

Rehabilitation

The goal of a rehabilitation program is to restore and maintain functions essential to health and daily living in individuals who have lost these capacities through injury or illness. Most rehabilitation programs are comprehensive in nature and have several different aspects.

Physical Therapy: Physical therapy (PT) is designed to help restore, improve, and maintain useful movement or function. Examples of physical therapy are:

- Stretching and range of motion exercises
- Exercises to develop trunk control and upper arm muscles
- Evaluation to identify appropriate assistive equipment, including ambulatory aids, braces and wheelchairs, etc.
- Training in walking and appropriate use of assistive devices, such as ambulatory aids, braces, and wheelchairs, etc.
- Transfer training—how to get from one spot to another, such as from bed to wheelchair or from wheelchair to car
- Functioning strengthening, and balance, coordination, and endurance training
- Development of appropriate home and community exercise and activity programs
- Training in how to fall safely in order to cause the least possible damage
- Patient and family education

PT is also designed to help prevent complications such as frozen joints, contractures (muscles that won't stretch out), or bedsores. PT is often prescribed and tailored to the individual with MS by a neurologist, or a physiatrist—a physician who specializes in rehabilitation medicine.

The need for physical therapy intervention varies, depending on the level of disability, tolerance for activity, and the course of the disease. Emphasis should be directed toward establishment of an effective home and community program that is focused on achieving and maintaining optimal function, with periodic follow-up sessions to revise the exercise and activity program as symptoms change.

Occupational Therapy: Occupational therapy (OT) focuses on specific Activities of Daily Living or ADLs that primarily involve the arms and hands. Examples of ADLs include grooming, dressing, eating, handwriting, and driving.

An occupational therapist can prescribe exercises designed to develop fine coordination or compensate for tremor or weakness, or suggest assistive devices, such as button hooks and other dressing aids. Occupational therapists may also evaluate wheelchairs, room arrangements, or other living or working conditions and recommend adjustments for a more efficient and safe environment.

Speech Therapy: Speech therapy, provided by a speech/language pathologist, is designed to help improve communication skills in people who have difficulty speaking because of weakness or incoordination of face and tongue muscles. This is generally accomplished through exercises and the use of assistive devices. Speech therapists are also trained to evaluate and treat swallowing disorders (dysphagia).

Cognitive Retraining: A relatively new area of rehabilitation concerns cognitive function. Some rehabilitation centers have innovative programs designed to help people compensate for loss of memory or slowed learning ability. Cognitive testing and retraining are most often performed by neuropsychologists, speech/language pathologists, and occupational therapists.

Rehabilitation may be carried out in an inpatient or an outpatient setting. A neurologist can advise a person with MS as to the most appropriate facilities.

See also...

Sourcebook

- ABLEDATA
- Aquatics/Aquatic Exercise
- Exercise
- Occupational Therapy
- Rehabilitation

Society Web Resources

- Exacerbations
www.nationalmssociety.org/Exacerbation
- Spotlight: MS and Mobility
www.nationalmssociety.org/Mobility
- Spotlight: Modifications for Work and Home
www.nationalmssociety.org/Modifications
- Spotlight: Rehabilitation in MS
www.nationalmssociety.org/Rehab

For Healthcare Professionals

- Clinical Bulletin: Occupational Therapy in Multiple Sclerosis Rehabilitation
- Clinical Bulletin: Physical Therapy in Multiple Sclerosis Rehabilitation
www.nationalmssociety.org/ClinicalBulletins
- Expert Opinion Paper: Rehabilitation: Recommendations for Persons with Multiple Sclerosis
www.nationalmssociety.org/ExpertOpinionPapers

Books

Coyle P., Halper J. *Meeting the Challenge of Progressive Multiple Sclerosis* (3rd ed.). New York: Demos Medical Publishing, 2001.

—Ch. 5 Facing the Challenge of Worsening Multiple Sclerosis

Kalb R. (ed.) *Multiple Sclerosis: The Questions You Have; The Answers You Need* (3rd ed.). New York: Demos Medical Publishing, 2004.

—Ch. 5 Physical Therapy

—Ch. 6 Occupational Therapy

—Ch. 7 Speech and Voice Disorders

—Ch. 8 Swallowing

—Ch. 9 Cognition

The National Multiple Sclerosis Society is proud to be a source of information about multiple sclerosis. Our comments are based on professional advice, published experience, and expert opinion, but do not represent individual therapeutic recommendations or prescription. For specific information and advice, consult your personal physician.

To contact your chapter, call **1-800-FIGHT-MS** (1-800-344-4867) or visit the National MS Society web site: www.nationalmssociety.org.