

WALKING ASSESSMENT

Walking speed, ability & beyond



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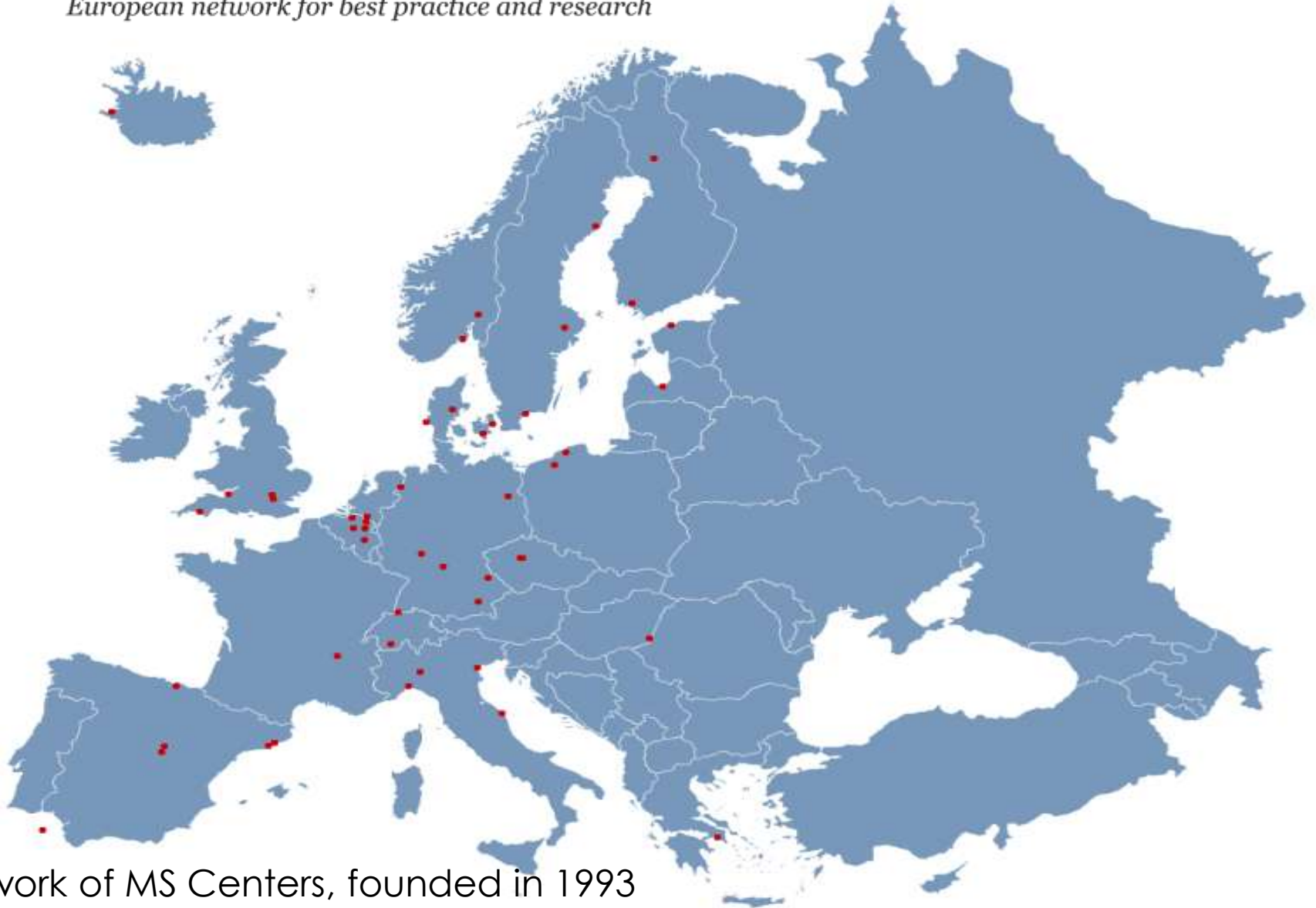
RIMS president, www.euRIMS.org



REVAL (SINCE 2005) BIOMED, UHASSELT, BELGIUM

3 yrs BAC – 2 yrs MA program
Rehabilitation Sciences & Physiotherapy





Network of MS Centers, founded in 1993
Network for best practice & research (2011)



MISSION STATEMENT OF RIMS

Rehabilitation is a highly individualised education and adaptation process to gain maximum activity and participation.

