
International Organization of MS Nurses

Rehabilitation for People with MS

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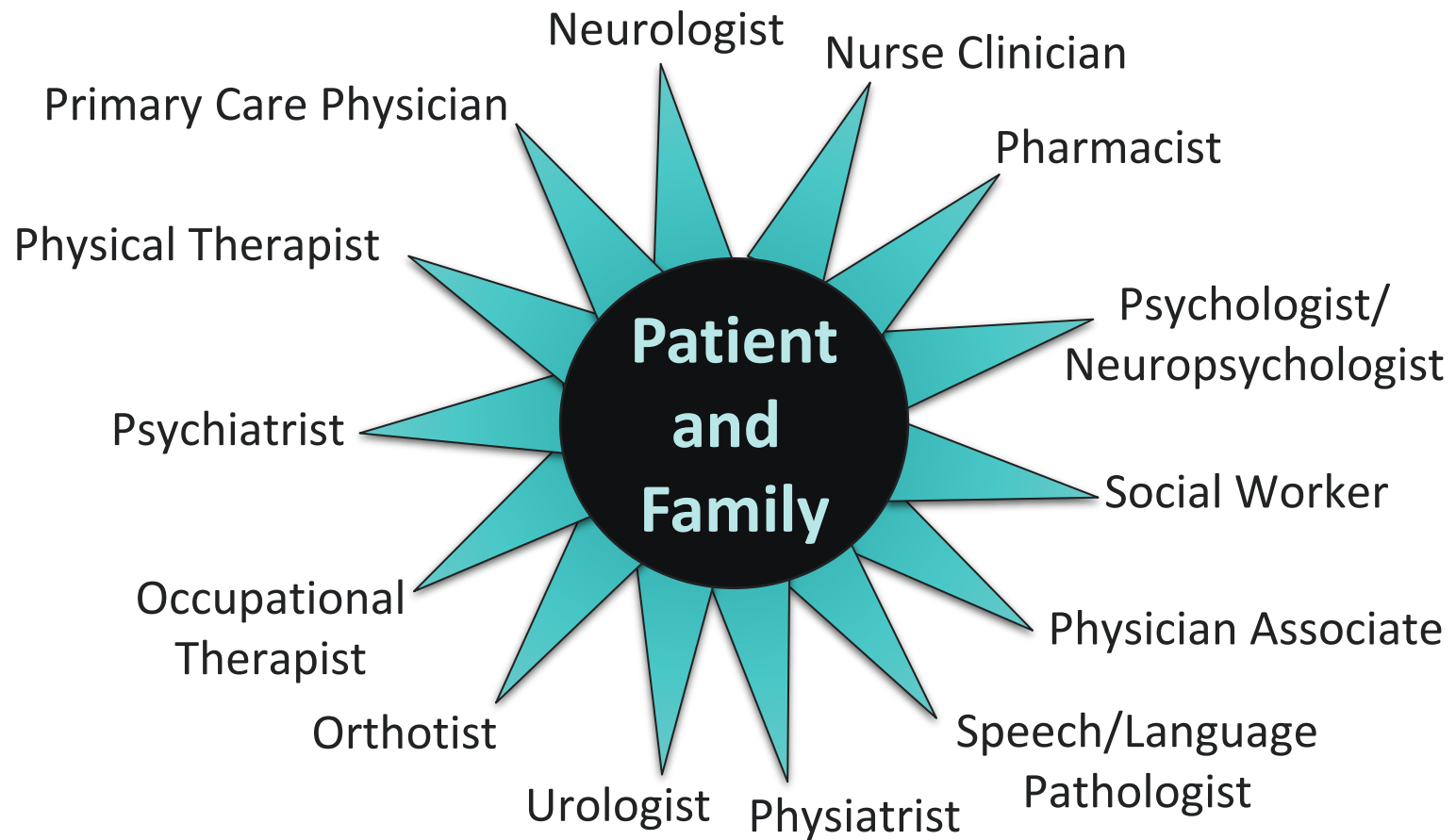
Comprehensive Care and the MS Team

- Disease modifying therapies may slow disease progression, but rehabilitative interventions are also needed to stabilize or improve function
- Rehab modalities include:
 - Physical therapy
 - Occupational therapy
 - Cognitive rehabilitation
 - Speech therapy
 - Vocational rehabilitation
 - Complementary services (massage therapy, meditation, biofeedback, yoga)

Rehabilitation Challenges

- Chronicity
- Variable course
- “Invisible” symptoms
- Anxiety/psychosocial issues
- Lack of insurer support for ongoing rehab services
- Multiple problems requiring prioritization

Multi-Disciplinary Team Approach



Slide courtesy of Patty Bobryk, MHS, PT, MSCS, ATP.

Speech Therapy



Slide courtesy of Patty Bobryk, MHS, PT, MSCS, ATP.

