CONSIDERING ASSISTIVE DEVICES

Living Well with Multiple Sclerosis

Rick, diagnosed in 1991

National
Multiple Sclerosis
Society

Considering Assistive Devices is one in a series of workbooks entitled *Living Well with MS.* This series is written for — and by — people who have been living with multiple sclerosis (MS) for some time. Please contact the National MS Society's MS Navigator® at 1-800-344-4867 (1-800-FIGHT-MS) for information about other workbooks in this series.

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The Society's mission is: We mobilize people and resources to drive research for a cure and to address the challenges of everyone affected by MS.

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INTRODUCTION

By now it may be several years since you were diagnosed with MS. For the most part, you have probably managed well. You may have made some changes in your life since the diagnosis, such as allowing time for rest periods during the day or choosing new, less physically demanding ways to have fun with your friends and family. The changes have not always been easy, but you have managed to make these accommodations without major disruption to your lifestyle. Perhaps now, however, you are finding that your routine activities have become more challenging.

At some point over the course of the disease, most people with MS find that their symptoms interfere — in one way or another — with daily life. For some, the interference will be temporary or sporadic, for others it may be ongoing. Some may find it difficult to do simple household chores that were once routine and automatic. Others may find that it takes so much energy to get where they want to go, that there is no energy left to do anything once they arrive. Still others may find that MS symptoms begin to interfere with important activities like driving a car, or reading a book or computer screen.

This segment of *Living Well with MS: Considering Assistive Devices,* is for any person with MS who is a) having to work much harder to do things that used to be easy and automatic, b) giving up important activities that can no longer be done as easily or as well, or c) staying home in order to conserve energy or avoid being embarrassed by the stares of curious strangers. It is a workbook that deals with the ways in which a variety of tools, devices or mobility aids — collectively known as assistive technology — can make life with MS easier, less tiring and more productive. Assistive technology encompasses a wide range of adaptive equipment, from simple gadgets like pencil grips and Velcro shoe-fasteners, to motorized wheelchairs and computerized communication systems.

Considering Assistive Devices is a workbook for you to use individually or in a group. You can use it on your own for personal reflection and problem-solving, or with others — including family members, close friends or your self-help group — as a focus for discussion and mutual support. Like other workbooks in the series, it contains various types of exercises. Some are questions for you to think about and discuss with others; some are activities for you to try. The workbook's objectives are to:

- Help you clarify your feelings and concerns about the use of tools, devices, or mobility aids
- Help you decide whether the use of assistive technology and/or mobility aids could enhance your safety, comfort, energy level, productivity or ability to enjoy a fuller range of activities
- Support your efforts to become more informed about assistive products and resources that can keep your life as active, interesting and satisfying as you want it to be
- Outline the steps involved in obtaining assistive devices

The issues raised in this workbook are not simple ones and you may find that your responses to the questions change from one reading to the next. Such changes are not surprising since your MS symptoms and their impact on your daily life may fluctuate as well. As you go about your regular routine over the next several weeks, take the time to think about the questions raised here. You might want to make a note of your initial responses to the questions and then compare them with your responses a few weeks later. If you who using this workbook in a self-help group, you might want to do one exercise per meeting so that group members have the opportunity to share and discuss their responses.

Sharing the exercises in this workbook with family members and friends can be helpful as well. Your feelings about the use of assistive technology may reflect the way that you believe others will respond to the devices or mobility aids. You may be concerned that people will begin to treat you differently, think less of you or be disappointed in you for needing to use assistive devices. In talking with those who are close to you, you may discover that they are eager for you to use any and all assistive technology that will reduce stress and fatigue, enhance your safety and make it easier for you to participate with them in the activities you all enjoy. Or, you may find that they have even more concerns about your use of assistive devices than you do ("Oh, you don't need that *yet!*"..."But using a scooter can make you *weaker*"..." It's *good for you to push yourself* to do things"). In that event, using the workbook together will enable you to express your feelings openly, share ideas and identify any questions that need to be answered by your healthcare provider.

