E-Poster

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Pathways for Diagnosis and Multimodal Management, Including Botulinum Neurotoxin Therapy, in Shoulder Conditions Following Central Lesions

Topic: Diagnosis

Bo Biering-Sørensen[1], Carlos Cordero-García[2], Chris Boulias[3], Damon Hoad[4], Djamel Bensmail[5], Franco Molteni[6], François Genêt[5], Jörg Wissel[7], Philippe Marque[8], Steffen Berweck[9], Jorge Jacinto[10]

[1]*Rigshospitalet Glostrup, Glostrup, Denmark*
[2]*Juan Ramón Jiménez University Hospital, Huelva, Spain*
[3]*West Park Healthcare Centre, York, Canada*
[4]*University of Warwick, Warwick, United Kingdom*
[5]*Raymond-Poincaré University Hospital, Paris, France*
[6]*Villa Beretta Rehabilitation Center, Costa Masnaga, Italy*
[7]*University of Potsdam, Berlin, Germany*
[8]*Centre Hospitalier Universitaire de Purpan, Purpan, France*
[9]*Neurorehabilitation and Epileptology, Specialist Center for Paediatric Neurology, Vogtareuth, Germany*
[10]*Centro de Medicina de Reabilitação de Alcoitão, Alcoitão, Portugal*

BACKGROUND

Published guidance for the assessment and management of shoulder conditions following central nervous system (CNS) lesions is currently lacking, and less experienced practitioners may therefore be reluctant or unaware of how to assess and globally treat these patients. This presentation builds upon existing guidance for clinicians who manage shoulder conditions following CNS lesions, and offers a practical approach to assist them in identifying, diagnosing and treating different presentations.

METHODS

A meeting of eleven experts from Canada and Europe was held in 2023 with the intention of reaching consensus on best treatment practice and expert recommendations to deliver guidance on how to identity, diagnose, characterise and treat shoulder conditions caused by CNS lesions. The experts have extensive experience in spasticity and dystonia and gave presentations on shoulder spasticity diagnosis and management which was followed by discussion. The experts were divided into groups to discuss *(i)* evaluation with clinical examination and investigations based on an anatomical approach and presence of pain, and *(ii)* management strategies, including surgery. The discussion was conducted in such a way as to identify consensus on assessment, management and treatment practices and provide recommendations based upon this consensus.

RESULTS

Recommended assessments were grouped as follows: patient history and symptoms, observation, clinical examination with tests for specific signs and other diagnostic tests that should be considered, assessment of upper limb impairment, and assessment of upper limb capacity with functional tests. The assessment groups were intended to cover all relevant tools that can be used in a functional anatomical approach to evaluate a patient presenting with upper limb spasticity, identify shoulder involvement and guide tailored treatment. The experts recommended multimodal management with the following key aims: to relieve pain; facilitate dressing, hygiene and limb positioning; improve sleep and walking comfort and prevent worsening of contractures. Treatment recommendations took into account musculoskeletal involvement (apart from muscle overactivity) as well as time since the central lesion (acute, post-acute and chronic phases) and divided patients into six categories.

CONCLUSION

These consensus-based recommendations made by an international panel of experts add to previously published guidance for this undertreated patient population and provide additional details for specific patient groups. They can enhance clinical practice by providing a simplified and practical approach to the diagnosis, management and treatment of these patients.

Statement of Disclosures

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Corresponding Author:
Bo Biering-Sørensen
Rigshospitalet Glostrup, Glostrup, Denmark
Email: bo.biering-soerensen@regionh.dk

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