MADISON NEUROLOGY · NEUROLOGY SYMPTOM GUIDE

Muscle stiffness, rigidity, or spasms

Structured history, interpretation & clinical review

Symptom 69 of 94
Clinical educational workbook
Version 1.0 · October 2026

Not for clinical use. This guide cannot diagnose, triage, or exclude an emergency. Seek emergency care for severe, sudden, or worsening symptoms.

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> **Document purpose**
> A structured educational history and diagnostic-reasoning workbook. Treatment is outside its scope.

Scope and safe use

Stiffness, rigidity, or spasms are classified by tempo, distribution, triggers, posture, pain, medication/toxin exposure, and associated weakness or autonomic features.

Not for clinical use.
This educational workbook does not diagnose, triage, estimate probability, replace examination, or exclude an emergency. If a safety-screen answer is Yes or uncertain, follow the stated action rather than continuing routine interpretation.

How to complete the workbook

- Record the current episode and the person’s usual baseline; use a witness account for events with impaired awareness.
- Check one option per question unless a clinician documents a different combination. “Not sure” is unresolved information, not a negative answer.
- Complete the safety screen before all other sections. Record exact onset or last-known-well time for sudden deficits.
- Use Section 2 only after the form is complete. More than one pattern may be relevant; urgency takes precedence.
- Use Section 3 to plan focused examination and clinician-selected investigations. No test is automatic or universally required.

Specific escalation rule

New severe headache, new focal weakness or numbness, new speech/language difficulty, reduced consciousness, a prolonged seizure, severe breathing or swallowing difficulty, sudden visual loss, or rapidly progressive weakness requires emergency assessment. Call 911 in the United States.

Section 1: Input form

Checkbox history for Muscle stiffness, rigidity, or spasms

1A. Immediate safety screen

Is there new face droop, one-sided weakness or numbness, difficulty speaking or understanding, double vision, or severe loss of coordination?

☐ No ☐ Yes ☐ Not sure

If Yes: Call emergency services now and record the exact time the person was last known well.

Is there new confusion, reduced consciousness, a seizure, or difficulty awakening?

☐ No ☐ Yes ☐ Not sure

If Yes: Call emergency services now. Do not leave the person alone or give food, drink, or medication by mouth.

Is there new severe breathlessness, inability to swallow saliva, blue lips, or rapidly worsening weakness?

☐ No ☐ Yes ☐ Not sure

If Yes: Call emergency services now; breathing and swallowing problems can become critical quickly.

Is there sudden loss of vision, a new missing visual field, or a painful red eye?

☐ No ☐ Yes ☐ Not sure

If Yes: Seek emergency eye or emergency-department assessment now.

> **Stop rule:** Any Yes answer triggers the action printed under that question. Any Not sure answer requires prompt in-person clarification; do not treat it as No.

1B. Timeline

How did the symptom begin?

☐ Suddenly, over seconds or minutes ☐ Over hours to days ☐ Gradually over weeks or months ☐ Longstanding or since childhood ☐ Not sure

Use the first occurrence for recurrent episodes; use the current episode for a changing symptom.

What is the overall course?

☐ One persistent episode ☐ Separate recurrent episodes ☐ Steadily worsening ☐ Fluctuating or variable ☐ Currently resolved

Has this exact pattern been assessed before?

☐ Definitely new ☐ The same pattern occurred before ☐ Present and stable for a long time ☐ Not sure

1C. Discriminating features

Which description fits best?

☐ Continuous stiffness or resistance to movement ☐ Intermittent painful spasms or cramps ☐ Spasms triggered by movement, sound, or touch ☐ Sustained twisting or abnormal posture

Where is it located?

☐ One side of body or one limb ☐ Neck, jaw, back, or trunk ☐ Generalized throughout the body ☐ One small muscle group

Is there fever, severe pain, dark urine, swallowing/breathing difficulty, or autonomic instability?

☐ Yes ☐ No ☐ Not sure

Was there a recent dopamine-blocking drug, anesthetic, serotonergic/medication change, toxin, or withdrawal?

☐ Yes or possibly ☐ No ☐ Not sure

1D. Associated findings

Are there other neurological symptoms—weakness, numbness, speech change, double vision, swallowing difficulty, or severe imbalance?

☐ Yes ☐ No ☐ Not sure

Are there systemic clues—fever, weight loss, cancer, infection risk, pregnancy/postpartum status, or a new medication?

☐ Yes ☐ No ☐ Not sure

How much does this affect daily activity?

☐ Noticeable but activities continue ☐ Some activities are limited ☐ Cannot perform usual activities ☐ Not sure

1E. Clinical context

Who is being assessed?

☐ Adult or adolescent ☐ Child under 12 ☐ Adult aged 65 or older

Could a medicine, substance, withdrawal, or recent dose change be relevant?

☐ No plausible contributor ☐ Yes or possibly ☐ Not reviewed

Include sedatives, dopamine-blocking drugs, stimulants, decongestants, anticholinergics, alcohol, and non-prescribed substances when relevant.

Is there a relevant neurological, muscular, metabolic, cardiovascular, autoimmune, or sleep disorder?

☐ No known relevant condition ☐ Yes ☐ Not sure

What prior information is available?

☐ A previous examination or investigation ☐ Prior records but no clear explanation ☐ No useful prior assessment ☐ Not sure

Additional history and documentation

Record exact dates/times, witness details, relevant medication doses and changes, prior investigation reports, and the person's baseline function.