EXERCISE A

Taking a look at your daily activities

Ask yourself the following questions about your everyday activities, and decide whether you experience any of these problems on a frequent basis:

1. Do you find yourself "wall walking"— touching or leaning on the wall for balance?

   ❍ Never ❍ Sometimes ❍ Always

2. Do you tend to drop pens, eating utensils or tools more often than you did before?

   ❍ Never ❍ Sometimes ❍ Always

3. Has it become more difficult or tiring for you to dress yourself in the morning?

   ❍ Never ❍ Sometimes ❍ Always

4. Are you feeling less steady standing in the shower or getting in and out of the bathtub?

   ❍ Never ❍ Sometimes ❍ Always

5. Are you finding it more difficult to manipulate the accelerator, brake or steering wheel of your car?

   ❍ Never ❍ Sometimes ❍ Always

6. If there is a baby or toddler in your family, do you feel less confident about your ability to lift, transfer, bathe, feed or change the child?

   ❍ Never ❍ Sometimes ❍ Always

7. Do you worry about where you will park and how far you will have to walk when you go somewhere?

   ❍ Never ❍ Sometimes ❍ Always

8. Do you find yourself staying home more or avoiding certain activities so that others won't see you looking very fatigued or unsteady?

   ❍ Never ❍ Sometimes ❍ Always

9. Are you having greater difficulty staying organized — keeping track of important details at home or on the job, remembering where you put things, paying the bills or balancing your checkbook?

   ❍ Never ❍ Sometimes ❍ Always

Discussion

Questions like these are difficult and stressful. They ask you to look at your life and decide whether you are having more difficulty doing certain things than you used to. In other words, they ask you to think about whether the MS is progressing and therefore having a greater impact on your life. Since the greatest fear for those of us with MS is that the disease will progress to the point of being disabling, we want to be able to answer "NO" to questions like these. Unfortunately, this means that many of us resist thinking about the problems we are facing in our everyday activities to the point that we start restricting our activities in order to avoid confronting our limitations.

Similarly, we may resist the use of any type of assistive device because acknowledging the need for it means acknowledging that the disease is getting worse. In other words, we may see the assistive device not as a helpful tool to get the job done, but as a symbol of defeat. This workbook is designed to help us see the use of assistive technology in a more positive light — as a means of "taking charge" of MS and the symptoms it can cause. Rather than giving in to the disease, the person who uses a cane, motorized scooter or any other assistive device is managing his or her symptoms in order to stay as active, energized and productive as possible.

Sarah's experience

Sarah is a 40-year-old woman with relapsing-remitting MS. After an exacerbation several years ago, Sarah found that her gait remained unsteady and her legs felt weak. While waiting for the symptoms to improve, she "temporarily" decided to give up some of the activities that had previously been very important in her life. Her neighbors pitched in to take the children to soccer practice because she was too tired in the afternoons. Sarah told her daughter that she could not serve as Class Mother or go on class trips for a while because she couldn't predict how steady her walking would be from day to day. She stopped her volunteer work at the local hospital because she had difficulty walking from the parking lot to the main entrance of the hospital. Her husband took over the grocery shopping because Sarah found it too difficult and tiring to navigate through the supermarket.

Initially, Sarah felt relieved that others were so willing to pitch in and help her through this difficult time. She welcomed the respite, but waited eagerly for the symptoms to remit so she could get back to her regular life. Her neurologist recommended a cane for greater stability, and offered to help her apply for a disabled parking permit, but Sarah felt she could beat the symptoms on her own. She didn't want to become dependent on a cane, and she certainly didn't want to think of herself as disabled enough to park in one of "those places."

The months passed, and although Sarah felt stronger some days than others, her walking remained unsteady. She went out less and less often — staying in particularly on the bad days — and missed her busy life more and more. She wanted her old life back, but was afraid that her use of a cane would frighten her children and make her husband and friends think that she had been defeated by MS. She also worried that her husband would find her less attractive if she needed a mobility aid.