Shared Roles of MS Multidisciplinary Care Team

- Assessment
- Education
- Patient safety
- Rehabilitation
- Patient advocacy
- Emotional support
- Case coordination and continuity of care
- Emotional support
- Discharge/home care planning
- Medication management and skills training (eg, self-injection)
- Symptom management (eg, bowel, bladder, sexual function)
- Nutrition/wellness
- Family/caregiver support, education
- Community resources

Rationale for MS Team

- Case complexity
- Client centered
- Unity in problem-solving and achievement of goals
- Best practices
- Efficaciousness of team approach

Evolution of Team Models

- Unidisciplinary Model



- Multidisciplinary Model



- Interdisciplinary Model



- Transdisciplinary Model

Description of Team Models

- **Unidisciplinary Model** - many providers from same discipline with same training working with common skills and treatment goals (eg, public health nursing)
- **Multidisciplinary Model** - professionals from range of disciplines working together to provide comprehensive care
- **Interdisciplinary Model** - healthcare providers from different disciplines working together toward same goal in interest of providing best outcomes for a patient group
- **Transdisciplinary Model** – all members of a team responsible for same unified and integrated treatment plan regardless of discipline

Team Qualities

- Free-flowing communication
- Transfer of knowledge and skills across discipline boundaries
- Commitment to collaborate (team meetings, co-treatments, etc)
- Ability to ask for help without feeling diminished professionally (mutual respect)



OPTIMAL MS TEAM CARE...



Replaces
Compartmentalization of Services
with

Holism



Replaces
Professional Protectionism
with

***Collaborative
Communication***

Slide courtesy of Patty Bobryk, MHS, PT, MSCS, ATP.



Replaces
Professional Status
with

Parity

Rehabilitation Goals

- Achieve and maintain function
- Prevent complications
- Achieve maximal physical, psychological, social, vocational potential
- Enhance quality of life
- Interventions consistent with physiologic impairment, environment, and life goals
- May be needed at various points in disease course

Nurse's Role in Performing Gait Testing

- Gait evaluation is a core skill for MS nurses
- Ambulation and balance should be assessed at every visit
 - Timed 25-Foot Walk
 - Timed Up and Go (TUG)
 - Validated in MS in multiple studies
 - TUG can catch different types of impairments than Timed 25-Foot Walk
 - Refer patient to PT if TUG score >10 seconds

PT=physical therapy.

Bromley L. *IOMSNews*. Spring 2019.

Working with Physical Therapists on the MS Team

- Refer patients to physical therapy for baseline evaluation at diagnosis
- Refer for reassessment every 6 months if possible
- Refer if decline in ambulation status, functional mobility, complaint of pain
- Establish lines of communication

Physical Rehabilitation Roles

- Team approach to managing the patient
 - Physical therapists
 - Therapeutic exercise
 - Motor control and task-specific training
 - Orthotists
 - Ankle foot orthosis
 - Functional electrical stimulation (FES)
 - Walk-Aide[®], Bioness[®]
 - Neurologists, physiatrists
 - Medications for spasticity management (oral, injectables, intrathecal baclofen pump)
 - Dalfampridine (Ampyra[®])

Ankle Foot Orthosis and Dictus Band



Walk-Aide® and Bioness® Devices



Rehab Specialists Can Assist with Managing...

- Fatigue
- Walking, balance/fall risk, and weakness issues
- Stiffness, spasms, spasticity
- Cognitive changes
- Reduced manual dexterity
- Pain
- Tremor/ataxia
- Sensory changes
- Poor vision
- Bladder/bowel dysfunction
- Decreased function/need for assistive devices and equipment

Assistive Devices: Canes



Assistive Devices: Forearm Crutches



Assistive Devices: Walkers



Assistive Devices: Scooters and Wheelchairs



Role of Speech-Language Pathologists in MS Care

- Provide education, treatment, exercises, strategies
- Application of exercises or strategies in the areas of:
 - Dysphagia (swallowing difficulty)
 - Dysarthria (speech production)
 - Vocal quality and endurance
 - Cognitive-communication function
 - Attention/executive function
 - Learning/recall (memory)
 - Word retrieval
- Speech-language pathologists may work with PTs and OTs in managing dysphagia and dysarthria

PTs=physical therapists; OTs=occupational therapists.

Efficacy of Rehabilitation Interventions

- Overview of 15 reviews published in the Cochrane Library
- 164 RCTs, 4 controlled clinical trials, total 10,396 patients
- Moderate-quality evidence suggested that physical therapeutic modalities improved functional outcomes, reduced impairment, and improved quality of life
- Despite evidence, rehabilitation services are often underutilized due to access issues, cost, and lack of patient motivation

Nursing Implications

- Rehabilitation specialists are essential members of the MS team and can help to manage many MS symptoms to improve function and quality of life
- Rehabilitation services are often underutilized due to access, cost, and lack of patient motivation
- MS nurses should remember to stay engaged in a patient's rehabilitative progress, which can lead to greater utilization of services