E-Poster

EP-334

Phenomenological Approach to Spastic Movement Disorders

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

Bo Biering-Sørensen[1], Jörg Wissel[2], Raymond Rosales[3], Rajiv Reebye[4], Jorge Jacinto[5], Gerard E. Francisco[6], Peter Sanderson[7], Per Ertzgaard[8]

[1]*Movement disorder and Pain Research Center, Rigshospitalet, Copenhagen, Denmark*
[2]*Neurology and Psychosomatic at Wittenbergplatz, University of Potsdam, Berlin, Germany*
[3]*Neuroscience Department and Research Center for Health Sciences, University of Santo Tomas, Manila, Philippines*
[4]*Division of Physical Medicine and Rehabilitation, University of British Columbia, Vancouver, Canada*
[5]*Neurorehabilitation Service, Centro de Medicina de Reabilitação de Alcoitão, Lisbon, Portugal*
[6]*Department of Physical Medicine and Rehabilitation, University of Texas Health Science Center Houston (UTHealth), Houston, United States*
[7]*Movement Disorder Services, Royal Orthopaedic Hospital, Bermingham/Liverpool, United Kingdom*
[8]*Department of Health, Medicine and Caring Sciences, Linköping University, Linköping, Sweden*

BACKGROUND

Hyperkinetic movement disorders, known for their complex and overlapping movement patterns, present significant challenges in classification and treatment. This complexity is further compounded by evolving definitions and the involvement of various medical specialties. The inconsistency in definitions and descriptors complicates both research and clinical communication. Our goal is to provide an overview of current terms and definitions related to spastic movement disorders and other hyperkinetic movement disorders associated with central nervous system (CNS) lesions. We propose a unified terminology and classification system for spastic movement disorders to enhance communication among healthcare professionals.

METHODS

We review the definitions of spasticity, dystonia, tremor, chorea, hemiballismus, athetosis, and myoclonus, highlighting the overlaps and challenges in differentiating these disorders. Various hyperkinetic movement disorders are similarly defined by their clinical features and etiologies, often showing significant overlap with spasticity.

RESULTS

The proposed classification system for spasticity incorporates elements from the Movement Disorder Society's classification of dystonia and tremor, focusing on clinical features and etiology. This approach aims to create a common language for describing phenotypes observed in clinical practice, facilitating better communication and collaboration among healthcare professionals.

CONCLUSION

By adopting a phenomenological approach, we emphasize the importance of consistent descriptors and propose a systematic way to classify movement disorders, particularly spasticity. We aim to inspire the use of a unified terminology in clinical practice and research, ultimately improving patient care and advancing the field of spastic movement disorders.

Statement of Disclosures

None related to this work

Corresponding Author:
Bo Biering-Sørensen
Movement disorder and Pain Research Center, Rigshospitalet, Copenhagen, Denmark
Email: bo.biering-soerensen@regionh.dk

Doi: 10.5606/archisprm.2026.EP-334