- **Mission**

We aim to **enhance activity, participation and autonomy** of people with MS by **developing and advocating evidence-based rehabilitation**.

- **Vision**

All people with MS throughout Europe have **access** to **evidence-based** rehabilitation **when they need it**.

NEWSLETTER VIA WWW.EURIMS.ORG



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RIMS present in the Multiple Sclerosis Journal –Network

The Multiple Sclerosis Journal has launched an on-line MSJ network that aims to connect researchers and professionals working in the field of MS. Discussions can be initiated based on scientific papers or self-initiated, besides announcement of events or jobs and other reflections. Also RIMS is present as a group in the MSJ network. We invite you to join the network and to become a member of our organization, where rehabilitation topics can be discussed. See <http://multiplesclerosisjournal.ning.com/group/rims>.

MSJ NETWORK



SaGAS now available as I-phone app

The SAGAS, an acronym for Short and Graphic Ability Score, was developed by Dr. C. Vaney (Berner Klink Montana, CH), former president of RIMS and chair of the special interest group on Mobility.

It summarizes and visualizes the scores on the motor components of the Multiple Sclerosis Functional Composite scores, being the Timed 25 Foot walk and the Nine Hole Peg test. With this application, one can add the scores to a database in a mobile way, and compare with previous performances. See

<http://itunes.apple.com/us/app/sagas-20-10/id520129522?ls=1&mt=8> for more information.



RIMS NEWSLETTER

Register here if you want to receive our RIMS newsletter!

PRECEPTORSHIP ON REHABILITATION

Controversies in Multiple Sclerosis

Rehabilitation therapy in MS: a short-term, expensive, placebo: Commentary

Michael Hutchinson

- *October 2012, Multiple Sclerosis Journal*
- *See also Ravnborg & Freeman*

Rehabilitation Research

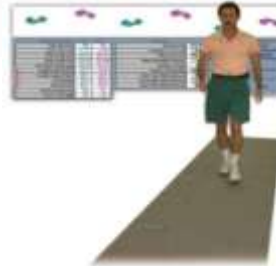
- Overall effects of “In-patient rehabilitation”
Freeman et al 1999, Solari et al 1999, Ravnborg 2006
- Effects of specific interventions, selected patient samples
primary outcome measures



ABNORMAL GAIT PATTERN IN MS EARLY STAGE

ARTICLE

Multiple Sclerosis 2006; 12: 620-628



Gait and balance impairment in early multiple sclerosis in the absence of clinical disability

CL Martin^{1,2}, BA Phillips^{1,2}, TJ Kilpatrick^{3,4}, H Butzkueven^{5,4}, N Tubridy^{3,6}, E McDonald⁷ and MP Galea^{1,2}

Muscular and Gait Abnormalities in Persons With Early Onset Multiple Sclerosis

Alon Kalron, PT, MSc, Anat Achiron, MD, PhD, and Zeevi Dvir, PhD



Contents lists available at ScienceDirect

Gait & Posture

journal homepage: www.elsevier.com/locate/gaitpost



Short communication

Quantifying gait impairment in multiple sclerosis using GAITRite™ technology

Jacob J. Sosnoff^{a,*}, Madeline Weikert^a, Deirdre Dlugonski^a, Douglas C. Smith^b, Robert W. Motl^a

^a Department of Kinesiology and Community Health, University of Illinois at Urbana-Champaign, United States

^b School of Social Work, University of Illinois at Urbana-Champaign, United States

- Martin et al 2006, MSJ
- Kalron et al 2010, Gait & Posture
- Kalron et al 2011, JNPT
- Sosnoff et al 2011, APMR
- Sosnoff et al 2011, Gait & Posture

Characterization of functioning in multiple sclerosis using the ICF

Lisa Holper · Michaela Coenen · Andrea Weise ·
Gerold Stucki · Alarcos Cieza · Jürg Kesselring

