

BÖLÜM 16

Spastisite ve Tedavisi

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GİRİŞ

Spastisite; inme, edinilmiş beyin omurilik hasarı, omurilik yaralanması, multipl skleroz ve serebral palsi gibi üst motor nöron bozukluklarının yaygın bir sonucudur. Pasif harekete dirençte hıza bağlı bir artışla karakterize, abartılı reflekslerle birlikte artmış kas tonusu olarak tanımlanmıştır. Yürüme, beslenme, yıkanma, tuvalet ve giyinme gibi günlük yaşam aktivitelerinde (GYA) fonksiyonel problemlere neden olabilir. Tedavi yönetimi altta yatan fizyolojisinin anlaşılmasına, doğal seyrinin farkında olunmasına, hasta üzerindeki etkisinin değerlendirilmesine ve bu etkiyi en aza indirmeye yönelik kapsamlı ve multidisipliner bir yaklaşıma bağlıdır (1).

Spastisite Latince spastikus kökünden türetilmiştir. “Çekmek, asılmak, sürüklemek” anlamlarına gelmektedir. 1980 yılında Jim Lance tarafından “Üst motor nöron sendromunun bir komponenti olan germe reflekslerinin kolay uyarılabilirliği sonucu tendon reflekslerindeki artış ve kas tonusunun hıza bağlı artmasıyla karakterize motor bozukluktur” şeklinde tanımlanmıştır (2). Mayer, bu tanımın üstüne üst motor nöron lezyonlarının klinik belirtilerini pozitif ve negatif belirtiler olarak iki gruba ayırmıştır. Pozitif belirtileri spastisite, fleksör reflekslerin artışı, negatif belirtileri ise el beceri kaybı, kas ve eklemlerin kontrolünün sağlanamaması olarak açıklamıştır (3).

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