

Content and extent of upper limb rehabilitation in multiple sclerosis
across Europe

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Content and extent of upper limb rehabilitation in multiple sclerosis across Europe

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Background: Very little is known on current clinical practice of upper limb rehabilitation (ULR) in multiple sclerosis (MS). Rehabilitation treatment taxonomy has been developed to classify the "active ingredients" of rehabilitation treatment.

Aim: To describe activities and interventions used in ULR for persons with MS (pwMS) across Europe.

Methods: Data were collected from 11 European centers (RIMS network). General therapy characteristics (total therapy time, average duration and frequency of sessions, setting, goal) were recorded at the end of the rehabilitation program by the main attending occupational or physical therapist. To describe and record the trained activities and interventions in ULR, we used the standardized classification form developed by De Jong and colleagues.

Results: One-hundred-and-twenty-eight pwMS were included, of which almost half were inpatients. Main goals were manual dexterity (29%), strength in UL (21%) and mobility in UL (20%). They received mean 17 (SD10) therapy sessions, mean duration of 45 min (SD14), mean 3 session/week (SD1.7) for mean 6.5 weeks (SD 3.9). The majority of therapy was individual (66.6%), besides group therapy (22.9%). Most frequently trained activities were "upper extremity control" (40.1% of time spent on all activities), "functional mobility" (16.5%) and "home management" (10.5%). Interventions most frequently used were "strengthening" (19.8%), "motor learning" (17.4%) and "mobilization/manual therapy" (12.4%). Interventions provided most frequently during "upper extremity control" were: "strengthening" (20.6%), "motor learning" (12.9%) and "Bobath" (12.4%); during "functional mobility": "Bobath" (22.4%), "strengthening" (18.9%) and "motor learning" (16.7%); and during "home management": "energy conservation" (21.6%), "adaptive equipment" (18.6%) and "environmental adaptation" (10%).

Conclusion: Upper extremity control, Functional mobility and Home management cover 67% of all activities used in ULR. The high percentage of Upper extremity control can be due to the fact that this activity includes a broad range of concepts, while e.g. Feeding/eating is a very specific activity. In Bathing, Dressing and Home management the majority of interventions are Adaptive/compensatory interventions, while for Upper extremity control and Functional mobility, neuromuscular and musculoskeletal interventions are more often used.

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