

Q1.

Province / state of practice (if applicable)

Q2. Specialty

Physical Medicine and Rehabilitation

Neurology

Occupational Therapy

Physiotherapy

Nurse/Nurse Practitioner

Orthopedic Surgery

Neurosurgery

Plastic Surgery

Family Medicine

Other

Q3. In what setting do you practice? (Select all that apply)

Academic Hospital or Medical Center

Non-academic Hospital or Medical Center

Community/Private Practice

Spasticity Clinic

Movement Disorders Clinic

Other (e.g. Disease Specializing Clinics such as Stroke, SCI, BI, MS) please specify

Q4.

How many years have you been managing spasticity as a licensed clinician?

Q5. How do you prefer to define "spasticity" in your practice? (Select all that apply)

Motor disorder characterized by a velocity-dependent increase in tonic stretch reflexes (muscle tone) with exaggerated tendon jerks, resulting from hyperexcitability of the stretch reflex, as one component of the upper motor neuron syndrome.

Disordered sensorimotor control, resulting from an upper motor neuron lesion, presenting as an intermittent or sustained involuntary activation of muscles.

Muscular rigidity that produces a ratcheted resistance to passive movement of the limbs.

Abnormal increase in muscle tone or stiffness of muscle, which might interfere with movement, speech, or be associated with discomfort or pain.

Q6.

What patient population do you PERSONALLY see in your spasticity clinic/practice?

Primarily adult

Primarily pediatric

Equal mixture of adults and pediatrics

Mostly adults with some pediatrics

Mostly pediatrics with some adults

Q7. On average how many patients with spasticity in need of treatment do you PERSONALLY see in a month?

0-10

10-25

26-50

51-75

76-100

Q8. What are the etiologies of spasticity among the patients in your practice? (Select all that apply)

Stroke

Cerebral Palsy

Traumatic Brain Injury

Multiple Sclerosis

Spinal Cord Injury

Hereditary Spastic Paraparesis

Motor Neuron Disease

Other (e.g. Neurodegenerative Disorders or Nontraumatic Spinal Disorders)

Q9. Who are the clinicians involved in the spasticity assessment at the time of the visit or around the visit? (Select only one)

Physician only

Physician and Nurse/PT/OT as needed

Physician and PT/OT as needed

Physician and PT as needed

Physician and OT as needed

Physician and Nurse as needed

Other

Q10. Which is part of your initial physical evaluation of a patient with spasticity? (Select all that apply)

	Brain Predominant (Stroke, TBI, CP)	Spinal Cord Predominant (MS, SCI, MND, HSP)
Visual observation of patient movement	<input type="checkbox"/>	<input type="checkbox"/>
Palpation of affected limb(s)	<input type="checkbox"/>	<input type="checkbox"/>
Determination of functional tasks (grasp, reach, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Determination of available range of motion	<input type="checkbox"/>	<input type="checkbox"/>
Manual muscle strength testing	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation and performance of clinical tests of muscle stretch reflexes	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation of tone during velocity dependent passive range of motion looking for a spastic catch, spasticity and clonus	<input type="checkbox"/>	<input type="checkbox"/>
Identification of overactive muscles or muscle groups	<input type="checkbox"/>	<input type="checkbox"/>
Proprioception testing	<input type="checkbox"/>	<input type="checkbox"/>
Sensory testing	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation of gait	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation of co-contractions, associated reactions, spastic dystonia and release of flexor afferent reflexes	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
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Q11. Does your physical evaluation differ in subsequent visits?

Yes

No

Q11. What is different?

**Q12. What spasticity scales do you use for patient assessment?
(Select all that apply)**

	Brain Predominant (Stroke, TBI, CP)	Spinal Cord Predominant (MS, SCI, MND, HSP)
Ashworth Scale (AS)	<input type="checkbox"/>	<input type="checkbox"/>
Modified Ashworth Scale (MAS)	<input type="checkbox"/>	<input type="checkbox"/>
Spasm Frequency Scale (SAS)	<input type="checkbox"/>	<input type="checkbox"/>
Goal Attainment Scale (GAS)	<input type="checkbox"/>	<input type="checkbox"/>
Electromyography (EMG)	<input type="checkbox"/>	<input type="checkbox"/>
Spinal Cord Assessment Tool (SCAT)	<input type="checkbox"/>	<input type="checkbox"/>
Modified Tardieu Scale (MTS)	<input type="checkbox"/>	<input type="checkbox"/>
Tardieu Scale (TS)	<input type="checkbox"/>	<input type="checkbox"/>
NRS for Spasticity	<input type="checkbox"/>	<input type="checkbox"/>
Goniometer	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
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Q13. Are the spasticity scales that you use for patient assessments the same for subsequent visits?

Yes

No

Q14. Do you have an inter- or trans-disciplinary team (several medical specialties, each focused on a specific patient's condition, treatment goals, and methods for improving outcomes) available to manage patients with spasticity?

Yes

No

Q14.

Please specify who works directly within your team. (Select all that apply)

Nurse

Occupational Therapist

Physical Therapist

Kinesiologist

Orthotist

Orthopedic Surgeon

Neurosurgeon

Plastic Surgeon

Pharmacist

Other

Q15.

Is there anyone you wish you had as part of your team? (Select all that apply)

No one

Nurse

Occupational Therapist

Physical Therapist

Kinesiologist

Orthotist

Orthopedic Surgeon

Neurosurgeon

Plastic Surgeon

Pharmacist

Other

**Q17. What tools do you use to measure patients' quality of life when doing your routine clinical spasticity assessments?
(Select all that apply)**

I do not evaluate quality of life

Functional Independence Measure (FIM)

12-Item Short Form Survey (SF-12)

36-Item Short Form Survey (SF-36)

European Quality of Life-5 Dimensions (EQ-5D)

Spinal Cord Injury Spasticity Evaluation Tool (SCI-SET)

Spasticity Related Quality of Life Questionnaire (SQOL-6D)

World Health Organization Quality of Life Questionnaire (WHOQOL-BREF)

Visual Analogue Scale (VAS)

Other

Q18. What tools do you routinely use to assess patients' response to treatment? (Select all that apply)

Range of motion assessment with goniometer

Range of motion assessment without goniometer

Modified Ashworth Scale (MAS)

Modified Tardieu Scale (MTS)

Tardieu Scale (TS)

Goal Attainment Scale (GAS)

Ashworth Scale (AS)

Functional Independence Measure (FIM)

12-Item Short Form Survey (SF-12)

36-Item Short Form Survey (SF-36)

EuroQoL-5D (EQ-5D)

Spinal Cord Injury Spasticity Evaluation Tool (SCI-SET)

Spasticity Related Quality of Life Questionnaire (SQOL-6D)

World Health Organization Quality of Life Questionnaire (WHOQOL-BREF)

Visual Analogue Scale (VAS)

Numerical Rating Scale for Spasticity (NRS)

Other

Q19. How are goals evaluated in your clinical practice? (Select the most frequently used evaluation tool)

Simple "Achieved" or "Not Achieved"

Qualitative description of goal outcome

Use changes in objective measures (such as ROM, MAS, etc.)

Goal Attainment Scale (GAS)

Other

Complete. THANK YOU for participating in the Survey of Diagnostic and Assessment Tools Used for the Management of Adult Spasticity.

Please use the space below to provide any additional comments.