

YOUR VISIT

— SPASTICITY —

WORKBOOK

Tools for today's
appointment

SUMMER 2026



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ASK THE EXPERT:
**A PHYSIATRIST
AND NEUROLOGIST
EXPLAIN THIS
CONDITION**

page 10

SCAN ME

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online. Use your
smartphone camera to
activate the QR code.



DAILY DIARY: TRACK YOUR SYMPTOMS page 12

Dear Reader,

WebMD's mission is to provide trusted, educational, and accurate health information. Our medical experts focus on topics that empower consumers to be active participants not only in their own health care, but also in the lifestyle and health decisions of their family and friends.

We create and distribute condition guides and workbooks for doctors' offices to help you prepare for your visit, to have a productive dialogue with your physician, and as a take-home companion.

This workbook's topic is **Spasticity** with content including:

- Questions to ask in the exam room
- The latest stats and facts
- Actionable tips for real-world function

This resource can be a powerful tool to help you be your own best health advocate.

We hope that you will find this workbook to be informative and useful. Please share your thoughts in a short survey accessed through the QR code below.

Thank you.



Sincerely,

Laura J. Downey

Editorial Director

LDowney@webmd.net

To the Office Manager: For any additional copies or needs, email Vanessa Cognard, publisher, WebMD Point of Care, at vcognard@webmd.net.



SCAN ME



WE WANT TO HEAR FROM YOU!
TAKE OUR SURVEY

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QUESTIONS TO ASK IN THE EXAM ROOM

USE THIS WORKBOOK TO HELP MAKE THE MOST OF YOUR TIME WITH YOUR DOCTOR

By Rachel Reiff Ellis | Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

► What treatment options do I have for my spasticity?

► What side effects should I expect from my treatment?

► Are there lifestyle changes I can make to help manage my spasticity?

► What are the goals of treating my spasticity? Will it go away?

► Treatments I've tried:

	DOSE OR FREQUENCY	HOW WELL DID IT WORK?	DID YOU HAVE SIDE EFFECTS?
MEDICATION:			
PHYSICAL/ OCCUPATIONAL THERAPY:			
OTHER LIFESTYLE CHANGES:			

Managing Spasticity: Sherril’s Story as a Nurse

Sherril is a stroke survivor who is dedicated to her career helping others. This is the real-life experience of one individual’s stroke recovery journey, including managing spasticity, and is not representative of all experiences. Sherril has been compensated for her time.

Sherril is a nurse, wife, mother of four and grandmother to seven. In 2016, she was 42 years old running her own business when her life changed forever. One evening, after finishing a bath, she realized something was very wrong and yelled for help. Her family rushed to her aid and contacted emergency medical services. She was airlifted to the hospital where she later learned her blood pressure was 168/172 – she was experiencing an ischemic stroke. “It was like a scene out of a movie,” she recalls. Emergency surgery saved her life.

Recovery Journey and Spasticity
After returning home, Sherril closed her business to focus on recovery. Following a stroke, there is an increased risk for a second stroke, but stroke survivors may also experience common physical challenges like weakness on one side of the body, exhaustion or fatigue, muscle pain and stiffness called spasticity. For Sherril, one of the most difficult aspects of stroke recovery was spasticity, which caused her arm muscles to contract uncontrollably resulting in spasms and pain from a clenched fist. Initially optimistic, she hit what she calls “a brick wall” after six months of post-stroke recovery when the hand clenching and stiffness in her left arm made everyday tasks nearly impossible.

Sherril is one of many people navigating life with spasticity. More than 25 percent of stroke survivors experience spasticity, which can result in muscle pain and stiffness in their arms and legs within the first year.



Sherril (right) with her daughter. Sherril receives Dysport and has been compensated for her time.

The emotional toll was heavy, and depression set in as her independence slipped away. As a nurse, Sherril’s career is very hands-on. Despite physical limitations that come with spasticity, she was determined to make adjustments to help her get back to working.

“I went from a fast, active lifestyle before stroke to complete stillness.”

Treatment Decisions

For two years, Sherril lived with the pain and made lifestyle adjustments, and in 2018, her sister introduced her to a Physical Medicine & Rehabilitation specialist.

