



KentuckyOne Health™

Physical Therapy and ALS

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I have the **following relevant financial relationship(s)** in the products or services described, reviewed, evaluated or compared in this presentation.

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- Financial compensation for speaking

Frazier Rehab Institute

- Employee

I have **no relevant nonfinancial relationship(s)** to disclose.

Where to Start

- Three goals of intervention
 - Evaluation
 - Education
 - Recommendations
- Ongoing vs. intermittent interventions
- Progressive Neurological Disease

Evaluation

- Transfers
- Bed Mobility
- Strength
- Static and Dynamic sitting and standing balance
- Aerobic Capacity
- Ambulation
 - Level Surfaces
 - Stairs
- Community Based Activity Level

Evaluation Continued

- Patient's goals
- Patient' understanding of disease process and impact on future
- Family Support
- Family's understanding of disease process and impact on future
- Home layout and accessibility
- Current level of physical fitness and lifestyle

Plan of Treatment

- Immediate interventions

Stretching

Bed Mobility

Transfers

Mobility

- Safety first for patient and caregiver
- Decrease risk of falls
- Prevent caregiver injury

Treatment Continued

- Rest and activity balance
- Prioritize what is important on daily basis and what is important long-term
- Maintain current functional level for as long as possible
- Early referral for power mobility
- Early referral for home equipment
- Plan for future interventions

Tricks of the Trade

- Head control
 - Baseball cap and suspenders
 - Soft cervical collar
 - Trulife Cervical Collar



Stretching and Exercise

- Stretch hamstrings and heel cords
- Stretch hip adductors
- Exercise
 - Look at present level of fitness
 - Avoid aggressive strengthening and high rep levels
 - Use light weights
 - Aerobic activity
- Balance exercise routine with daily activity demands

Rule of Thumb

If fatigued the next day after exercise
and unable to complete normal routine,
then they have done too much!

Mobility

- Early referral for manual or power mobility is crucial
- Fall prevention!
- Use of transport chair can conserve energy and result in improved quality of life
- Use of power mobility can conserve energy, improve quality of life, decrease caregiver burden
- Need to provide head and trunk support
- Needs will change over the progression of the disease so need to be able to modify/adapt chair

Mobility Continued

- Will need recline and/or tilt in space feature
- Seating system
- Ability to add ventilation system
- Ability to drive chair-Joystick, eye gaze, foot switch, etc
- Ability to add communication system
- Transportation of wheelchair
- Use in home vs. community
- Monitor for DVTs, skin breakdown, etc

Bucket List

One of the most important things you will do when working with this patient population is help them achieve their bucket list.

What is important to them becomes the focus of your interventions.

Ask them what they want to do!