

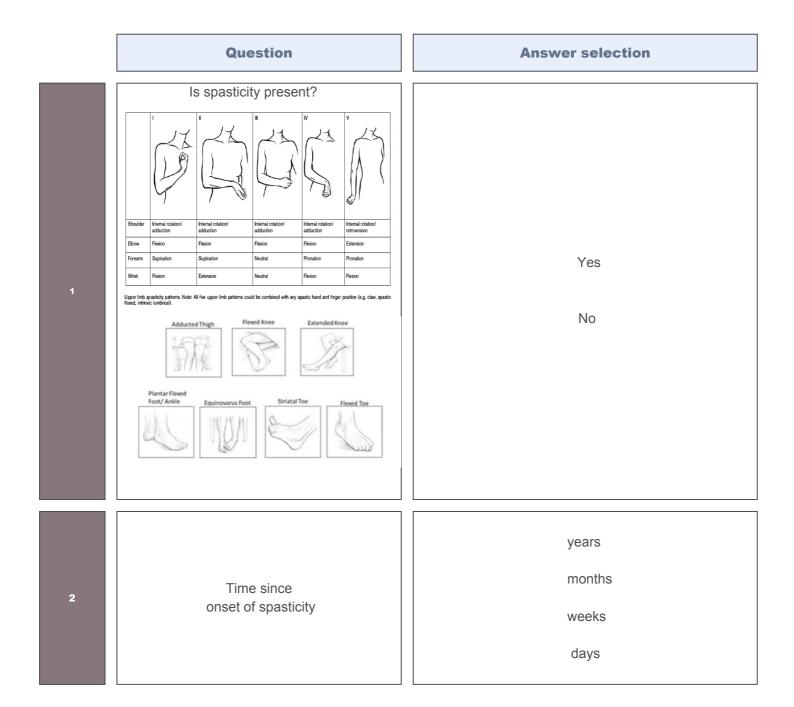




Management of Spasticity After Stroke Checklist

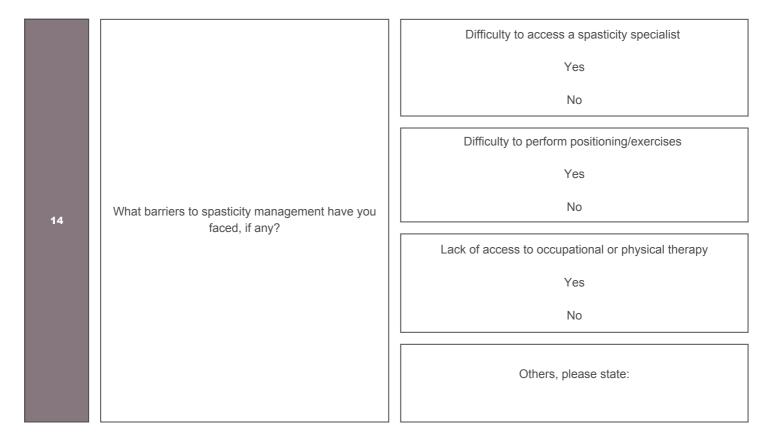
Dr. SalmahAnim Abu Hassan, Dr. Thanalactchumy Chandra Bose, Assoc. Prof. Anwar Suhaimi and Prof. Lydia Abdul Latif

The Management of Spasticity After Stroke Checklist has been developed to assist the healthcare team, doctors and allied health professionals, in managing spasticity for post-stroke patients. The checklist is meant for usageboth in the inpatient and outpatient setting. This activity is part of the World Stroke Academy Life After Stroke project, that aims to improve the quality of support and educational material available globally on the topic of Life After Stroke.



3	Which part of the body is affected by spasticity? Check all that apply:	Orofacial
		Upper limb Either one region or a mixture of locations:
		Shoulder
		Elbow
		Arm
		Forearm
		Wrists
		Fingers
		Lower Limb Either one region or a mixture of locations:
		Нір
		Knee
		Ankle
		Toes
4	Distribution of spasticity?	Bilateral
		Unilateral
		Which side? Left Right
5	Does the spasticity cause pain?	Yes
		No
6	Is the spasticity associated with fatigue?	Yes
		No
7	Is the spasticity associated with spasms?	Yes
		No
8	Does the spastic limb have contractures?	Yes
		No

9	Does spasticity limit patient care or activities of daily living ?(Examples are hygiene, grooming, dressing and feeding)	Yes
		No
10	Does spasticity limit mobility ?(Examples are transfer, gait, standing)	Yes
		No
11	Does spasticity limit the patient's participation in any other activities? Examples are leisure activities, driving, employment, social, family and professional participation)	Yes
		No
12	What are the treatments given for spasticity?	Stretching
		Range of motion exercises
		Physical modalities
		Oral medication
		Botulinum toxin injection
		Casting
		Intrathecal baclofen
		Surgery
13	Is the patient compliant to spasticity treatment?	
	Stretching	Yes No
	Medications	Yes No
	Orthosis usage	Yes No



Treatment options for spasticity:

1. NONPHARMACOLOGIC TREATMENT OF SPASTICITY

- Stretching
- Fitting of splints/braces and serial casting
- Thermotherapy
- Neuromuscular electrical stimulation (NEMS)
- Functional electrical stimulation of upper and lower extremity
- Kinesiotherapy (PT/OT)
- Muscle strengthening
- Task training
- Aerobic training
- Use of robotics
- Use of virtual reality

2. PHARMACOLOGIC TREATMENT OF SPASTICITY

- Oral medications (Baclofen, Tizanidine, Dantrolene, Diazepam)
- Phenol/alcohol neurolysis
- Botulinum toxin
- Intrathecal baclofen
- Cryoneurolisis

3. SURGICAL TREATMENT OF SPASTICITY

- Orthopedic procedures
- Neurosurgical procedures

References

Bickenbach, J., Cieza, A., Rauch, A., & Stucki, G. (Eds.). (2020). ICF core sets: Manual for clinical practice (2nd ed.). Hogrefe Publishing. Platz, T. (Ed.) (2020). Clinical pathways in stroke rehabilitation: Evidence-based clinical practice recommendations. Springer.
Doussoulin A, Rivas C, Bacco J, Sepúlveda P, Carvallo G, Gajardo C, Rivas R. (2020). Prevalence of Spasticity and Postural Patterns in the Upper Extremity Post Stroke. Journal of Stroke and Cerebrovascular Diseases, 29(11), 105253. doi:10.1016/j.jstrokecerebrovasd
BethouxF.(2015) Spasticity Management After Stroke. Physical Medicine and Rehabilitation Clinics of North America; 26(4), 625–639. Esquenazi A, Alfaro A, Ayyoub Z, Charles D, Dashtipour K, Graham GD, McGuire JR, Odderson IR, Patel AT, Simpson DM. (2017).
OnabotulinumtoxinA for Lower Limb Spasticity: Guidance From a Delphi Panel Approach. PM R. 9(10):960-968. doi: 10.1016/j.pmrj.2017.02.014.

This activity is funded by an unrestricted educational grant by Ipsen.