

## **ABSTRACT**

Autonomic dysreflexia is an acute, life threatening, medical emergency, usually occurring in people with spinal cord injury at or above the level of T6. After spinal injury, the body's autonomic nervous system becomes fragmented, with consequential alterations in neurological function. While the sympathetic component remains patent throughout the body, the parasympathetic nervous system is only functional above the level of spinal cord injury. As a result, when the spinal cord injured person experiences noxious stimuli below the level of their spinal injury, the overwhelming, unchallenged, sympathetic activity is evidenced by piloerector erection (goose bumps), chills and pallor. However, above the level of spinal injury the body responds parasympathetically, characterised by extreme hypertension, pounding headache, sweating and anxiety. Without intervention at this stage, the person may die. The most effective treatment is to remove the noxious stimuli. Autonomic dysreflexia is most frequently triggered by urogenital and rectal problems, however ingrown toenails are also a well documented cause. Podiatrists may both inflict and treat the nociceptive stimuli initiating an episode of autonomic dysreflexia and should therefore be aware of the clinical signs and symptoms that this condition may present.

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