

Physical therapy in multiple sclerosis differs across Europe: Information regarding an ongoing study

This paper provides information about an ongoing multi-staged online web questionnaire survey established by a core group within the Special Interest Group in Mobility, Rehabilitation in Multiple Sclerosis (www.eurims.org). The aims of the survey were to document the following across Europe: the availability and setting in which physical therapy for multiple sclerosis (MS) is delivered; the level of awareness and knowledge of different physical therapy approaches; the actual content of physical therapy and applied evaluation tools.

In 2011, the MS Barometer¹ identified the aspects of MS that were well managed in various European countries, and in which areas there was a need to improve policies and practices. The MS Barometer confirmed substantial differences between European countries in terms of access to care and treatment, as well as in the health-related quality-of-life of people with MS. Eliminating these disparities is a key aim of the MS Code of Good Practice,² which considers equal access to treatment (including rehabilitation) to be the right of every European citizen/patient.

As opposed to the MS Code of Good Practice, other studies have found relatively low rates of access to physical therapy for people with MS that vary widely across Europe. In Croatia, 41.3% of patients had accessed outpatient physical therapy in the previous 2 years.³ A similar frequency of

access (38%) was shown in the UK in one study,⁴ where 28.5% of patients participated in inpatient rehabilitation. In Croatia, only 17.4% had used inpatient rehabilitation.³ In Sweden in 2008, 23% of patients accessed inpatient and 34% accessed outpatient physical therapy.⁵ In the Netherlands, 30–36% of patients visited a physical therapist at least once per week.⁶ On the other hand, a comparative study showed relatively high use of physical therapy services in some countries (Belgium 100%, Italy 87%, Greece 56% and UK 62%) compared with Estonia (15%), where service provision was sparse.⁷

The questionnaire survey was established in order to address the lack of information regarding the approach to physical therapy in European countries (e.g. how physical therapy is offered, length and intensity of typical inpatient and outpatient programmes, how [and who] plans the overall physical therapy process, the type of evidence-based physical therapy implemented in routine clinical practice). A total of 28 European countries participated in the survey. The resulting data will help to identify needs and barriers related to indicators in physical therapy and rehabilitation. In addition, the data will help to develop a roadmap towards an improved, harmonized, evidence-based system of physical therapy in Europe, including the development of guidelines and education packages for health care professionals.



Declaration of conflicting interest

The authors declare that there are no conflicts of interest.

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