Eventually, Sarah's family "came to her rescue" by telling her how much they were missing her in their lives. Her children wanted her at their activities whether she needed a cane or not; her husband made it clear that his need for her as a partner, companion and friend was in no way altered by her need for a mobility aid. With their encouragement and support, she began to use a cane on the bad days, and applied for a disabled parking permit so that she could resume her work at the hospital.

Once Sarah began to realize that the cane made her feel more, rather than less, in control of her symptoms, she was able to start looking for other ways to manage her MS and reduce its impact on her daily activities. She installed grab bars and a shower seat in order to feel safer and more relaxed during her daily shower. She bought a tall stool to sit on while preparing dinner and started shopping at a supermarket that provided motorized scooters for its customers. She used a cooling vest to manage the summer heat, and found that she could spend more time outside with the children or working in the garden. She also purchased a personal organizer to help her keep better track of her appointments and commitments. Although her symptoms had worsened, Sarah found herself able to do more than she had been doing for months.

EXERCISE B

Have any of your daily activities become more difficult?

Make a list of activities that have gradually become so difficult or tiring for you that you no longer do them. In making the list, be sure to think about your life at home and at work, indoors and outdoors, alone and with others.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Try not to be too discouraged. The goal of this exercise is to help you identify ways to take charge of your MS so that you can engage in more of the activities that are important to you. Of the items you have listed, select the two or three that have caused you the most difficulty and that you would most like to regain in your life.

Most of us tend to give up activities for one of the following reasons:

- The activity has become physically impossible
- The activity has become too tiring and time-consuming
- We can no longer do it as well as we did it before
- We don't want to be seen looking disabled

Review the list you just made, and ask yourself which of these reasons were most like your own.

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Discussion

When MS interferes with our ability to do something we want to do, we have three possible ways to respond: give it up, do it in a different way, or find a satisfying substitute. There is no right or wrong way to respond; the important thing is to recognize that all of these options are available and to pick the one that will work best for you. Let's look at some brief examples:

Paulette

Paulette was a teacher at the local high school. She had always prided herself on her ability to engage her students' interest with lively lectures and intensive feedback on their work. She periodically experienced weakness and incoordination in her hands and arms that made writing on the blackboard very difficult. She also found it difficult to correct students' papers with the kind of in-depth comments she felt they needed.

Paulette worried that these problems would reduce her effectiveness as a teacher, especially since she was tempted to stay home on days when her arms and hands were giving her difficulty. She decided to make more creative use of her computer. In place of notes on the blackboard, Paulette started to create overheads to project on a screen. She liked them because they allowed her to prepare ahead of time and then sit during her lectures; the students liked them because they were far more legible — and Paulette frequently included a funny picture along with the words.

Paulette also purchased software that allowed her to talk to her computer rather than typing. This new program made it possible for her to give the students very complete, legible comments on their papers without having to write or type.

James

James had always participated in a variety of sports. Being physically active not only provided him with enjoyable recreation, but also served as a stress-reliever and effective emotional outlet. When James' walking became a bit unsteady, he no longer had the balance or coordination to run around a tennis or basketball court.

As James gradually gave up his competitive physical activities, he became increasingly unhappy with himself and cranky with others. About a year later, he joined a wheelchair basketball team, and found that his upper body strength and coordination were sufficient for him to be able to play a highly competitive and satisfying game of basketball.

Cheryl

Cheryl had always done her shopping at the local mall. She and her friends enjoyed the exercise walking from one end to the other, and found it convenient to be able to do most of their shopping in one location. As her fatigue increased, however, Cheryl found it more and more difficult to keep up with her friends and navigate the long distances. She would be so tired by the time she got into the mall, she couldn't make it to more than one or two stores.

Cheryl gradually stopped going to the mall; she found it too tiring to be enjoyable and she didn't want her friends to think she was "a drag." By giving up these trips to the mall, Cheryl was losing out on more than just shopping — she was also losing an important social activity. At the recommendation of her self-help group, Cheryl decided it was time to investigate a motorized scooter. Using a scooter, Cheryl found she could cover the whole length of the mall just as quickly as anyone else, and still have the energy to walk once she got inside a store.