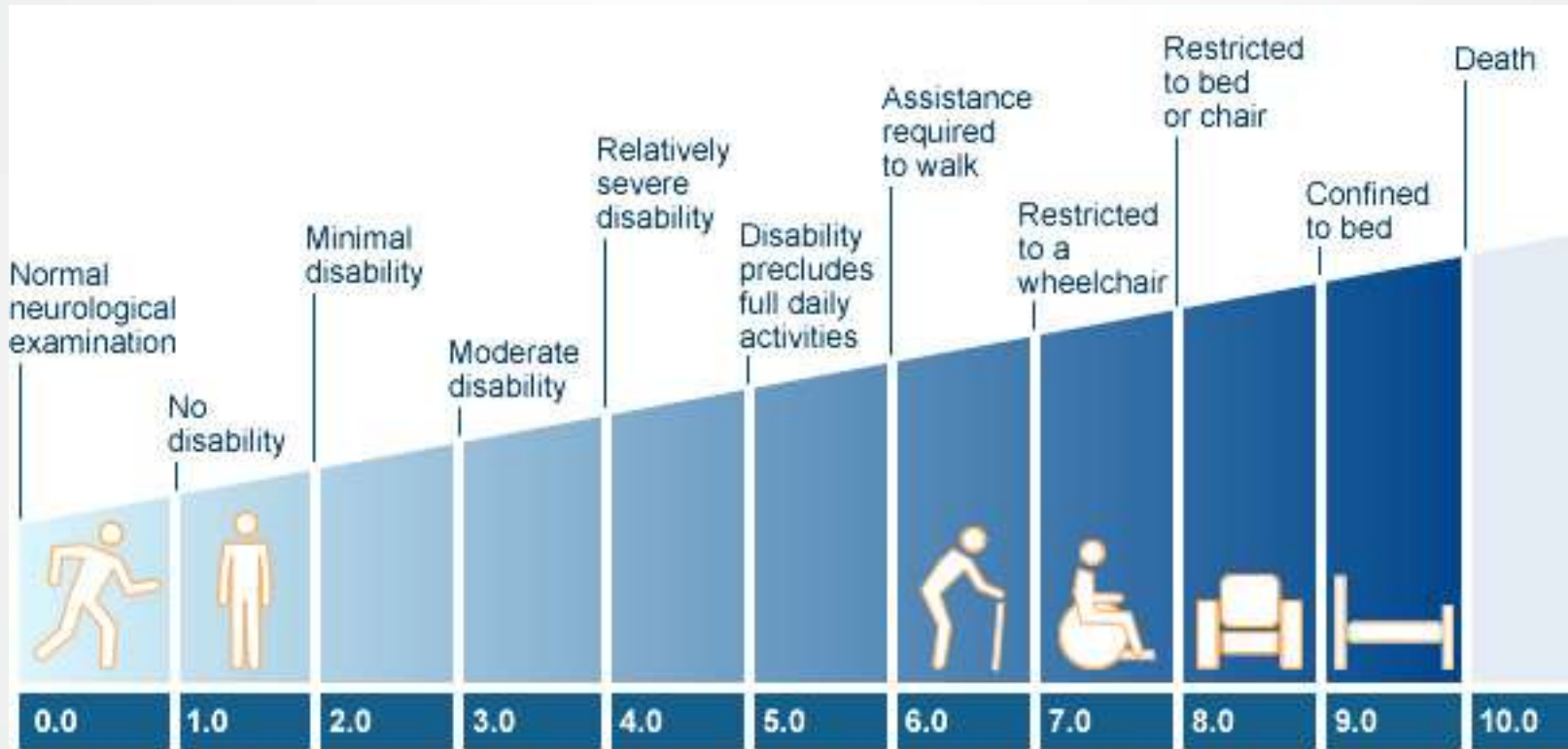
Goal of Medical treatment & Rehabilitation



WALKING ASSESSMENT
Which tests do you use?

EDSS & DISABILITY

IMPACT OF WALKING DYSFUNCTION



Walking distance

Walking aid

MS-FC

- T25FW: walking speed
- NHPT: manual dexterity
- PASAT: cognition

T25FW

Static start

As quick as possible

Assistive devices allowed
(cane, crutch, wheeled rollator)

Two trials – average

Stopwatch (0,1s accuracy)
leading foot crossing the line

Time limit is 180”

25 foot = 7.62 meter

MULTIPLE SCLEROSIS FUNCTIONAL COMPOSITE (MSFC)

ADMINISTRATION

AND

SCORING MANUAL

Revised, October 2001



Manual Prepared By

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T25FW



Practical Questions

✓¹²

Do I repeat the trial if another person interfered with walking?

