CORRESPONDENCE

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Physical therapy provision in multiple sclerosis across Europe: a regional lottery?

TO THE EDITOR: This narrative reports about physical therapy (PT) provision to patients with multiple sclerosis (MS).

Representatives/experts from 28 European countries identified by Rehabilitation in Multiple Sclerosis [1] participated in an on-line questionnaire survey. The questionnaire consisted of 30 questions concerning: 1) services and settings, how their MS physical therapy service is offered, how available it is for patients, and typical inpatient and outpatient physiotherapeutic programs; 2) education: specific learning courses attended by physical therapists who treat people with MS; 3) and procedures for treatment delivery: how the overall PT process is planned and monitored. All 28 representatives completed all questions and supplemented this by adding descriptions which contextualised the situation for their country. A between-case analysis [2] was use to identify differences and similarities in the core elements mentioned for each European region defined by United Nations Statistics Department:[3] Western (Austria, Belgium, France, Germany, Netherlands, Switzerland); Eastern (Belarus, Czech Republic, Poland, Romania, Slovakia); Northern (Denmark, Estonia, Finland, Ireland, Iceland, Norway, Sweden, United Kingdom) and Southern Europe (Croatia, Former Yugoslav Republic of Macedonia, Greece, Italy, Portugal, Serbia, Slovenia, Spain, Turkey).

Physiotherapy services for people with MS in Europe are organized on the basis of primary, secondary and tertiary levels of health care systems. During the early stages of the disease, when there are relatively few symptoms, neurologists and general practitioners within primary settings predominantly undertake the management. At this stage the focus of intervention is on diagnosis, pharmacological treatments, and monitoring of the progression of the disease via medical reviews/examinations.

The secondary and tertiary level of health systems encompasses inpatient and outpatient rehabilitation. It is delivered across a range of departments, including neurology (mainly in cases of acute exacerbation) or rehabilitation departments, in general hospitals or rehabilitation centres. Rehabilitation for severely disabled people (wheelchair dependent/bedridden patients) is very restricted and is typically offered as inpatient and/or as a home-based therapy. In much of Northern Europe, community/home based primary health care also plays an important role.

On the other hand, in some countries, mainly from Western and Northern Europe, PT is also offered in MS centres as a part of comprehensive specialized care, which includes pharmacotherapy, neurophysiologic monitoring and multi-disciplinary rehabilitation, or in specialized MS units within rehabilitation centres. In some countries, the national MS societies (charitable organizations) provide professional physiotherapy (*e.g.* in Finland, Germany, Slovenia, Ireland, Serbia, Portugal and Italy). In other countries, regular exercise sessions or week-long intensive exercise programs are led by trained lay people providing physical conditioning. There are often patients who have completed a training course and who later lead other patients (*e.g.* United Kingdom, Czech Republic). A key role of MS societies is in disseminating information on wide-ranging topics to people with MS throughout their disease course. This information is accessible for free, both via the web and in written format.

In most countries, it appears that PT frequently is not recommended when it is perceived as needed, and it is often not initiated when recommended, due to long waiting lists or refusal of payment by health insurance companies. Although respondents felt it may be beneficial for people with MS to access physiotherapy immediately following a diagnosis of MS, this rarely happens. In some countries (*e.g.* the United Kingdom and Sweden) early referral to PT is facilitated by MS Specialist Nurses who are involved in providing information and advice from the point of diagnosis.

Continuous professional development is essential to professional practice within Europe. In most countries, a requirement for therapists to work as an independent physical therapist is their registration with their national Health Professions Council/Ministry of Health. Educational courses are available from a range of sources on a wide variety of topics. However these courses are: arranged in a non-systematic way; not offered on a regular basis; not mandatory; and typically generic in their focus rather than being MS specific (*e.g.* Proprioceptive Neuromuscular Facilitation, the Perfetti approach or the Bobath concept). Some countries, however, organize formal MS specific post-graduate training courses (Belgium, Denmark, France, Germany, Iceland, Netherland, Spain, Switzerland, Turkey, and the UK). The vast majority of these courses are paid for by the MS professionals themselves or with financial contribution from charitable organizations. In some countries, there are organized networks of physiotherapists involved in rehabilitation of people with MS, for example in the UK (Therapists in MS, supported by the MS Trust charitable organization), Ireland (Physiotherapists Interested in Multiple Sclerosis), or Sweden (the Swedish MS Society). In Flanders, Belgium, a formal network of health care professionals has been established (www.Movetosport.be) in the domain of exercise and sport activities.[4] This network provides regular study days and workshops leading to a certification that the professional is specialised in MS rehabilitation. The data of those certificated health care professionals is then publicly available on the website so that people with MS can locate specialized therapists within their community area.

Only a few countries like France, UK or Sweden have a system of monitoring the quality of physiotherapy in MS. There are National Guidelines for MS Care,[5] which cover the area of Rehabilitation, and professional associations such as the British Society of Rehabilitation Medicine[6] or Haute autorité de santé,[7] who also provide recommendations and undertake national audits of practice with the aim of documenting current practice and identifying areas for improvement within the field of rehabilitation.

This expert narrative confirms the regional disparity in organisational aspects of PT in MS. It identifies a need for improved policies and practices aiming to ensure equity of treatment. These tremendous gaps between European countries in terms of access to care and treatment, as well as in the quality of life of persons with MS are similarly highlighted by the MS Barometer.[3] Eliminating such disparities is a key aim of the MS Code of Good Practice[8, 9] and organisations such as RIMS that represent and brings together health care professionals, researchers and patient organizations from different settings with the aim to enhance activity, participation and autonomy of people with MS by developing and advocating evidence-based rehabilitation.

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