

Establishing and Maintaining a Spasticity Service

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Background and development Spasticity is a complex and common complication of neurological disease. It may cause complications such as painful muscle spasms, seating difficulties, joint contractures, pressure ulcers, reduced mobility, poor hygiene, difficulty in sexual intercourse and problems clearing lung secretions. Social isolation and embarrassment can exacerbate poor self-esteem and depression. Treatment requires an individualised MDT goal directed approach. Our service was started in 2005, based on standards published by Royal College of Physicians in collaboration with the BSRM.



Service Description

Staffing: Two rehabilitation Medicine consultants; rehabilitation nurse; neurological occupational therapist and neurological physiotherapist

Workload: Two clinics per month; up to six new referrals each month; we are currently following up 78 patients (mostly 4-month intervals).

Funding: Initially, LDP bid successfully funded posts. Recently, agreement to fund service on case-by-case basis, enabling further service development.

Clinic activities: Initial assessments: identify joint goals for intervention are baseline measures. Injection of botulinum toxin as appropriate. Following the clinic: telephone contact at six weeks; liaison with local PT/OT/orthotist; upper limb splinting.

Catchment: Southern Derbyshire and East Staffordshire (pop. > 600k)

Evaluation & Innovation Following the results of a recent audit against RCP standards more measurement scales will be used, aiming for increased consistency in recording achievement of goals.

To reduce the cost of serial botulinum toxin injections (e.g. hip adductors) alternative interventions (e.g. obturator nerve block) will be used.

In response to a high demand for the service we plan to hold an extra clinic each month.