✓

Do I repeat the trial if the patient dropped his cane (or other)?

⊘

Do I repeat the trial if the patient tripped but did not fall?

✓*

Do I repeat the trial if the patient fell?

✓

Is the patient allowed to pause while walking?

⊘

Is the patient allowed to run?

⊘

Is the patient allowed to use the wall/lean on me for support?

✓*

Is the patient allowed to temporarily touch the wall or me?

⊘*

Can the patient carry a purse/coat during walking?

MEASUREMENT AT ICF LEVELS

INTERACTION BETWEEN ICF LEVELS

Person / Environment



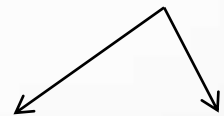
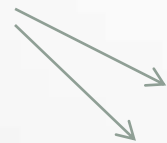
Impairment



Activity



Participation



Capacity ⇔ Performance
Objective ⇔ subjective measures

DEFINITIONS

- CAPACITY MEASURES

- Maximal Ability to execute a task or action in a standard or uniform environment
- Highest probable level of functioning of a person



- PERFORMANCE MEASURES

- What does an individual in his/her current environment



Accelerometry as a measure of walking behavior in multiple sclerosis

Motl RW, Pilutti L, Sandroff BM, Dlugonski D, Sosnoff JJ, Pula JH. Accelerometry as a measure of walking behavior in multiple sclerosis. *Acta Neurol Scand*: 2013; 127: 384-390. © 2012 John Wiley & Sons A/S.

R. W. Motl¹, L. Pilutti¹, B. M. Sandroff¹, D. Dlugonski¹, J. J. Sosnoff¹, J. H. Pula²

¹Department of Kinesiology and Community Health,



MSWS-12

MS WALKING SCALE

- Standing
- Ability to run
- Need for support
- Moving around the home
- Concentration needed to walk
- Walking speed
- Maintaining balance
- Climbing stairs
- Walking distance
- Effort needed to walk
- Ability to walk
- Gait

WALKING MEASURES

Topical Review

MULTIPLE
SCLEROSIS
JOURNAL | MSJ

Assessing walking disability in multiple sclerosis

Multiple Sclerosis Journal
0(0) 1–11
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sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/1352458512444498
msj.sagepub.com


Bernd C. Kieseier¹ and Carlo Pozzilli²

- Published in 2012
- Overview of Common Measures
 - Instructions
 - Test-retest Reliability
 - Validity (relation between measures)

USUAL OF FASTEST SPEED DOES IT MATTER?

- Gianfresco et al (2011) Gait & Posture
- Gijbels, Dalgas, Feys et al (2012) MSJ
- Feys et al (2013) MSARD
 - 27 pwMS
 - REVAL Hasselt
 - Rehabilitation & MS Center Overpelt
 - **3 subgroups based on usual gait speed** (Lord/Perry)
 - **MLCW < 0,82m/s** mean EDSS 6,79
most limited community walkers
 - **LCW** and mean EDSS 3,64
limited community walkers
 - **CW > 1,14m/s** mean EDSS 2,89
community walker



Walking distance

6mWT²³

Total distance covered in 6 min (m)
30 m hallway
Information of time (per minute)
No verbal encouragement
Goldman et al (2008); MSJ
Gijbels et al (2012), MSJ

Person directed to walk for 6 min at maximal speed back and forth in a hallway turning at each end; may use assistive device, no permitted rest, no encouragement. Sometimes administered without emphasis on speed and for allowing rest and verbal encouragement^{21, 22}

2mWT¹⁹

Total distance covered in 2 min (m)

Same as for 6mWT but for 2 min

6MWT AS GOLDEN STANDARD

- No Floor or ceiling effect
⇔ T25FW/10MWT in fast walkers
- Normative data (age, sex) available
- Construct: Muscle 'strength' & '**endurance**'
 - Related to 'muscle fatigue/fatiguability' *Broekmans et al (2012) MSJ*
 - Heart rate/Energy consumption *Dalgas, Feys et al (2013) J Rehab Med*
Motl et al (2012) BMC Neurology
- Related to habitual walking *Gijbels, Feys et al (2010) MSJ*

Goal of Medical treatment & Rehabilitation



? WALKING ASSESSMENT ?

