E-Poster

EP-240

Identifying and Managing Spasticity in Neurological Shoulder Dysfunction

Topic: Complications/Sequelae (ie Spasticity, Immobilization and Frailty)

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BACKGROUND

Shoulder involvement is common in arm spasticity following acquired brain injury. In a real-world study of post-stroke arm spasticity management, 56% of patients had shoulder spasticity, yet only 32% received first-line treatment (botulinum toxin). We aimed to address this discrepancy between diagnosis and treatment of spasticity in neurological shoulder dysfunction by establishing expert consensus and providing practical guidance to ensure that people with arm spasticity are assessed for shoulder involvement and clinicians feel confident in treating these individuals.

METHODS

The consensus panel comprised six spasticity experts, with a cumulative experience of > 100 years in spasticity management. Experts were interviewed individually to understand how they assess people with arm spasticity for shoulder involvement. Responses were discussed and 100% consensus was reached on recommendations during a face-to-face meeting in March 2023.

RESULTS

Recommendations for identifying shoulder involvement in arm spasticity should be conducted as part of a holistic assessment and were grouped into three categories: Posture, Purposeful activity and Pain (PPP; 'the 3 Ps'). Posture of the arm, shoulder and trunk should be observed in sitting position and walking (if able), considering published, recognized patterns of shoulder spasticity. Activity (active and passive use of the arm) should be assessed systematically by asking the patient/carer about activity limitations and performing motion and manoeuvre special tests. Pain is common in shoulder spasticity and should be discussed and rated by the patient at rest, at night and on movement. Recommendations were made to set goals between the clinician and patient/carer with spasticity-related goals being in line with the three 'P' categories. Goal Attainment Scaling is recommended as the tool to use to assess achievement of goals. Measurements for the management of impairment-related and function-related elements of shoulder spasticity were also recommended by the panel.

CONCLUSION

The recommended approach to identify spasticity at the shoulder associated with stroke or other neurological conditions involves discussion of the problems identified by the patient, physical examination and goal setting. This simple structure should support clinicians with their assessment and ensure patients receive appropriate treatment.

Statement of Disclosures

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