What is Spasticity?
Spasticity is one of the most common post-stroke conditions. It’s like a charley horse that never ends. Symptoms include painful, stiff, rigid muscles, involuntary contractions or muscle spasms, and overactive reflexes.

Stroke and Spasticity
A stroke can damage the brain, which can disrupt communication between the brain and muscles. When muscles don’t receive messages to relax, spasticity can occur. These spasms may restrict balance, coordination and muscle movement, and decrease the overall quality of life.

Common effects of spasticity include:
• Bent elbow and arm pressed against the chest
• Tight fist
• Pointed foot
• Curled toes
• Stiffness in arms, fingers, knee or legs

Treatment/Management
While there’s no cure for spasticity, talk to your health care professional about the best treatment option for you. Treatments are often combined to manage spasticity based on your goals, the severity of your spasticity and your overall health. Assessment and diagnosis are critical in developing a treatment plan, and it’s important to evaluate progress and outcomes. Treatment may include:
• Targeted injections of botulinum toxin to block pain and relieve tight muscles
• Oral medication to help relax the nerves and muscles
• Neuromuscular electrical stimulation or vibrations applied to spasmatic muscles
• Intrathecal baclofen therapy may be used to deliver continuous medication to ease severe muscle contractions and spasms
• Gentle stretching of tighter muscles
• Range-of-motion exercises
• Frequent movement and repositioning of body parts
• Surgery on affected muscles, tendons or joints to block pain and restore movement

If untreated, spasticity can cause painful and debilitating bone and joint deformities. It can also result in full-time institutionalized care. Unfortunately, more than half of stroke survivors don’t seek assistance for this condition.
This checklist can help you better understand your spasticity and contribute to an open, productive conversation with your health care provider.

Name ____________________________ Date of your stroke ______________________
Physician’s name ________________________ Physician’s phone ______________________
Appt.date ________________________ Did your muscles become weak after your stroke? ○ Yes ○ No

List all medications you’re taking:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

1. Are you experiencing any of these symptoms?
   ○ Tightness in limbs
   ○ Severe charley horse/cramps
   ○ Muscle spasms (involuntary movement)
   ○ Distorted muscles and/or limbs

2. If you’re experiencing muscle spasms, please indicate the location and severity.
   ○ Arms
   ○ Legs
   ○ Hands
   ○ Feet
   ○ Other__________

   Mild spasms
   Spasms are beginning to interfere with daily living
   Spasms are interfering with daily living
   Spasms are consuming my day

3. How often are you experiencing pain?
   ○ I’m not experiencing pain
   ○ Daily
     Number of times a day ________
   ○ Weekly
     Number of times a week ________
   ○ Monthly
     Number of times a month ________

   If you have pain associated with your symptoms, please indicate the location and level of pain.

   Pain Scale
   mild 1 2 3 4 5 6 7 8 9 10 severe

4. Which daily activities are your symptoms affecting?
   ○ Eating
   ○ Dressing
   ○ Toilet use
   ○ Walking
   ○ Sleeping
   ○ Bathing
   ○ Other__________

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