This doctor explained that a spasticity treatment plan with clear goals could help her improve function. Sherril’s main goals were clear: slowly regain the ability to open doors, dress herself and cook.

Sherril’s doctor recommended a treatment for her spasticity. Dysport® (abobotulinumtoxinA) was shown in a clinical study to provide relief from muscle stiffness at 4

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weeks, which for some patients may last 12 weeks or longer. It works by temporarily blocking signals from the brain that tell the affected muscles to contract or tighten. Dysport is an injection approved for the treatment of spasticity in patients 2 years of age and older and cervical dystonia in adults.

Before starting Dysport, Sherril discussed potential serious side effects with her doctor, including potential problems breathing or speaking, and potential spread of treatment effects that could be life threatening. Because these problems can happen within hours, or days to weeks after an injection of Dysport, people should contact their doctor and get medical help right away if they experience serious side effects.

“I noticed a difference with Dysport,” Sherril says. Over time, her treatment plan evolved to target specific muscles, including her clenched left hand. Today, she has returned to the field of nursing and can hold her grandson’s hand – two important goals that emerged as her progress surpassed her original goals. Along the recovery journey, her husband has been her biggest supporter, and with her growing independence, no longer needs to help with as many day-to-day tasks.



Sherril with her husband. Sherril receives Dysport and has been compensated for her time.

Potential Spasticity Treatment Goals

People living with spasticity should determine appropriate treatment goals with their doctor. Goals should be clear, realistic, re-evaluated over time and outcome focused. Be sure to talk with your doctor if you’re not reaching your desired goals.

- Opening the hand or moving fingers for activities like handwashing, nail care or turning on lights
- Grasping or picking up objects for eating or drinking
- Wrist movement to dress or write/type
- Range of motion in arms to perform household chores or provide self-care
- Ability to stand or take steps
- Reduced arm or leg muscle stiffness or spasms

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Lessons Learned and Advice for Others

Recovery from a stroke can be slow and requires persistence. “Assert your needs, advocate for yourself and set goals with your care team,” says Sherril.

She also believes that you shouldn’t have to adjust your life to spasticity – you can manage it. Many years after the stroke, Sherril is still on her recovery journey and as part of that, receives treatment with Dysport every 12 weeks for spasticity. She’s grateful for the progress she’s made and hopes her story inspires others to seek help and explore options. “Hope is always there,” Sherril reminds others.

Please see Brief Summary of Dysport full Prescribing Information on the following pages.

Learn more about Dysport



DYSPORT® Consumer Brief Summary

What is the most important information I should know about DYSPORT?

DYSPORT may cause serious side effects that can be life threatening including:

- Problems breathing or swallowing
- Spread of toxin effects

These problems can happen within hours, or days to weeks after an injection of DYSPORT. Call your doctor or get medical help right away if you have any of these problems after treatment with DYSPORT.

Problems swallowing, speaking, or breathing. These problems can happen within hours, or days to weeks after an injection of DYSPORT usually because the muscles that you use to breathe and swallow can become weak after the injection. **Death** can happen as a complication if you have severe problems with swallowing or breathing after treatment with DYSPORT.

- People with certain breathing problems may need to use muscles in their neck to help them breathe. These patients may be at greater risk for serious breathing problems with DYSPORT.
- Swallowing problems may last for several weeks. People who cannot swallow well may need a feeding tube to receive food and water. If swallowing problems are severe, food or liquids may go into your lungs. People who already have swallowing or breathing problems before receiving DYSPORT have the highest risk of getting these problems.

Spread of toxin effects. In some cases, the effect of botulinum toxin may affect areas of the body away from the injection site and cause symptoms of a serious condition called botulism. The symptoms of botulism include:

- loss of strength and muscle weakness all over the body
- double vision
- blurred vision and drooping eyelids
- hoarseness or change or loss of voice (dysphonia)
- trouble saying words clearly (dysarthria)
- loss of bladder control
- trouble breathing
- trouble swallowing

These symptoms can happen within hours, or days to weeks after you receive an injection of DYSPORT. These problems could make it unsafe for you to drive a car or do other dangerous activities. See “What should I avoid while received DYSPORT?”

