

Exploring the Role of Occupational Therapy in the Treatment of Individuals with Multiple Sclerosis Across Settings

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Background

- Multiple Sclerosis (MS) is an autoimmune disease of the CNS, which causes a variety of neurological symptoms (National Multiple Sclerosis Society, 2019).
- Symptoms such as extreme fatigue, weakness, paresthesia, spasticity, bowel and bladder problems, emotional and cognitive changes, and visual disturbances can significantly impact participation in meaningful daily activities and overall quality of life (Gosksel Karatepe et al., 2011; Goverover, Genova, DeLuca, & Chiaravalloti, 2016; Yamount et al., 2013).
- The treatment of MS is defined as a comprehensive approach. Multiple disciplines collaborate with clients to determine successful strategies to manage the disease and its many symptoms and side effects (Khan & Amatya, 2017).
- Occupational therapists contain the unique skill set to enhance the multidisciplinary treatment of MS.

Theoretical Foundation

- The Person-Environment-Occupation (PEO) model is a transactive model of occupational performance, which emphasizes the relationship between the person, environment, and occupation constructs (Law et al., 1996).
- Occupational therapists utilize PEO to examine clients, their environments, and the occupations they participate in through a holistic lens to enhance their occupational performance (Law et al., 1996).

Methods and Activities

- The methodology of the project included fulfilling the mission of three MS specialty facilities, including an outpatient therapy clinic, adult day program, and the National MS Society, to gain advanced clinical practice in the treatment of clients with MS.

Needs Assessment

What percentage of the population you serve is receiving care secondary to an MS diagnosis?

Greater than 90%

What are the most common symptoms/side effects of MS and some examples of intervention techniques used to treat them?

Symptoms/side effects: fatigue, FM incoordination, weakness, bladder dysfunction, cognitive changes, and decreased ability to complete ADL and IADL transfers
Interventions: fatigue management and energy conservation methods, FM activities, cognitive skills training, ADL retraining, and bowel and bladder care programs

What are the most common challenges in MS rehabilitation?

The unpredictability of the disease, low motivation, cognitive impairments, and fatigue

Do you think there is a need for increased MS supports in the Midwest region of the US?

There is a definite need in rural areas of the state where people have more of a challenge accessing supports

Case Example

A 67-year-old female diagnosed with MS came to OT after an MS relapse, dehydration, and frequent UTIs.

Through the use of informal interview, the PFDI-SF20, and the MSIS-29, the OT determined the client was experiencing MS-related fatigue and urinary retention, which was impacting her occupational performance.

The OT collaborated with the client to create lifestyle changes (i.e. limit bladder irritants, increase water intake, toileting schedule, fatigue management strategies, sleep and rest routine, etc.), obtain adaptive equipment to promote optimal toileting positioning, and implement a pelvic rotator cuff HEP into her daily routine to facilitate strengthening of the pelvic floor.

Following intervention, the client demonstrated improvements in bladder health and fatigue. She reported improvements in concentration, sleep hygiene, and her ability to complete physically demanding tasks and decreases in urinary urgency.

Implications for Practice

- There is a significant role for occupational therapy across settings in the treatment of clients with MS.
- Occupational therapists should have an understanding of MS, its unpredictability, and its differing affects on each client prior to developing care plans.
- Care should be holistic, including physical, cognitive, and emotional treatment methods.
- MS advocacy, research, and education should be continued, especially in rural regions.

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