

* **Respiratory complication**
	+ **Atelectasis – most common respiratory complication in SCI**
		- significant risk factor for developing pneumonia
	+ Pneumonia, atelectasis, and other respiratory complications are reported between 40-70% of patients with tetraplegia
	+ **Pneumonia – the leading cause of death in chronic SCI**
* **Cardiometabolic disease**
	+ Risk factors:
		- Age at onset of SCI, duration of SCI, health status pre-injury, family history, ethnicity, heritage, and veteran status
		- Obesity, insulin resistance, dyslipidemia
			* Men with SCI who have > 22% body fat, and women with SCI who have > 35% body fat are considered obese
		- Individuals with SCI have the **same or a greater degree of risk for cardiometabolic disease** compared to non-SCI patients