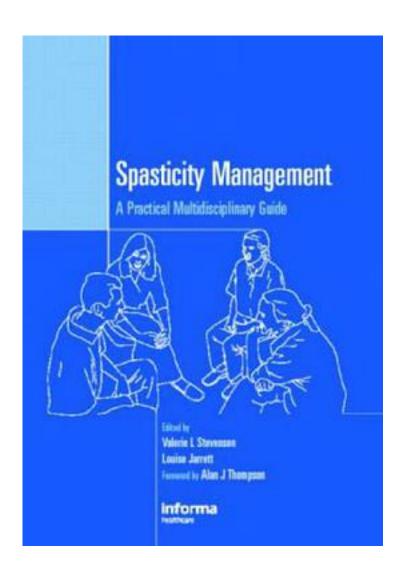
Spasticity Management



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Spasticity is a common symptom seen in many neurological conditions notably head

injury, spinal cord injury, stroke, cerebral palsy and multiple sclerosis. It is also the dominant feature in a number of rarer conditions such as tropical and hereditary spastic paraparesis (HSP). The fact that it is relevant to many chronic neurological conditions and that the absence of multi-disciplinary input can result in progressive disability, ensures spasticity management is a prominent feature in the current National Service Framework (NSF) for long term neurological conditions. In the future more long-term care for such patients will be done in primary care and the community. It is therefore essential that a multi-disciplinary approach is used with successful liaison between secondary, primary and social care. Optimum management of spasticity is dependent on an understanding of its underlying physiology, an awareness of its natural history, an appreciation of the impact on the patient and a comprehensive approach to minimising that impact which is both multi-disciplinary and consistent over time. Regrettably, these essential requirements are rarely met and consequently, inadequately managed spasticity results in a range of painful and disabling sequelae, which, with the right approach, are, for the most part, preventable. Although there are several excellent publications looking at this area, none are a truly practical guide relevant to all members of the multi-disciplinary team involved in spasticity management. Anyone who has been involved in setting up a new service knows how difficult and how protracted a process this can be and if it has been done before, why reinvent it? The basis of this manual is to collect together the experience and knowledge of such a team who have worked in this area for 10 years now. It pulls together all areas including how to set up and develop a service as well as useful management strategies. On a practical note it includes complete copies of all of our patient information, assessment proformas, protocols for different interventions, nursing care plans and an integrated care pathway for outpatient spasticity management both as hard copy but also on CD-ROM to aid in reproduction. These protocols are of course specific to our team but could easily be adapted for use in other centres. We are not saying this is the 'right' or only way to run a spasticity service and there is certainly room for improvement, but we hope by sharing our experience we can help others to develop their own service thus improving management for all individuals with spasticity.

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