In each of these examples, the person was able to find a substitute activity, or a different way of doing the same activity, that proved satisfying and successful. By exploring alternatives, they found ways to keep up the activities that were important to them.

Use this space to write about any changes you have made in your usual ways of doing things.

EXERCISE C

How do you feel when you see someone using an assistive device?

Ask yourself how you feel when you see a person with a disability using a scooter, wheelchair or any other kind of assistive device. Try to think about whether your feelings are different now than they were before you were diagnosed with MS. Below is a list of some of the reactions people might have. Mark any that are similar to your own.

I feel

- ❍ afraid
- ❍ curious
- ❍ sorry
- ❍ sad
- ❍ glad it's not me
- ❍ that the person must not be trying hard enough
- ❍ that the person must have done something to deserve it
- ❍ that the person is very different from me
- ❍ that the person isn't as good as other people
- ❍ that the person has lost his or her independence

Try to be as honest with yourself as you can, even if you don't feel good about some of your answers. Some of the feelings you recognize in yourself may be the very ones you are most fearful of in others. If, on the other hand, you are surprised at the items on this list, and can't imagine yourself feeling any of them, you might want to ask yourself why you would anticipate these responses from others. Our culture has not been very accepting of illness or disability. Fortunately for all of us, we are gradually learning to be more tolerant of many kinds of differences.

EXERCISE D

Reacting to the disabilities of others

Ask yourself whether you tend to shy away from people who use assistive devices. Perhaps you stopped going to a self-help group or to MS educational meetings because you encountered people whose MS was more disabling than yours. Maybe you go to the meetings but tend to stay with others who are like you. The fear of disease progression causes many people to distance themselves from those who are more disabled.

If, in the past, you have shied away from contact with people more disabled than yourself, now is the perfect time to take the plunge. The best way to dispel some of your fears about assistive devices is to get to know the people who use them. When you first meet someone who uses a wheelchair, you are likely to see only the chair. As you get to know the person better, you will find that the chair recedes into the background, like the shoes he is wearing or the dress she has on. The chair may be a part of that person's life, but is certainly not the whole of it.

The Society offers a peer connection program — or volunteers who have expressed a willingness to talk with others who have questions or concerns about various aspects of their MS. You might ask to speak with someone who has experience with one assistive device or another, and use the opportunity to find out how he or she coped with that difficult transition to using an assistive device.

Using the space below, make note of your reactions to the disabilities of others.

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EXERCISE E

Identifying useful tools for managing MS

In talking to others with MS who have made successful use of assistive technology, you may be surprised to find that these aids and devices have allowed them to feel more confident and independent, rather than less so. They have come to see mobility aids and other forms of assistive technology as useful tools for managing MS and getting on with their lives. This exercise has to do with starting to build a tool box of your own. Whether you realize it or not, each of us already has a tool box — the question is: "How many tools do we have in it?" Make a list of all of the MS resources you have already collected — your healthcare providers, reading materials, a self-help group, any medications that have been prescribed for you, exercises you may do, and so on.

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Each of these resources, in its own way, is making life with MS a bit easier and more manageable. Assistive devices can go in the tool chest as well, providing help and support when and if you need it.

Raymond's strategy

From one day to the next, Raymond could never be sure how steady his walking was going to feel. Some days he was far more fatigued and less coordinated than others. For the most part, he was able to navigate short distances using a cane. Over a couple of years, however, he gradually accumulated a variety of other ambulation aids that he left in the trunk of his car — a pair of forearm crutches, a walker and a lightweight wheelchair that he could propel easily by himself. On any given day, whether he was heading to work or out with his family on the weekend, Raymond would decide how he was feeling and which of the tools in the trunk of his car would help him with the day's activities. Having the tools available to him allowed him to feel more independent and more in charge of the situation.