What is DYSPORT?

DYSPORT is a prescription medicine that is injected into muscles and used:

- to treat cervical dystonia (CD) in adults
- to treat increased muscle stiffness in people 2 years of age and older with spasticity

It is not known whether DYSPORT is safe or effective in people younger than:

- 18 years of age for the treatment of cervical dystonia
- 2 years of age for the treatment of spasticity

Who should not take DYSPORT?

Do not take DYSPORT if you:

- are allergic to DYSPORT or any of the ingredients in DYSPORT. See the end of this Medication Guide for a list of ingredients in DYSPORT
- are allergic to cow’s milk protein
- had an allergic reaction to any other botulinum toxin product such as Myobloc®(rimabotulinumtoxinB), Botox® (onabotulinumtoxinA), or Xeomin®(incobotulinumtoxinA)
- have a skin infection at the planned injection site

What should I tell my doctor before receiving DYSPORT?
Tell your doctor about all your medical conditions, including if you:

- have a disease that affects your muscles and nerves (such as amyotrophic lateral sclerosis [ALS or Lou Gehrig’s disease], myasthenia gravis or Lambert–Eaton syndrome). See “What is the most important information I should know about DYSPORT?”
- have allergies to any botulinum toxin product
- had any side effect from any botulinum toxin product in the past
- have or have had a breathing problem, such as asthma or emphysema
- have or have had swallowing problems
- have or have had bleeding problems
- have diabetes
- have or have had a slow heart beat or other problem with your heart rate or rhythm
- have plans to have surgery
- had surgery on your face
- have weakness in or near your muscles being treated
- have drooping eyelids
- experienced dry eye with previous use of botulinum toxin products
- have any other change in the way your face normally looks
- are pregnant or plan to become pregnant. It is not known if DYSPORT can harm your unborn baby
- are breast-feeding or planning to breast-feed. It is not known if DYSPORT passes into breast milk

Tell your doctor about all the medicines you take, including prescription and over the-counter medicines, vitamins and herbal products. Using DYSPORT with certain other medicines may cause serious side effects. **Do not start any new medicines until you have told your doctor that you have received DYSPORT in the past. Especially tell your doctor if you:**

- have received any other botulinum toxin product in the last four months
- have received injections of botulinum toxin, such as Myobloc®(rimabotulinumtoxinB), Botox® (onabotulinumtoxinA) or Xeomin® (incobotulinumtoxinA) in the past; be sure your doctor knows exactly which product you received
- have recently received an antibiotic by injection
- take muscle relaxants
- take an allergy or cold medicine
- take a sleep medicine

Ask your doctor if you are not sure if your medicine is one that is listed above. Know the medicines you take. Keep a list of your medicines with you to show your doctor and pharmacist each time you get a new medicine

How will I receive DYSPORT?

- DYSPORT is an injection that your doctor will give you
- DYSPORT is injected into the affected muscles
- If you are an adult, your doctor may give you another dose of DYSPORT after 12 weeks or longer, if it is needed
- If you are an adult being treated for CD or spasticity or you are a child (2 to 17 years of age) being treated for spasticity, your doctor may change your dose of
- DYSPORT until you and your doctor find the best dose for you. Children should not be retreated sooner than every 12–16 weeks
- The dose of DYSPORT is not the same as the dose of any other botulinum toxin product

What should I avoid while receiving DYSPORT? DYSPORT may cause loss of strength or general muscle weakness, blurred vision, or drooping eyelids within hours to weeks of taking DYSPORT. If this happens, do not drive a car, operate machinery, or do other dangerous activities. See “What is the most important information I should know about DYSPORT?”

What are the possible side effects of DYSPORT? DYSPORT can cause serious side effects. See “What is the most important information I should know about DYSPORT?” The most common side effects of DYSPORT in people with cervical dystonia include: muscle weakness, muscle pain, difficulty swallowing, dry mouth, problems speaking, injection site pain or discomfort, feeling of tiredness, eye problems and headache.

The most common side effect of DYSPORT in adults with upper limb spasticity include: muscle weakness.

