





## **Management of Spasticity After Stroke Checklist**

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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.

	Question	Answer selection
1	Is spasticity present?    In   In   In   In   In   In   In   I	Yes No
2	Time since onset of spasticity	days weeks months years

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:  Hip Knee Ankle Toes
4	Distribution of spasticity?	Bilateral
5	Does the spasticity cause pain?	Unilateral Yes
		O No
6	Is the spasticity associated with fatigue?	Yes
		O No
7	Is the spasticity associated with spasms?	Yes
		O No
8	Does the spastic limb have contractures?	Yes
		O 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)	O Yes
11	Does spasticity limit patient in any other Activity or Participation? Examples are leisure activities, driving, employment, social, family and professional participation)	O Yes
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	O Yes O 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

## References

Orthopedic procedures

Neurosurgical procedures

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