Section 2: Interpreting the input form

Answer combinations generate a differential and an assessment pathway—not a diagnosis.

> **Precedence:** Emergency safety answers override every pattern below. Otherwise, the highest-urgency fully matched pattern takes precedence. If entries are incomplete, contradictory, or match no pattern, use the unresolved-information pathway.

Pattern 1: Severe systemic or drug-associated rigidity

Is there fever, severe pain, dark urine, swallowing/breathing difficulty, or autonomic instability? Yes
Was there a recent dopamine-blocking drug, anesthetic, serotonergic/medication change, toxin, or withdrawal? Yes or possibly

Emergency warning pattern — Now

Rigidity with fever, autonomic signs, dark urine, or a relevant drug exposure is an emergency medical presentation.

Differential to review:

- Medication/toxin-induced severe rigidity or muscle injury

Action: Call 911 or go to the nearest emergency department now. Do not drive yourself.

Pattern 2: Stimulus-triggered generalized or axial spasms

Which description fits best? Spasms triggered by movement, sound, or touch
Where is it located? Neck, jaw, back, or trunk / Generalized throughout the body

Urgent assessment pattern — Same day

Stimulus-triggered axial/generalized spasms need prompt neurological and infectious/immune assessment.

Differential to review:

- Tetanus, stiff-person-spectrum, or peripheral motor hyperexcitability

Action: Arrange same-day medical assessment. If symptoms are rapidly worsening or severe, call 911.

Pattern 3: Sustained posturing or one-sided stiffness

Which description fits best? Sustained twisting or abnormal posture / Continuous stiffness or resistance to movement
Where is it located? One side of body or one limb / One small muscle group

Prompt clinical review pattern — Promptly

Focal sustained posturing or one-sided rigidity follows dystonia/parkinsonian or central motor assessment.

Differential to review:

- Parkinsonian rigidity, spasticity, or dystonia

Action: Arrange an in-person medical or neurological review promptly, usually within days. Seek sooner care if the pattern changes.

Pattern 4: Local intermittent cramp/spasm pattern

Which description fits best? Intermittent painful spasms or cramps
Where is it located? One small muscle group
Is there fever, severe pain, dark urine, swallowing/breathing difficulty, or autonomic instability? No

Structured clinical review pattern — Routine review

Localized intermittent spasm without systemic features can begin with musculoskeletal, medication, and metabolic assessment.

Differential to review:

- Musculoskeletal spasm, cramp, electrolyte, or functional movement disorder

Action: Arrange a routine in-person clinical review. New, severe, or worsening symptoms change this pathway.

Unresolved-information pathway: The entries need structured in-person characterization.

Prompt clinical review pattern — Promptly

Do not guess missing answers or convert uncertainty into reassurance. Document what is unknown, perform an in-person examination, clarify the timeline with a witness or records when available, and reassess if any new feature appears.

Action: Arrange an in-person medical or neurological review promptly, usually within days. Seek sooner care if the pattern changes.

Section 3: Clinical review

Diagnostic modules and focused investigation logic

The examination comes before a test list. Select investigations only after localization, urgency, comorbidity, pregnancy status, renal function, anticoagulation, and prior results have been considered.

3.1 Parkinsonian rigidity, spasticity, or dystonia

Discriminating features: Distribution, velocity-dependent tone, associated bradykinesia/weakness, or sustained postures guide localization.

Logical investigations: Tone, strength, reflex, gait and task examination; brain/spinal imaging and specialist assessment according to signs.

3.2 Medication/toxin-induced severe rigidity or muscle injury

Discriminating features: New dopamine-blocking/serotonergic drug, anesthetic, stimulant/toxin, fever, autonomic change, or dark urine.

Logical investigations: Emergency medication/medical assessment with CK, renal, electrolyte and temperature monitoring as indicated.

3.3 Tetanus, stiff-person-spectrum, or peripheral motor hyperexcitability

Discriminating features: Painful stimulus-triggered axial/generalized spasms, autonomic features, or persistent motor activity.

Logical investigations: Urgent neurological/infectious assessment; selected immune and electrodiagnostic testing by specialists.

3.4 Musculoskeletal spasm, cramp, electrolyte, or functional movement disorder

Discriminating features: Local pain, exertion/dehydration, electrolyte/medication factors, or variable functional patterns.

Logical investigations: Musculoskeletal/neurological examination, hydration/medication review and targeted metabolic testing.

Reassessment and documentation

- If the symptom pattern changes, repeat the safety screen and timeline rather than carrying forward an earlier interpretation.
- If a test is unrevealing but the deficit persists or progresses, revisit localization and seek specialist review; a normal result does not automatically end assessment.
- If symptoms resolve, document duration, completeness of recovery, recurrence, and any residual deficit. Resolved sudden focal symptoms can still require urgent vascular assessment.
- If the history and examination conflict, obtain collateral information and in-person review rather than forcing a single diagnostic label.

Selected references

Sources provide background standards and do not replace local emergency pathways or current specialist guidance. Accessed October 2026.

1. National Institute for Health and Care Excellence. (2017, updated 2025). *Parkinson's disease in adults (NG71)*. https://www.nice.org.uk/guidance/ng71

2. National Institute for Health and Care Excellence. (2019, updated 2023). *Suspected neurological conditions: recognition and referral (NG127)*. https://www.nice.org.uk/guidance/ng127

Madison Neurology LLC — Neurology Symptom Guide
Muscle stiffness, rigidity, or spasms
Educational reference only. Not for clinical use. Treatment is outside the scope of this workbook.