The most common side effects of DYSPORT in children (2 to 17 years of age) with lower limb spasticity include: stuffy or runny nose and sore throat, cough and fever.

Tell your doctor if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of DYSPORT. For more information, ask your doctor or pharmacist. Tell your doctor if you have dry eye or changes in vision following use of DYSPORT. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about DYSPORT: Medicines are sometimes prescribed for purposes other than those listed in a Brief Summary. This Brief Summary summarizes the most important information about DYSPORT.

If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about DYSPORT that is written for healthcare professionals. What are the ingredients in DYSPORT? The FDA approved labeling can be found at www.Dysport.com/en-us or 1-800-555-DRUG.

Active ingredient: (botulinum toxin Type A)
Inactive ingredients: human albumin and lactose. DYSPORT may contain cow’s milk protein.

To report SUSPECTED ADVERSE REACTIONS, contact Ipsen Biopharmaceuticals Inc. at 1-855-463-5127 or FDA at 1-800-FDA-1088 or www.gov/medwatch

Please see Brief Summary of Dysport full Prescribing Information above.

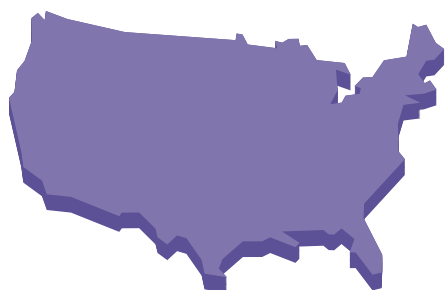


STATS & FACTS

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

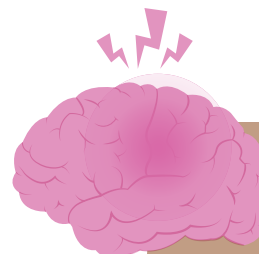
MORE THAN
2 Million

ESTIMATED NUMBER OF PEOPLE IN
THE U.S. who experience spasticity.



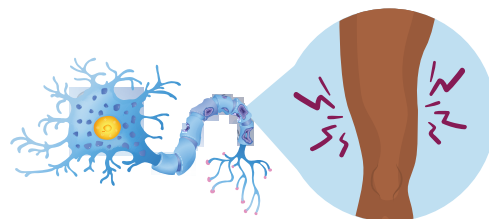
UP TO
50%

AMOUNT
OF PEOPLE
WITH
TRAUMATIC
BRAIN
INJURY who
are affected by
spasticity.



ABOUT
80%

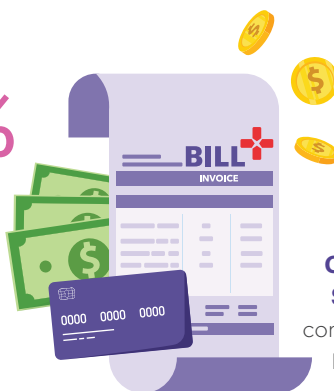
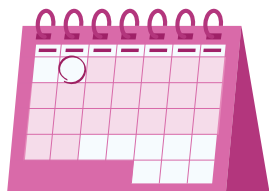
AMOUNT OF PEOPLE WITH MULTIPLE SCLEROSIS,
A NERVE DISEASE, who experience spasticity.



ABOUT
25% to 43%

AMOUNT OF PEOPLE WHO
DEVELOP SPASTICITY

between two weeks and three
months after a stroke.



ABOUT
40%

HOW MUCH HIGHER HEALTH
CARE COSTS ARE FOR STROKE
SURVIVORS WITH SPASTICITY

compared to those without spasticity,
based on a study of 7,851 patients.

OVER 12 MILLION

NUMBER OF PEOPLE AFFECTED BY SPASTICITY worldwide.



SOURCES: Johns Hopkins Medicine, Yale Medicine, *Neurology and Therapy*

This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

SPASTICITY: WHAT IS IT?

HOW THE CONDITION MAY BE AFFECTING YOU.

By Rachel Reiff Ellis | Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Spasticity makes muscles involuntarily tighten or contract, and can make it difficult or uncomfortable to move, walk, or even speak.

