**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