



**National
Multiple Sclerosis
Society**

**MS Learn Online
Feature Presentation
Gait and MS: Rehabilitation
Francois Bethoux, M.D.**

Tom>> I'm Tom Kimball

Tracey>> and I'm Tracey Kimball, welcome to MS Learn Online. Most gait problems can be helped to some extent by physical therapy, the use of appropriate assistive devices and, in some cases, medications.

Tom>> In the second of our two-part series on gait issues, Dr. Francios Bethoux talks about what can be done to address these problems.

>> **Rick Sommers:** You are a physiatrist. What is a physiatrist?

>>**Dr. Bethoux:** Actually, I've been told the correct pronunciation is physiatrist.

>> **Rick Sommers:** Physiatrist, okay.

>>**Dr. Bethoux:** Yes. It's basically -- I'm a physical medicine and rehabilitation physician, so I took special training in what we call PM&R, and the role of the physiatrist usually is to basically evaluate patients and design the treatment plan for rehabilitation. And sometimes, also, often, actually, symptom management, like spasticity.

So, there's a lot of therapists available, physical therapists, occupational therapists, speech therapists, and many times, say, a neurologist or a family physician could refer directly to these professionals and it's very appropriate. But sometimes the issues are complex and you need somebody with that kind of expertise to evaluate the problem and seek out the right solutions and the right sequence of

interventions, and possibly change the plan if it doesn't work [in process], basically.

>> **Rick Sommers:** Talk to me a little bit more about some of the research and how that is progressing.

>>**Dr. Bethoux:** Well, there is a lot of research into the rehabilitation aspect, what are the most useful kinds of exercises that people can do. There is also research into the devices, the braces that can be used, these electrical stimulation devices that I've been talking about, and more recently the robotic devices that can be used to train people to walk better. The nice thing about robots is that they can do repetitive things many, many times and adjust to people's particularities, I would say, or particular needs. But there clearly needs to be more research to clarify who is more likely to benefit, how they should be used, and what really are the benefits, so that we can inform our patients.

>> **Rick Sommers:** You're all about movement and rehabilitation. People ask me, "I just want to curl up and be on the couch and I don't want to do anything." And I understand that psychologically, but, again, could you just elaborate on the importance of keeping moving as the MS Society preaches as part of our slogan?

>>**Dr. Bethoux:** Sure. I mean, our world right now is all about moving. It's probably more about running around, but some patients feel they are disconnected, basically, from that world, because they are slower. One patient told me recently that when she was going out golfing, actually, she didn't feel comfortable having a cane to help her walk, but then she felt that she was slowing down the whole group, so she tried to walk faster, but then her legs got stiffer and she stumbled. So, it shows why some people may just prefer to stay inside and say, well, I just can't keep up.

But then comes the problem of deconditioning that I mentioned before. So, really, we're pushing our patients, everybody being different, to their level of ability to get the maximum out of what they can do. And we surprise some people by showing them, actually, what they can achieve with simple things like exercise.

>> **Rick Sommers:** I tell people that when I can, I try and take the stairs instead of the elevator, but I make sure that there's a handrail.

>>**Dr. Bethoux:** Exactly. It's always safety first. You don't want to be in a situation where you're going to hurt yourself, because that could be a serious setback. So, it's the safety issue and then getting the most performance, again, within reason. I think also some people set unrealistic expectations because they say, well, I would like to walk the way I walked before. Sometimes it's possible, sometimes it's not, but that doesn't mean that it can't be better. So, I think it's about bringing everybody up to the best that their body can do. It's very important.

>> **Rick Sommers:** So, Doctor, I'm a patient, I have gait issues and we're going through the normal course of pharmacology and rehab. There are assistive devices that we can now use. Tell me about, specifically, what some of those are and how they work.

>>**Dr. Bethoux:** First, it's important to consider the image of assistive devices. Many people think that using an assistive device is a negative thing to do because it's kind of giving in to the disease or showing that things have gotten worse. And I can appreciate the psychological impact that it can have, but I try to reverse the thought here, actually, to say it actually will enhance your function so you will be able to do better. So, actually, you will be fighting the disease more by using an assistive device.

And there are simple devices, such as a cane. It could be, also, a walking stick that is more sporty, maybe, and can be as effective as a cane. Some people use crutches, and sometimes to give better stability, to use a walker or rollator, and then for some people having a power device, such as a scooter can be wonderful when they want to go out to a sports event or go to a mall.

And then there are these braces that are also called assistive devices, what we call the AFO, or the ankle-foot orthosis that maintains the foot in the right position for foot clearance, for example. And then these FES devices to correct foot drop are also consisted assistive devices and can enhance function.

So, there is a wide variety and it's all about finding the right one for a particular person in order to enhance their function.

Tracey>> Thank you Dr. Bethoux for helping us to better understand what options are available to help with gait issues.

Tom>> Remember that you need to consult with a qualified health care professional to get the therapy that's right for you.

Tracey>> And of course you can find even more information on the National MS Society website. Thanks for joining us, and we'll see you next time.