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

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Q4.

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

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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)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Brain Predominant (Stroke, TBI, CP)</th>
<th>Spinal Cord Predominant (MS, SCI, MND, HSP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual observation of patient movement</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Palpation of affected limb(s)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Determination of functional tasks (grasp, reach, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Determination of available range of motion</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Manual muscle strength testing</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Evaluation and performance of clinical tests of muscle stretch reflexes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Evaluation of tone during velocity dependent passive range of motion</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>looking for a spastic catch, spasticity and clonus</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Identification of overactive muscles or muscle groups</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Proprioception testing</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Sensory testing</td>
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<td>☐</td>
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<tr>
<td>Evaluation of gait</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Evaluation of co-contractions, associated reactions, spastic dystonia and release of flexor afferent reflexes</td>
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<tr>
<td>Other</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Brain Predominant (Stroke, TBI, CP)</th>
<th>Spinal Cord Predominant (MS, SCI, MND, HSP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashworth Scale (AS)</td>
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<tr>
<td>Modified Ashworth Scale (MAS)</td>
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<tr>
<td>Spasm Frequency Scale (SAS)</td>
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<td>☐</td>
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<tr>
<td>Goal Attainment Scale (GAS)</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Electromyography (EMG)</td>
<td>☐</td>
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<tr>
<td>Spinal Cord Assessment Tool (SCAT)</td>
<td>☐</td>
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<tr>
<td>Modified Tardieu Scale (MTS)</td>
<td>☐</td>
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<tr>
<td>Tardieu Scale (TS)</td>
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<tr>
<td>NRS for Spasticity</td>
<td>☐</td>
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<tr>
<td>Goniometer</td>
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<td>☐</td>
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<tr>
<td>Other</td>
<td>☐</td>
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</tbody>
</table>
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
Q16. For the most common etiologies of spasticity you see, please select the top 3 diagnostic assessments you perform for each etiology:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Stroke</th>
<th>Cerebral Palsy</th>
<th>Multiple Sclerosis</th>
<th>Traumatic Brain Injury</th>
<th>Spinal Cord Injury</th>
<th>Hereditary Spastic Paraparesis</th>
<th>Motor Neuron Disease</th>
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<tr>
<td>Other</td>
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</tbody>
</table>
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.