EFFECTS OF SPASTICITY

Bent Elbow And Arm Pressed Against The Chest

Stiffness In Arms And Fingers

Tight Fist

Stiffness In Legs Or Knees

Pointed Foot

Curled Toes

HOW DOES IT FEEL?

It's different for everyone.

For some people, spasticity is just mild muscle tightness. For others, it can cause painful stiffness and sudden muscle spasms that are hard to control. You may have a range of both symptoms.

COMMON QUESTIONS ANSWERED

A PHYSIATRIST AND NEUROLOGIST—THE LEADERS OF THE SPASTICITY CARE TEAM—EXPLAIN THIS CONDITION.

By Sonya Collins | Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs



DANIEL N. PIERCE, MD

If you've been diagnosed with spasticity, you've probably got a lot of questions. Here, physiatrist Daniel N. Pierce, MD, assistant professor in the Department of Physical Medicine and Rehabilitation at the University of Nebraska Medical Center in Omaha, and neurologist Richard Benson, MD, director of neurology at telehealth provider Equum Medical, explain what you can expect.

Q: What is spasticity?

DANIEL N. PIERCE, MD: It's resistance to stretch—meaning the muscles are tighter than they should be—that makes it difficult to move them and get full range of motion of the joints. It's velocity-dependent, so it's more noticeable the faster you try to move the joint.

Q: What causes spasticity?

RICHARD BENSON, MD: When you have damage to the upper motor neurons—those are specialized nerve cells that initiate and control voluntary movement—you get spasticity. Stroke is the most common cause, but anything that damages those nerve cells—head injury, spinal cord injury, multiple sclerosis, cerebral palsy—can lead to spasticity.

Q: How does it impact daily life?

BENSON: It varies in severity. Maybe you can't open your hand to hold a fork, a toothbrush, or a comb. Maybe you can't bend your arm to put on a shirt. It depends on which limb it's in, but it can prevent you from doing the activities of daily living, like feeding yourself, bathing yourself, going to the bathroom, getting in and out of bed, and walking. But sometimes, stiffness can be helpful. For example, if your leg is weak but stiff, that stiffness can help support the leg.

Q: What's the role of physical rehabilitation in treatment of spasticity?

PIERCE: Treatment is primarily rehabilitation. It's important to start early because muscles and joints begin to stiffen and shorten soon after a neurological injury. Early stretching and range-of-motion exercises help prevent downstream

PHOTO COURTESY OF DANIEL N. PIERCE, MD

damage. Sticking with rehabilitation is important because most causes of spasticity are lifelong conditions, so the spasticity will likely remain as well. There are patients who also require additional medications and injections, but those are meant to support physical rehabilitation. If you wait to start rehab, you can develop permanent stiffening that medications cannot treat. For those few individuals, surgery is needed.

Q: What medications are used to support physical rehabilitation?

BENSON: Injections, like botulinum toxin, can be injected directly into the affected area and relax just those muscles to decrease stiffness. Oral medications, including muscle relaxers and sedatives, can also decrease stiffness, but the issue is that they relax the whole body, not just the affected area. They can also make you drowsy, and they can be addictive.

Q: What happens if you don't treat spasticity?

BENSON: If you don't continue with your therapy, you can go backward and start to see that increased stiffness again and not be able to move. If it's not well managed, it could get worse. You could get a hand that's so stiff that it becomes a clenched fist and the fingernails grow into the hand, which can be painful. You can have an arm that's completely curled into the body. Your leg can be so stiff that it's too painful to stand on. You can be constricted to the point that you're bedridden.

Q: Can you get spasticity under control and continue to live a normal life?

PIERCE: It all depends on the severity of the spasticity and the other functional problems a person may have because of their central nervous system injury, but yes, the earlier somebody can get evaluated and get started on appropriate treatment, the more function they may be able to regain.



RICHARD BENSON, MD

TRACK YOUR SYMPTOMS

KEEP A RECORD OF YOUR SPASTICITY PATTERNS SO YOU AND YOUR DOCTOR CAN GET A FULLER PICTURE OF YOUR CONDITION.

To best care for you, your doctor needs to see what your day-to-day life is like. Once they know when and how spasticity interferes, they can craft a better treatment plan.

