Poster 165 in the 2013 ACRM | American Congress of Rehabilitation Medicine Annual Conference abstracts published in October contained an incomplete list of authors. (To view the full issue, please visit the Archives journal website at http://www.archives-pmr.org/issues.) The poster title and corrected author list appear below.

Transition to Adulthood in Cerebral Palsy: Does Independent Walking Make a Difference?

James Carollo (Children's Hospital Colorado, Aurora, CO), David Robertson, Patricia Heyn.

0003-9993/14
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The following poster was a late addition and was presented at the 2013 ACRM | American Congress of Rehabilitation Medicine Annual Conference, Progress in Rehabilitation Research, 12-16 November, 2013, Orlando, Florida, USA.

Stroke Diagnosis

Poster 167

A Clinical Assessment and Neuro-Imaging based Grading Scale Predicts Severe Post-Stroke Limb Spasticity. Wayne Feng (Medical University of South Carolina, Charleston, SC), Andrew Gundran, Ali Tabesh, Lindsay Perry, Madhura Athreya, Michelle Woodbury, Steven Kautz, Robert Adams

Objective: The objective of this study is to identify a grading scale that can predict post-stroke limb spasticity from the acute phase.

Design: This is a prospective cohort study of 47 patients with first-ever acute ischemic strokes and various degrees of motor impairment. The first assessment was done between 2 to 5 days after stroke with Fugl-Meyer upper extremity (FM_UE) scale, NIH stroke scale and MRI of brain, the second assessment was completed at 3 months (+/- 2 weeks) with Modified Ashworth Spasticity Scale (MASS) at biceps, wrist and finger flexor. A highest value is used. Independent predictors of severe spasticity (MASS is $\geq$3) were identified by logistic regression. A risk stratification scale was developed with weighting of independent predictors based on strength of association.

Interventions: Observational study.

Main Outcome Measures: MASS.

Settings: Comprehensive stroke center.

Participants: Ischemic stroke patients.

Results: Factors independently associated with limb spasticity are motor function at baseline measured by FM_UE scale ($P \leq .0005$), location of lesion ($P = .002$) and corticospinal tract (CST) lesion load ($P < .03$). The proposed grading scale is summation of individual points as followed: FM_UE Scale: >4(1 point), $\leq$4(0 point); Lesion location: subcortical or corti- cal (0 point), subcortical and cortical (1 point); CST lesion load: >7cc (1 point) $\leq$7cc (0 point). None of 22 patients (with score of 0) and all 7 patients (with score of 3) developed severe spasticity. The likelihood of developing severe spasticity in- creases steadily with grading scale score.

Conclusion: Our proposed grading scale can effectively predict severe post-stroke limb spasticity from the acute phase.

Disclosure: None disclosed.

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