



WEB OF SCIENCE

# COMPLEX ASPECTS OF CLINICAL-FUNCTIONAL EVALUATION AND AMBULATORY THERAPEUTIC-REHABILITATION APPROACH IN A YOUNG PATIENT WITH POST STROKE - SPASTICITY AND PERONEAL NERVE PALSY

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## Abstract

**Introduction.** Spasticity, a common post-stroke complication, associated with signs and symptoms of upper motor neuron syndrome (1), occurs with a 35% prevalence one year after brain injury (2), and can be severely disabling in young patients (3), regarding locomotor dysfunction and also regarding quality of life. Stroke incidence in young patients increased in the last decades, being correlated with the increasing substances abuse together with sedentariness, excessive alcohol consumption and smoking (4). Peroneal nerve palsy is the most common cause of neuropathy of the lower limb and in most cases is caused due to nerve lesion in the fibula head area (5).

**Materials and methods.** We present the complex case of a young male patient, former alcohol and narcotics user, who suffered an ischemic stroke in the right middle cerebral artery territory along with a posttraumatic paresis of the right peroneal nerve. The patient presents motor deficit – right spastic hemiplegia, right foot drop, locomotion and self-care disorders.

**Results.** The patient followed medical treatment (antiepileptic, neurotrophic factors, vitamins, antiplatelet) and rehabilitation treatment adapted to the current clinical-functional status (thermotherapy, lasertherapy, magnetotherapy and individual kinesiotherapy), with slow favorable evolution of the improvement of locomotion and quality of life disorders.

**Conclusions.** Therapeutic-rehabilitation management of the spastic patient with disability due to brain injury and peripheral traumatic neuropathy represents a challenge because it doesn't exist a miraculous treatment (yet) to cure completely these nervous injuries.

**Keywords:** *post stroke spasticity, peroneal nerve palsy, rehabilitation*