



## Service Priorities and Programmes Electronic Presentations

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### **The spasticity management programme in Surgical Department of Shatin Hospital**

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#### **Introduction**

In 2012, there are 415 patients suffered from intracerebral haemorrhage and brain injury in our department. Spasticity is a common feature of stroke. It causes pain and limits the movement of the contracted joint. The patients with spasticity require significant management to restore their quality of life. Totally, 33 patients were recruited for the management programme in 2012.

#### **Objectives**

The spasticity management programme is a multidisciplinary team approach to manage our spasticity patients. Our surgical rehabilitation team includes neurosurgeons, nurses, physiotherapist, occupational therapist. This programme facilitates higher functional level and pain due to spasticity. The management also corrects posture, prevent joint contracture and pressure sore of the patients.

#### **Methodology**

Patients under this programme have different severity with contracted joint. Assessment includes AROM, PROM, tone and pain for the affected joints. The rehabilitation team implements intervention according to different level of spasticity. There are three levels of therapy provided to our patients. Level I therapy mainly is stretching and passive exercise to muscle. Splints are offered for the affected limbs to facilitate limbs function. Level II is the application of oral antispastic drug for spastic tone with no joint contracture. Level III is the invasive treatment with Botox injection and intrathecal baclofen injection to improve condition.

#### **Result**

There are sixteen patients with level I and thirteen patients with level II were recruited in the programme within 2012. Twelve patients with level III received therapy from 2007-2012. Level I patients were slightly increase in tone after one month's therapy and slightly decrease in pain. Level II were deteriorated in passive range of tone.

Level III patients were improved in passive joint range of movement, tone, resting posture of the limbs. Conclusion: The results showed that spasticity management programme can improve patients' contracture and pain control. A multidisciplinary team approach can identify