

**** NEW Spasticity Clinic ****

Booth Neurology in Ottawa

Dear Doctor,

This letter is to inform you that Booth Neurology Clinic located at 343b Booth Street in Ottawa have implemented a Spasticity clinic to meet the demand of patients requiring spasticity management and injection treatments. Patients will be assessed by a **Neurologist** as well as a **Physiotherapist**, and as appropriate, will receive individualized treatment in the form of **Botulinum toxin injections** (Botox) and/or other treatment modalities for their spasticity. Patients will be **followed regularly** in our clinic for monitoring and continuation of treatment.

Your patients who have suffered a stroke, acquired brain injury, MS, cerebral palsy, and spinal cord injuries may be presenting with spasticity. Spasticity **impacts muscles and forces them to continuously contract**. This increased **muscle stiffness** and **tightness** due to spasticity can:

- Cause pain and discomfort
- Interfere with daily activities such as dressing and driving
- Make basic hygiene difficult
- Impair mobility
- Lead to awkward or painful posture

As a result, there is a need for these diagnosed patients to be treated with a minimal wait time.

For a patient to be considered an appropriate candidate for referral and possible injections:

- ✓ **Suffered a stroke, spinal cord injury, cerebral palsy, MS, or brain injury**
- ✓ **Experiencing increased muscle stiffness and tightness due to their injury**

Please fax completed referrals to: (613) 233-1061

As part of your referral, please complete the attached Spasticity referral form for each patient you wish to send to the clinic. Please also include:

- **Patient history**
- **Medication history and outcomes**

For patients without insurance coverage for physiotherapy and who are candidates for Botox treatment, we have a program that will provide a **physiotherapy** assessment at **no cost to the patient**. In addition, the cost of the **Botox medication is covered** for patients on the Ontario provincial drug plan (over 65 or on ODSP) for the treatment of spasticity who have one of the above listed conditions. Most Private Insurance will cover the cost as well.

Please note that we are an outpatient clinic and therefore we can only accommodate patients who are **ambulatory or in wheelchairs**, but **NOT patients who are in stretchers or require mechanical lifts**.

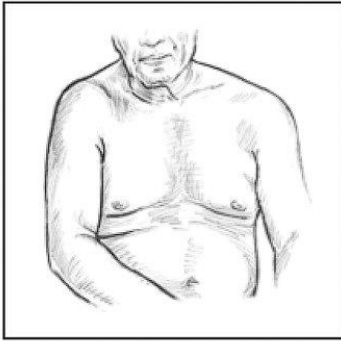


Dr. T. Nguyen, Dr. Karen Ho, Dr. Chantel Barrett
343 Booth Street, Ottawa, Ontario K1R 7K1

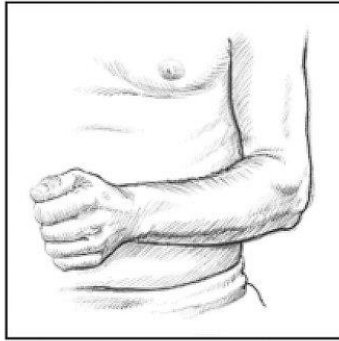
Tel: (613) 233-3030
Fax: (613) 233-1061

Examples of Common Upper Limb Spasticity Presentations

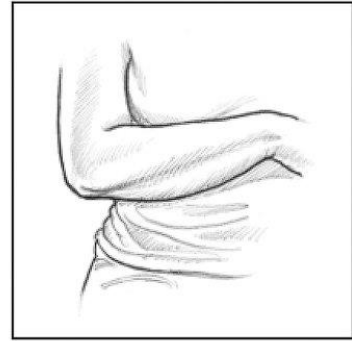
Adducted shoulder
with internal rotation



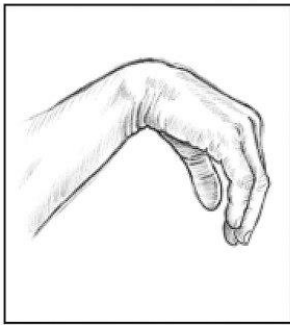
Flexed elbow



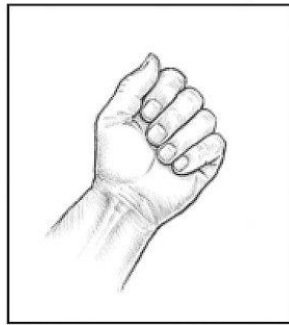
Pronated forearm



Flexed wrist



Flexed fingers



Thumb-in-palm



Clenched fist



Examples of Common Lower Limb Spasticity



STIFF (EXTENDED) KNEE¹



ADDUCTED THIGHS
(FRONT VIEW)¹



ADDUCTED THIGHS
(BACK VIEW)¹



EQUINOVARUS FOOT¹



FLEXED KNEE¹



Striate toe

Requisition for Spasticity Assessment

Patient Name: _____ Birth Date: _____

Health Card Number: _____ Version code: _____

Patient Address: _____ City _____ PC _____

Physician Name (print): _____ OHIP# _____

Physician Signature: _____ Date: _____

DIAGNOSIS OF SPASTICITY DUE TO (check one): STROKE TRAUMATIC BRAIN INJURY SPINAL CORD INJURY MULTIPLE SCLEROSIS ADULT CP OTHER: _____

PRESENTATIONS OF SPASTICITY (check all that apply):

<input type="checkbox"/> ADDUCTED SHOULDER	<input type="checkbox"/> PRONATED FOREARM	<input type="checkbox"/> FLEXED KNEE
<input type="checkbox"/> FLEXED ELBOW	<input type="checkbox"/> FLEXED WRIST	<input type="checkbox"/> EXTENDED KNEE
<input type="checkbox"/> CLENCHED FIST	<input type="checkbox"/> THUMB-IN-PALM DEFORMITY	<input type="checkbox"/> EQUINOVARUS FOOT
<input type="checkbox"/> OVERACTIVE FLEXORS	<input type="checkbox"/> ADDUCTED THIGHS	<input type="checkbox"/> STRIATAL TOE
<input type="checkbox"/> OTHER:		

GOALS OF THERAPY (check all that apply):

Notes:

<input type="checkbox"/> DECREASE PAIN	
<input type="checkbox"/> IMPROVE SEATING	
<input type="checkbox"/> IMPROVE TRANSFERS	
<input type="checkbox"/> IMPROVE GAIT PATTERN	
<input type="checkbox"/> AID IN DRESSING	
<input type="checkbox"/> AID IN HYGIENE	
<input type="checkbox"/> IMPROVE ORTHOSIS FIT	
<input type="checkbox"/> PREVENTION OF PRESSURE SORES	
<input type="checkbox"/> PREVENTION OF CONTRACTURES	
<input type="checkbox"/> OTHER:	

Additional Comments: _____

****Once Completed, Please Fax to Booth Neurology: Fax Number: 613-233-1061**



Dr. T. Nguyen, Dr. Karen Ho, Dr. Chantel Barrett
343 Booth Street, Ottawa, Ontario K1R 7K1
Tel: (613) 233-3030 Fax: (613) 233-1061