

8. Spasm and Spasticity	
PATIENT SECTION	GP/NURSE SECTION
<p>8.1 Do you experience any spasm or spasticity¹¹? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, where does it occur? <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Neck/Trunk/Abdomen</p> <p>Details _____</p> <p>_____</p> <p>Has it become worse in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>How often do you have spasms?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Less than 10 spasms per hour <input type="checkbox"/> 10 or more spasms per hour</p>	<p>Examination Findings</p>
<p>8.2 What usually triggers the spasms?</p> <p><input type="checkbox"/> Position changes <input type="checkbox"/> Going over rough ground</p> <p><input type="checkbox"/> Infections (bladder, etc) <input type="checkbox"/> Pressure areas <input type="checkbox"/> Constipation</p> <p>Details _____</p> <p>_____</p>	<p><input type="checkbox"/> Investigate for reversible causes</p>
<p>8.3 Does the spasm impact on your function, independence, care or activities? (e.g. are you falling more, or need more help?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details _____</p> <p>_____</p>	
<p>8.4 Do you take any medications to manage your spasms? (E.g. baclofen, diazepam, dantrolene, clonidine or clonazepam?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details _____</p> <p>_____</p>	
<p>8.5. Have you used any other treatments for your spasm? (E.g. physiotherapy, pump insertion, surgery or injections?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details _____</p> <p>_____</p>	

¹¹ *Spasticity* is defined as an increase in muscle tone and is characterised by a velocity dependent increase in tonic stretch reflexes. *Spasm* is defined as a sudden involuntary contraction of a muscle, which may be associated with spasticity.
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