“Everybody heals differently, and although there are general patterns of spasticity, everyone is a little different in how they’re affected by it,” says Cassandra M. List, MD, physical medicine and rehabilitation specialist with Broward Health in Deerfield Beach, FL. “It’s our job as doctors to develop a customized spasticity management plan to address what’s important to you.”

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DATE							
SYMPTOMS							
EFFECT ON FUNCTION							
MEDICATIONS I'M TAKING							
DOSAGE							
SIDE EFFECTS							

FILL IN THE BLANK

DO A SELF-CHECK.

Today I feel ...

I could be feeling better if ...

I feel best when ...

I plan to ...

For support, I can reach out to ...

My goals are ...

A small change I can make is ...

SCAN OR COPY THIS PAGE BEFORE YOU FILL IT IN TO USE FOR TWO OR THREE MONTHS

GET RELIEF

ACTIONABLE TIPS TO MANAGE YOUR SPASTICITY

By Kendall K. Morgan | Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

"Spasticity is complex and can look very different from one person to the next," says Randy Karim, DPT, a clinical rehab specialist at Cleveland Clinic's Mellen Center for Multiple Sclerosis in Ohio. "Because of this, effective management starts with a thorough evaluation by trained professionals and ongoing reassessment to understand how spasticity affects real-world function—not just how tight a muscle feels during an exam. Treatments tend to work best when they focus on meaningful activities, such as walking, dressing, or reaching, rather than stretching alone."

1. Look for triggers.

Pay attention to any irritants or other issues that may worsen your spasticity and address those. For example, check your skin for insect bites, ingrown toenails, or other minor injuries. Be sure to address any problems with your bladder and bowels, too.

2. Adjust your position.

Change your position regularly throughout the day. For example, switch from lying down to sitting to standing while paying attention to your posture. Avoid positions that make your spasticity worse.

3. Keep moving.

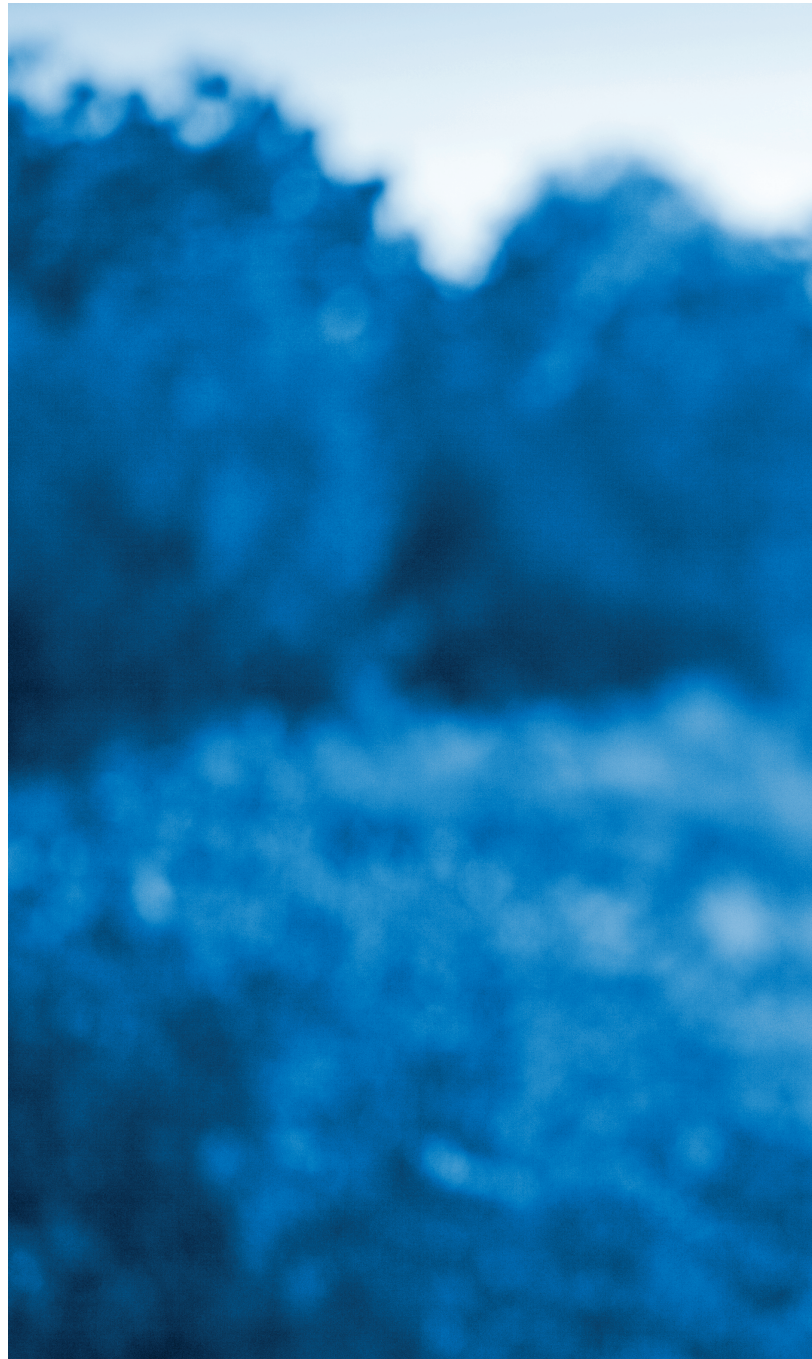
Karim advises gentle, regular movements. Aim to move for 60 seconds each hour while you're awake to keep your muscles from stiffening or "locking up." Keep stretches slow and steady.