Now, go back to *Exercise B.* Think about any tools that could be added to your tool box to help you get back to some of your old activities. Again, the question you need to ask yourself is whether doing the activity in a different way would be more or less satisfying for you than not doing it at all.

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PRACTICAL QUESTIONS

This workbook has described only a few examples of the kinds of assistive technology that are available. You may be wondering what other resources are available and how to go about learning about and obtaining them.

Step One: Consult your healthcare team

Most physicians will recommend an assistive device to help you with the problems they can readily see. Thus, if you have a tendency to drag your foot when you walk, the doctor will probably prescribe an ankle-foot orthosis (brace). If your balance is impaired, the doctor will recommend a cane or a walker. It is your responsibility to let your doctor know what other kinds of problems you are having at home and at work so that an appropriate referral can be made to a specialist trained to recommend the appropriate assistive device(s). Physical and occupational therapists are the specialists best qualified to help you identify the strategies and equipment you might need for any of your daily activities that are becoming problematic.

Step Two: Consider the question of insurance coverage

Call the customer service department of your insurance plan (the telephone number usually appears on the insurance card that you are asked to present at the doctor's office when you receive care). Ask the customer service agent what you need to do in order to ensure coverage for visits to specialists recommended by your doctor.

Step Three: Try out the specialists' recommendations

One of the best ways to find out whether assistive devices or mobility aids can help you is to implement the suggestions you have received and see if they work. Try to be patient, remembering that it takes some time to get used to any new tool.

Step Four: Deal with your own feelings & the reactions of others

No matter how successful and useful these devices or aids may turn out to be, you are likely to have some feelings about using them. Working through the exercises in this workbook will help you clarify many of those feelings. If, however, you find that you need additional help or support with these changes in your life, do not hesitate to ask for it. There is no need to deal with this adjustment alone. The Society can provide you with the names of counselors in your area who are familiar with the issues and challenges faced by people with MS.

In the meantime, the following vignettes may help to assure you that you are not alone in your concerns:

Anna

Some time ago, Anna went to visit a friend who lived a couple of miles from the nearest train stop. Since it was a beautiful day, she decided to walk from the station. Halfway there, Anna got tired and her gait became visibly unsteady. People began to stare at her. One passerby told her loudly, "Why don't you do your drinking at home!" Anna was so mortified, she couldn't even respond.

The next time Anna went to visit her friend, she carried a walking stick. She had decided that she would rather have people stare at her because they thought she was disabled than because they suspected she was drunk. As it happened, nobody did stare. By carrying a mobility aid, Anna had clarified her message to the world. Instead of stumbling around for no readily apparent reason, she was providing a visual cue to those around her that she sometimes needed a bit of physical support to get around.

Jeff

Jeff had begun to use a motorized wheelchair. When he and his wife, Denise, went out to dinner, the waiter took Denise's order and then asked her what Jeff would like to have. Realizing that the waiter assumed that Jeff would be unable to speak for himself, Denise smiled and said, "I really don't know, you'll have to ask him." Jeff then proceeded to give his own order. Although this was a very distressing moment for Denise and Jeff (and probably for the waiter as well), they knew that it was a time for patience and education. The waiter was not trying to be insulting; he simply didn't know better. As more and more people with disabilities speak up to educate the people around them, the misconceptions about disability will gradually become fewer.

Lisa

When Lisa went downtown in her new motorized scooter, she resented the way that people on the street were staring. She was sure that they were feeling sorry for her and wondering about her disability. As she stopped at a street corner waiting for the light to change, the man next to her said, "Do you mind if I ask you about your cart? I've never seen one and it seems like a great machine. I think my wife could get around a lot more if she had something like this." Lisa found herself eager to give this man the information he wanted, and pleased to be able to help him and his wife. She realized that although people might be looking at her in her bright blue scooter, their thoughts might not be as negative as she tended to assume they were.

