Considerations regarding therapeutic interventions in post-stroke spasticity

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Abstract

Spasticity is a common complication that occurs in those patients that have suffered a stroke. It is a functionally limiting disorder that may lead to disability and pain. Botulinum toxin type A is the recommended first line treatment for spasticity. Reducing the severity of spasticity and its long-term complications may be facilitated by early intervention, making identification of stroke patients at high risk for developing spasticity. Several predictors of spasticity post-stroke have been proposed, including development of increased muscle tone, greater severity of paresis, hypoesthesia and low Barthel index score. The definition of early treatment of spasticity is that it begins before the first three months after stroke. The results of all trials support the beneficial effects of botulinum toxin type A treatment on improving hypertonicity within 3 months post-stroke and emphasize the importance of concomitant neurorehabilitation therapy.

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