The assessment of balance in multiple sclerosis can be done in practice with clinical tests. It may be supplemented by instrumental tests that help to better understand the origin and evolution under treatment. The aim of rehabilitation in patients with multiple sclerosis is determined by the level of impairment. In less affected patients, an improvement can be expected in balance. Specific rehabilitation program seems to be more accurate than non-specific training programs. Cognitive and motor impairments are the most limiting factors in the most advanced stages of the diseases.

http://dx.doi.org/10.1016/j.rehab.2014.03.1105

CO28-005-e

Self care programs and multiple sclerosis: A systematic literature review

E. Coudeyre a, b, P. Givron a, S. Demaillé-Włodyka a, P. Gallien a

a Service de MPR, CHU Hôpital Nord, Clermont-Ferrand, Cébazat, France
b Service de MPR, Groupe hospitalier de l’institut catholique lillois, France

Keywords: Multiple sclerosis; Self care; Review

Objective. To define the place of patient therapeutic education (PTE) into multiple sclerosis management.


Results. Several studies concern general health (7 studies), fatigability (12 studies) or pain (7 studies). There are less studies concerning prevention of falls (1 study), cognitive disorders, mood and behavior (3 studies) and genito- sexual disorders (1 study).

Conclusion. TPE is part of the management of MS, particularly through the practice of physical activity and fatigue management. It is also essential to validate information content and to develop educational tools for MS patients.

http://dx.doi.org/10.1016/j.rehab.2014.03.1106

CO35-001-e

Characteristics of walking fatigability in multiple sclerosis

E. Allart a, b,*, A. Benoît a, b, A. Thévenon a, V. Tiffreau b, O. Outterzyck a, H. Zephir a, A. Lacour a, P. Vermersch a, A. Blanchard a

a CHRU de Lille, Service de Rééducation et Convalescence Neurologiques, Lille cedex, France
b CHRU de Lille, Service de MPR, Lille cedex, France

*Corresponding author.

Keywords: Multiple sclerosis; Walking; Fatigability

Objective. To characterize walking fatigability in Multiple sclerosis (MS) patients.

Methods. Seventy-six patients (51.1 ± 11 yo; median EDSS = 5, min = 4–max = 6.5) performed the Timed 25-Foot Walk Test (T25FWT), the 2-Minute Walk Test (2MWT) or the MS Walking Scale (MSWS-12). Moreover, we performed an analysis of spatio-temporal gait parameters (GAITRITE), and assessments of fatigue (Visual Analog Scale (VAS), hand function (Nine Hole Peg Test) and QoL.

Results. In the low EDSS group (4-5; n = 46), walking fatigability was only observed for the 2MWT (–0.12 m.s⁻¹) that is–11% between the first and last test. In the high EDSS group, absolute decrease in walking speed was not different compared to the low EDSS group (–0.12 m.s⁻¹), but fatigability was higher relatively to initial walking speed (–19%; P = 0.018). Walking distance for the 2MWT was significantly lower in the high EDSS group (72 vs 117 m; P = 0.001). In both groups, walking fatigability was mainly due to a decrease in walking cadence.

Discussion. Absolute gait fatigability seems to be independent of functional status in MS patients, at least for short to middle walking distances. This empha-