You probably have your own stories to tell about awkward social moments related to MS. Sharing these stories with friends, family and colleagues, whether they have MS or not, is an opportunity for both personal growth and education. Talking about the concerns described in this workbook can help you keep an open mind as you think about expanding your tool box. Try to keep in mind also that the people around you will tend to take their cues from you. If you are feeling comfortable and confident with the devices you are using, others will learn to feel comfortable with them as well. Their learning experience will parallel yours. As you come to see assistive devices as adding to your life rather than defining it, they will too.

Use this space to write down some of your own awkward social moments.

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EXERCISE F

How do you feel about using assistive equipment?

See if you have asked yourself any of the following questions as you've thought about using assistive devices. How have you answered them?

1. If I admit that I can't even get down the stairs without carrying a cane, does it mean that I have given in to MS?

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2. Wouldn't it be better to just keep trying to do it on my own? Am I a quitter if I don't?

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3. What will my children think of me if I need assistive devices to get through the day?

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4. Am I a weakling, a wimp or lazybones if I give up and get a disabled parking permit so I don't have to walk so far? Shouldn't I be stronger than that?

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5. Shouldn't I be able to make dinner for my family without a bunch of gadgets to help me open jars and cut vegetables?

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6. What if I end up using a wheelchair all of the time?

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Richard's experience

Richard has been using a wheelchair for several years. He has the use of his right hand, but not of any of his other limbs. He is an attorney by trade, and his profession requires him to employ those skills, talents and abilities that MS has not affected: his intelligence, his capacity for analysis, and his communication skills. Richard uses plenty of assistive tools. He has everything from special plates and non-slip placemats to a computer with voice recognition software that enables him to "type" by speaking to the machine. "Rather than thinking of myself as 'confined' to my wheelchair," he says, "I see myself as liberated by it. Think of all the things I'm able to do because of it. I am living a much fuller life than I ever could without it."

Richard has done some very important personal work. He has reframed, or changed, the way he thinks about, the issue of using assistive devices. He now thinks of the tools that he uses to perform the activities of daily living as freeing rather than burdensome.

Although the majority of us will never experience the significant limitations that Richard has, the ability to reframe our thinking about assistive technology is just as important. "If clients of mine are uncomfortable using a particular aid or device," says one occupational therapist, "I ask them to think about how much more they could do, and how much less energy they would waste, if they did elect to use it. Sometimes people decide to give it a try, and they come back to me saying that it was the best decision they ever made."

CONCLUSION

This workbook was designed to help you become more familiar with the potential uses of assistive technology in your life, and more comfortable with the view of assistive devices as effective tools. While no one wants to need the types of aids or devices described in this workbook, it is possible to feel good about any tools that allow you to achieve your goals safely and independently. Using aids and assistive devices to circumvent the problems created by MS is a strategy for taking charge of your life, and your symptoms, in a way that will allow you to keep your life as full, active, and satisfying as you want it to be. Considering the available options, making careful decisions, and reframing the issues that arise around those decisions will allow you to think positively about whatever you decide. This kind of positive decision-making is one key to living well with MS.

SUGGESTED READINGS & RESOURCES

Books

Coyle, P.K., & Halper, J. (2008). *Living with Progressive Multiple Sclerosis: Overcoming the Challenges.* Demos Health Publishing.

Holland, N., Murray, T.J., Kalb, R. (2007). *Multiple Sclerosis for Dummies.* For Dummies Publishing.

Kalb, R. (2005). *Multiple Sclerosis: A Guide for Families.* Demos Health Publishing.

Kalb, R (2011). *Multiple Sclerosis: The Questions You Have — The Answers You Need.* Demos Health Publishing.

Paciorek, M.J. & Jones, J.A (2000). *Sports and Recreation for the Disabled: A Resource Handbook.* Cooper Publishing.

Schapiro, R.T. (2007). *Managing the Symptoms of Multiple Sclerosis.* Demos Health Publishing.

Schwarz, S.P (2006). *Multiple Sclerosis: 300 Tips for Making Life Easier.* Demos Health Publishing.

