



Neurological Rehabilitation: Chapter 13. The diagnosis and management of adults with spasticity (Handbook of Clinical Neurology)

Sudha Balakrishnan, Anthony B. Ward

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This chapter aims to address the questions of the definition and effective management of spasticity, in order to assist the reader to recognize, assess, and treat people with this impairment. Spasticity is a physiological consequence of an insult to the brain or spinal cord, which can lead to life-threatening, disabling, and costly consequences. It is a common but not inevitable outcome of the upper motor neuron (UMN) syndrome and is characterized by muscle overactivity and high tone spasms, which, if left untreated, will lead to muscle and soft tissue contracture and limb deformity. There have been several attempts to define spasticity. The difficulty reflects the complex features of the syndrome. The most cited definition is by Lance, but does not fulfil all the clinical scenarios seen in clinical practice. The term “spasticity” in the therapeutic world covers the several other features of the UMN syndrome and, therefore, an all embracing definition is probably required as well. Rates for the prevalence of spasticity in different clinical conditions are variable. This may be due to the presence of many patients with mild spasticity, for whom little or no treatment is required for their condition. However, it is estimated that 38% of patients following stroke develop a degree of spasticity and about 19% require pharmacological treatment. Of these about one-third (5% of the total) will benefit from botulinum toxin injections for focal problems. This chapter will inform the reader about the pathophysiology of spasticity, but also includes the practicalities and principles of management, the delivery of its longer term treatments, and the utilization and measurement of relevant outcomes.

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