4. Tackle stress.

Emotional stress can make your spasticity worse. Practice relaxation techniques and other methods to help manage your stress. Get help for anxiety or other mental health concerns.

5. Use heat or ice.

Using an ice pack may help to reduce spasticity. Heat can help to relax your muscles and ease spasticity, too. Try both and see what works for you.





6. Brace yourself.

The right splint, brace, or orthotic can help to reduce spasticity. They can also improve your ability to function and walk.

7. Explore alternatives.

Try massage, red light therapy, kinesiology tape, vibration, acupuncture, dry needling, or mind-body practices such as tai chi. These approaches may ease tightness in your muscles and help to keep you relaxed.

8. Explore medical interventions.

Injectable botulinum toxin is a safe way to ease spasms in specific muscles to relieve spasticity along with physical or occupational therapy. Other treatment options for spasticity include oral medications and surgery. Ask your care team what they recommend for you and what side effects or complications to watch out for. To learn more about your options, try an online tool for understanding and treating spasticity from the American Academy of Physical Medicine and Rehabilitation (AAPM&R) at www.AAPMR.org/Resources/AAPMR_Spasticity_Patient_Journey.html.

“Patients need to continue to advocate for themselves,” says Monica Verduzco-Gutierrez, MD, a physiatrist at UT Health San Antonio and lead author of the AAPM&R guidelines on managing spasticity. “There are a lot of treatment options, and there are specialists that take care of this condition and know how to treat it holistically for improved outcomes.”

ADAMKAZ/VIA GETTY IMAGES

NEXT STEPS

My diagnosis:

My treatment plan:

► MEDICATIONS

DRUG			
DOSE			
WHEN TO TAKE IT			
HOW TO TAKE IT			
WHAT TO EXPECT			

► OTHER INTERVENTIONS

TYPE	RECOMMENDATIONS FROM YOUR CARE TEAM
PHYSICAL THERAPY	
OCCUPATIONAL THERAPY	
SPEECH THERAPY	
STRETCHING OR OTHER EXERCISES	
ELECTRICAL STIMULATION	
CASTING OR BRACES	
OTHER ASSISTIVE DEVICES	

My next appointment is scheduled for:

I should call between visits if:

“ I always educate my patients to think of spasticity as another vital sign. ... If your spasticity suddenly goes up, you have to ask yourself, **‘WHAT HAPPENED?’ THEN THERE ARE SOME SIMPLE THINGS YOU CAN DO THAT CAN HELP.**”

ATUL T. PATEL, MD,

VICE PRESIDENT OF THE AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION AND PHYSIATRIST AT KANSAS CITY BONE & JOINT IN OVERLAND PARK, KS