The National MS Society has an extensive library of resources about MS, including publications about symptom management and the day to day challenges of living with the disease. The publications listed below are available at **nationalMSsociety.org/brochures** or 1-800-344-4867 (1-800-FIGHT-MS).

Brochures

Staying Well:

Managing MS through Rehabilitation

Multiple Sclerosis and Your Emotions

Managing Specific Issues:

Fatigue: What You Should Know

Gait or Walking Problems: The Basic Facts

Minimizing Your Risk of Falls: A Guide for People with MS

Pain: The Basic Facts

Vision Problems: Basic Facts

Managing Major Changes:

ADA and People with MS

At Home with MS: Adapting Your Environment

How to Choose the Mobility Device that is Right for You

Catalogs

L. S. & S. Group, Inc.

(800) 468 4789
lssproducts.com

North Coast Medical

(800) 821 9319
ncmedical.com

Maxi

(800) 522 6294
maxiaids.com

Sears Home Health Care

sears.com/health-wellness

Online

Can Do Multiple Sclerosis Webinars

mscando.org

Free From Falls

nationalMSsociety.org/freefromfallsDVD

Live Fully Live Well

nationalMSsociety.org/LiveFullyLiveWell

MS Learn Online Series

nationalMSsociety.org/mslearnonline

Multimedia Library: DVDs

nationalMSsociety.org/DVDs

Online Classes

nationalMSsociety.org/onlineclasses

Agencies & Organizations

ABLEDATA

(800) 227-0216
abledata.com

ADA TAP Program

(800) 514-0301 (voice); (800) 514-0383 (TTY)
ada.gov/taprog.htm

Alliance for Technology Access

(800) 914-3017
ataccess.org

American Foundation for the Blind (AFB)

(800) 232-5463
afb.org

American Printing House for the Blind

(800) 223-1839
aph.org

Can Do Multiple Sclerosis

(800) 367-3101
mscando.org

Disability Rights Education & Defense Fund (DREDF)

(510) 644-2555
dredf.org

Equal Employment Opportunity Commission

(800) 669-4000; (800) 669-6820 (TTY)
eeoc.gov

The Job Accommodation Network (JAN)

(800) 526-7234
askjan.org

National Association of the Deaf

(301) 587-1788; (301)-587-1789 (TTY)
nad.org

National Board of Certified Counselors

(336) 547-0607
nbcc.org

National Institute on Deafness & Other Communication Disorders

(800) 241-1044; (800) 241-1055 (TTY)
nidcd.nih.gov

National Institute on Disability & Rehabilitation Research (NIDRR)

(202) 245-7640 (Voice/TTY)
www2.ed.gov/about/offices/list/osers/nidrr/index.html

National Library Services for the Blind & Physically Handicapped

(202) 707-5100; (202) 707-0744 (TTY)
loc.gov/nls

National Rehabilitation Information Center (NARIC)

(800) 346-2742; (301) 459-5984 (TTY)
naric.com

President's Committee on Employment of People with Disabilities

(202) 376-6200; (202) 376-6205 (TTY)
access4911.org/president%27s_committee.htm

Rehabilitation Services Administration (RSA)

(202) 245-7488
www2.ed.gov/about/offices/list/osers/rsa/index.html

Small Business Administration

(800) 827-5722; (704) 344-6640 (TTY)
sbaonline.sba.gov

Social Security Administration Office of Disability

(800) 772-1213; (800) 325-0778 (TTY)
ssa.gov

Telecommunications for the Deaf, Inc.

(301) 563-9112; (301) 589-3006 (TTY)
tdi-online.org

NOTES

The National MS Society is a collective of passionate individuals who want to do something about MS now — to move together toward a world free of multiple sclerosis.

We help each person address the challenges of living with MS through our 50-state network of chapters. The Society helps people affected by MS by funding cutting-edge research, driving change through advocacy, facilitating professional education, and providing programs and services that help people with MS and their families move their lives forward.

National Multiple Sclerosis Society

For more information:

nationalMSsociety.org
1-800-344-4867 (1-800-FIGHT-MS)