Botulinum toxin in post-stroke patients - Setting up a spasticity clinic: Experience and results

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Abstract

Spasticity is defined as a motor disorder characterized by a velocitydependent increase in tonic stretch reflexes (muscle tone) with exaggerated tendon jerks, spasticity results from hyperexcitability of the stretch reflex, one component of upper motor neuron syndrome. This may affect limb position and activities of daily living. Spasticity contributes to disability in post stroke patients with a frequency of 41.6%. Botulinum toxin is a neurotoxin that acts on the neuromuscular junction at the presynaptic site. It inhibits the release of acetylcholine, thus leading to muscle weakness and reduced muscle tone. Botulinum toxin treatment in post-stroke upper and lower limb spasticity is a safe and effective .Procedure to decrease muscle tone and increase the range of motion. Poststroke rehabilitation is important to reduce disability and Botulinum toxin type A injections is considered a gold, Standard treatment for focal spasticity.

Biography:

Manjula Ricciardi is a Geriatrician and Stroke Physician. She has collected experiences on acute stroke management and stroke rehab. She is currently an Acute Stroke Physician and Community Leader for the Rehabilitation Stroke Service at Whangarei Hospital. She is a Member of British Association of Stroke Physician UK, Stroke Society of Australasian, Australasia Stroke Trials Network and has Fellowship with RACP. She also has particular interest for rehabilitation post-stroke.