

LETTER TO THE EDITOR

Spasticity-spastic movement disorder

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The recent review¹ on spastic outcome measures in spinal cord injury provided useful aspects of clinical measures of spasticity for diagnosis. Unfortunately, this review neglected some essential aspects of pathophysiology that have come up during the last 15 years^{2,3} with important clinical consequences.

The subject with an incomplete spinal cord injury suffers from a spastic movement disorder. As outlined in a review in *Spinal Cord* some years ago,⁴ any treatment should be directed to the movement disorder and not to any physical signs. Otherwise, this treatment might result in nothing more than a cosmetic effect.³

I doubt the conclusion made by the authors¹ that 'spasticity may be better measured by a battery of tests'. According to the actual state of the art in this field,³ the functional impairment of a spinal cord injury subject does little depend on these measures.³ In addition, the treatment of an immobilized spastic spinal cord injury subject has to be basically different from that of a mobile subject. Antispastic drugs give sense in immobilized subjects but can be deleterious in mobile subjects for their function.³ As noted already by Sir Guttmann,⁵ some patients require

spastic muscle tone to support the body during walking. For an adequate assessment and treatment of spasticity, it is important to recognize the progress made in the discovery of the pathophysiological mechanisms underlying clinical spasticity and spastic movement disorder during the last 15 years.

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