Test-retest reliability & Responsiveness

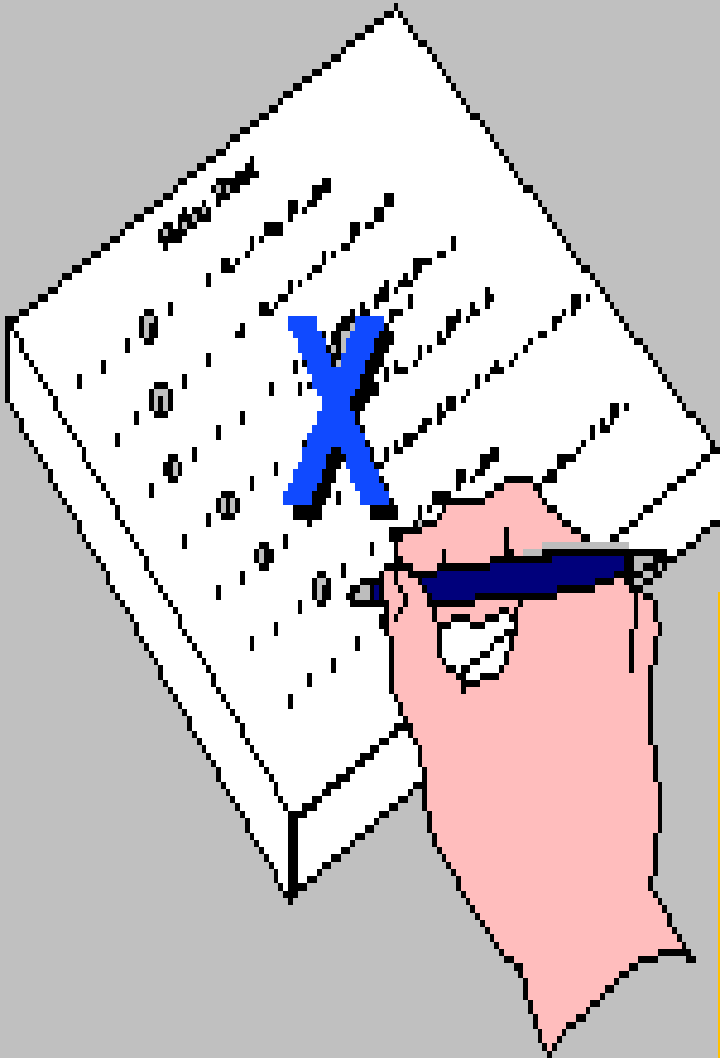
Observed
Score

=

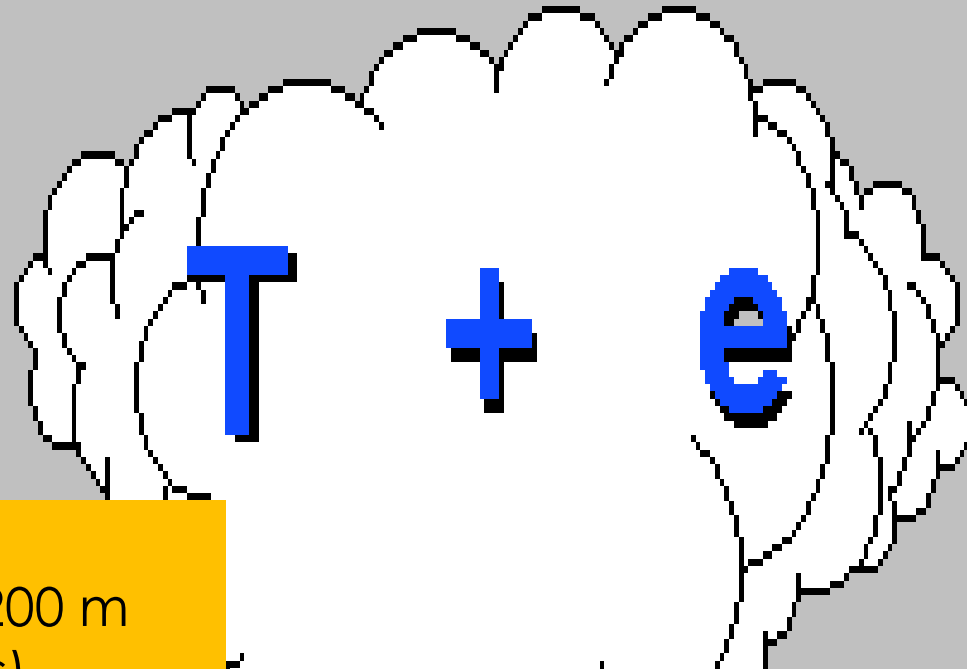
True
Ability

+

Random
Error



=



6MWT
Test 1. 200 m
(0,55m/s)

