



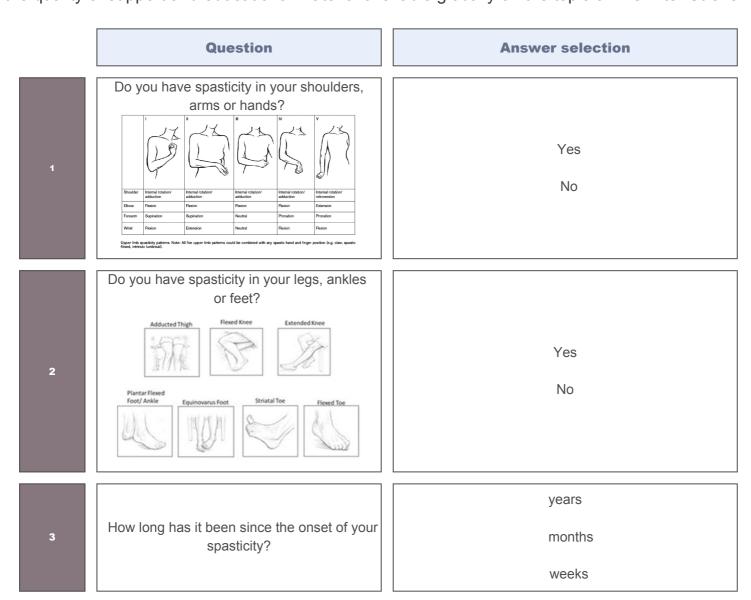


## Management of Spasticity After Stroke: Checklist for people with lived experience

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The Management of Spasticity After Stroke Checklist has been developed to assist patients and their caregivers in managing spasticity. Spasticity is a condition in which there is an abnormal increase in muscle tone or stiffness of muscle, which might interfere with movement, speech, or be associated with discomfort or pain. Some spasticity may also be useful in certain muscle groups as an alternative to muscle voluntary activation to provide support in transfers or standing, for example. Spasticity is usually caused by damage to the central nervous system, within the brain or spinal cord. It is frequent amongst stroke survivors and usually manifests itself a few weeks to a few months after the stroke. There is effective treatment for this condition, therefore it is important to get patients referred to a spasticity specialist once symptoms are noticed.

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.



		Left side	Right side	
4	Which part of your body is affected by spasticity? Check all that apply:	Face	Face	
		Shoulder	Shoulder	
		Elbow	Elbow	
		Arm	Arm	
		Forearm	Forearm	
		Wrist	Wrist	
		Fingers	Fingers	
		Upper leg/thigh	Upper leg/thigh	
		Knee	Knee	
		Ankle	Ankle	
		Toes	Toes	
		Yes Painful segment (lengthy period of pain >1min)		
		Pain at	rest	
		Pain when passively mobilized		

Painful segment (lengthy period of pain >1min)

Pain at rest

Pain when passively mobilized

Pain with active movement

Painful spasms

Burning pain

Freezing pain

Numb pain

Tightness

Heaviness

No

6	Do you feel fatigue due to spasticity?	Yes		
		No		
7	Do you have angeme because of angeticity?	Yes		
•	Do you have spasms because of spasticity?	No		
	Do you have contractures in the spastic limb, even when using another limb, or when	Yes		
8	someone else slowly moves your affected limb? (eg. restricted range of movement even when mobilizing your limb passively and slowly)	No		
	Does spasticity limit your ability to care for yourself or to perform other activities of daily living?			
	- Hygiene	Yes No		
	- Grooming	Yes No		
9	- Dressing	Yes No		
	- Feeding	Yes No		
	- Using the toilet	Yes No		
	- Using splints	Yes No		
	Does spasticity limit your mobility ?			
	- Walking	Yes No		
10	- Transfer (from one flat surface to another)	Yes No		
	- Standing	Yes No		
	- Falls	Yes No		
	Does spasticity limit any other activity or participation?			
11	- Sleeping	Yes No		
	- Leisure activities	Yes No		
	- Driving	Yes No		
	- Employment	Yes No		

