

**(SCIRE logo with words “Spasticity and SCI,” “Spasticity as a Red Flag,” and “Part 5/7” appear on screen.)**

**(Man with SCI entering a doctor’s office and being greeted by the doctor.)**

Female Narrator: As a general recommendation, individuals with a SCI or impairment should have regular assessments by their family physician.

**(Man with SCI and doctor engage in a conversation.)**

If their spasticity changes within a short period of time, they should seek medical care as soon as possible to investigate a potential cause of the change in spasticity.

**(Man with SCI walking with the help of parallel bars while physiotherapist watches by the side.)**

Man with SCI: Spasticity is reactive to what’s going on with your general health.

**(Man with SCI speaking to the physiotherapist as the camera listens.)**

In fact, in some respects, it’s a good bellwether for how you’re doing on the health perspective.

Physiotherapist: So it can be a red flag for something like a urine infection?

Man with SCI: Absolutely. Something as simple as a cold-you can judge it by the level of spasticity.

**(Animation listing the benign triggers of spasticity.)**

Female Narrator: Benign triggers of spasticity can include changes in posture or position, temperature extremes, changes in the individual’s circadian rhythm, menstruation, muscle fatigue, emotional stress, minor common illnesses such as cold or flu, tight shoes, and tight clothing.

Increases in spasticity may also occur either during pregnancy or after delivery.

A detailed history regarding the onset, pattern and severity of spasticity can often identify these potential causes.

**(Doctor speaking to a man with SCI.)**

However, an increase or change in spasticity may also be a red flag for a more serious issue.

**(Animation listing what spasticity may be an indicator of.)**

It could be an indicator of urinary tract infections, kidney stones, inflammation, or cancer in the bladder, particularly with indwelling foley catheter as compared to intermittent catheterization), constipation, hemorrhoids, fecal impaction at the bowel, pressure ulcers in the skin, cysts or syrxinx, or changes in motor or sensory functions in the spinal cord.

**(Cut to medium close-up shot of Dr. Patricia Mills, Principal Investigator from the Faculty of Medicine in the University of British Columbia.)**

Dr. Patricia Mills: There are a couple of conditions that can trigger spasticity that you really don't want to miss.

**(Pictures indicating the location of the syrxinx in two MRI images taken from different perspectives.)**

One of them is the syrxinx.

In order to determine that, you need to ensure that when you first meet the individual with SCI, you're really familiar with their neurological examination.

**(Picture of the ASIA impairment scale and the link to the scale: [http://www.asia-spinalinjury.org/elearning/ASIA\\_ISCOS\\_high.pdf](http://www.asia-spinalinjury.org/elearning/ASIA_ISCOS_high.pdf).)**

You can use the ASIA impairment scale to do so, and that's available online.

**(Return to medium close-up shot of Dr. Patricia Mills.)**

If you find that something has changed in terms of a loss of sensory or motor function, that's something that needs to be acted on immediately.

That needs to be imaged with a MRI or a CT Myelogram.

You may also want to look at the bigger picture and see is there a problem with the preventative screening that you've done up until now.

For example, depending on the age of the individual, have they had a mammogram?

Have they had a colonoscopy?

Have they had a PAP smear?

Those questions are really important because individuals with SCI develop the typical complications that individuals with SCI do, and if anything, they tend to have those problems detected later.

Because of the neurological impairments and the motor and sensory deficits, you don't tend to have the same signs and symptoms as other individuals would have.

**(Graphic emphasizing the fact that “Many health care providers play a role in the management of spasticity after a SCI,” and that “Observations and referrals are as important as the ongoing treatment by the team.”)**

Female Narrator: Many health care providers play a role in the management of spasticity after a SCI.

Observations and referrals are as important as the ongoing treatment by the team.

**(Return to medium close-up shot of Dr. Patricia Mills.)**

Dr. Patricia Mills: The path that the clinician chooses to take depends on their comfort level with an individual with SCI.

The reality is that it's not a condition people receive a lot of training on as general medical practice.

So it's really about finding out who in your community would be able to help you with management of the situations.

**(Words “To learn more visit [scireproject.com](http://scireproject.com)” and “follow us @SCIREProject” appear.)**

**(Bolded words “Thank you to” appear followed by the words “Principal Investigator Patricia Mills,” and “Participants: Lance Blanco, Bobby Brar,” “Clinician: Bonnie Venables,” and “Jami Bennett, Matthew Querée, Shannon Sproule and the rest of the SCIRE Team.” Below: logos of the Rick Hansen Institute, University of British Columbia, icord, and Ontario Neurotrauma Foundation.)**

**(Words “Created by Merilin Paart at the Knowledge Mobilization Studio at the Centre for Hip Healthy and Mobility” and Knowledge Mobilization Studio logo appear on screen before dipping to black.)**