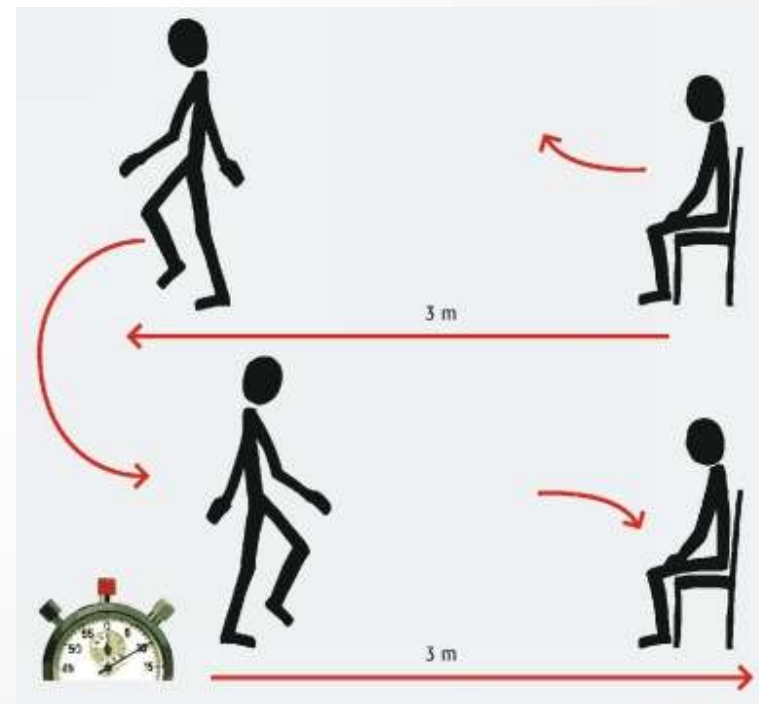
Test 2: 250 m
Exceeding
variability?

20% as threshold for real &
meaningful ?

Schwid et al (2002) Neurology
Bosma et al (2009) MSJ

TIMED UP AND GO TEST (TUG)

- Stand up, walk 3m and back, sit down
- Assesses mobility, dynamic balance, walking ability, and fall risk in older adults (14-21")
- Nilsagard et al 2007
good test-retest (ICC)
- Good validity
 - Walking
 - Balance



TIMED UP AND GO TEST (TUG)

- Stand up, walk 3m and back, sit down
- Assesses mobility, dynamic balance, walking ability, and fall risk in older adults (14-21")

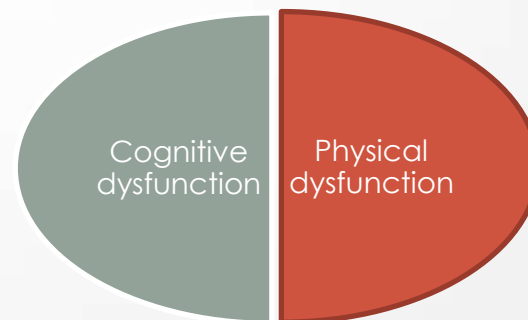
- Nilsagard et al 2007
good test-retest (ICC)

- Good validity

- Walking
- Balance

- **Dual Tasking**

- Motor
- Cognitive



TAKE HOME MESSAGES

Walking

- Can be measured at different ICF levels
- Is Multi-dimensional (ability, speed, mobility, behavior) & can be impacted by cognition
- Test selection depending on treatment goal
- Careful interpretation of test scores to conclude on real and meaningful change

CLINICAL ORIENTED LITERATURE

- International Journal of MS Care

Evaluating Walking in Patients with Multiple Sclerosis

IJMSC 2011

Which Assessment Tools Are Useful in Clinical Practice?

Francois Bethoux, MD; Susan Bennett, PT, DPT, EdD, NCS, MSCS

ACKNOWLEDGEMENTS



- Questions

- Peter.Feys@uhasselt.be