- Social participation Yes No - Family participation Yes No - Professional participation Yes No - Sexual activity Yes No Stretching self / by a carer / by a professional Range of motion exercises self / by a carer / by a professional Task training exercises self / by a carer / by a professional Grab/release Reaching What are your treatments for spasticity? Manual/bimanual tasks How many days weekly? ... Tranfers Balance Walking Strength training exercises self / by a carer / by a professional Physical modalities self / by a carer / by a professional Heat Cold Electrical stimulation Magnetic stimulation

		Oral medication		
		Baclofen	Yes	No
		Tizanidin	Yes	No
		Benzodiazepins	Yes	No
		Gabapentin/pregabalin	Yes	No
	What are your treatments for spasticity?	Botulinum toxin injection  Every how many months ?	Yes	No
	How many days weekly?			
12	lieu many dayo noonly i m	Splinting /orthotics	Yes	No
		Casting	Yes	No
		Intrathecal baclofen	Yes	No
		Surgery	Yes	No
		Neurosurgery	Yes	No
		Orthopaedic surgery	Yes	No
		Stretching - self / by a carer / by a professional		
		Range of motion exercises - self / by a carer / by a professional		
		Task training exercises - self / by a carer / by a professional		
		Grab/release		
13	How many days weekly?	Reaching		
	I .	1 1		

10

Task training exercises self / by a carer / by a professional
Grab/release
Reaching
Manual/bimanual tasks
Tranfers
Balance
Walking

13	How many days weekly?	Stretching  Strength training exercises - self / by a carer / by a professional  Physical modalities - self / by a carer / by a professional  Heat  Cold  Electrical stimulation  Magnetic stimulation		
	How compliant are you to the spasticity treatments?			
	STRETCHING	Fully compliant		
		Mostly compliant		
		Fairly non-compliant		
		Completely non-compliant		
	EXERCISING	Fully compliant		
		Mostly compliant		
		Fairly non-compliant		
		Completely non-compliant		
14	TASK TRAINING	Fully compliant		
		Mostly compliant		
		Fairly non-compliant		
		Completely non-compliant		
	MEDICATIONS	Mostly compliant  Fairly non-compliant  Completely non-compliant  Fully compliant  Mostly compliant		
		Mostly compliant		
		Fairly non-compliant		
		Completely non-compliant		
	ORTHOSIS USAGE	Fully compliant		
		Mostly compliant		
		Fairly non-compliant		
		Completely non-compliant		

15

Are you considering, or have you ever considered discontinuing your current spasticity medication?

- A. I am currently considering discontinuing it.
- B. I have considered discontinuing it in the past.
- C. I have never considered discontinuing it.

If the answer to Q14 is A or B:

How important were the following factors in your considering discontinuing your spasticity medication?

[score 0 (unimportant) – 3 (important) for each]

	0 (Unimportant)	1 (Somewhat important)	2 (Important)	3 (Very Important)
Unable to easily attend the treatment clinic				
Financial costs of treatment are too great				
Other logistical reason [please specify]				
I experienced side effects from the treatment				
I feel the treatment has never been effective enough				
I feel the treatment was effective at first, but now it is not effective enough				
I feel the treatment is painful/unpleasa nt to administer				
My doctor feels the treatment is not working				
My doctor feels the treatment has worked and now I no longer need it				
I am going to receive a different medicine instead				
I am going to receive a surgical treatment instead				
I am going to receive a physiotherapy alone instead (ie. no medicine)				
Another reason for considering discontinuing your spasticity medication [Please specify]				

Difficulty to access a spasticity specialist
Yes
No

Difficulty to perform positioning/exercises
Yes
No

Lack of access to occupational or physical therapy
Yes
No

Others, please state:

## 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

**Treatment options for spasticity:** 

## References

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