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Editorial

Leveraging Occupational Therapy in Acute Care to Address Health Management for Adults with Multiple Sclerosis

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With over 2.5 million people in the world diagnosed with multiple sclerosis (MS) it is likely that acute care occupational therapists will see adults admitted to the hospital with an exacerbation of MS (Quinn & Hynes, 2021). A diagnosis of "clinically isolated syndrome" (CIS) may also be seen to denote the first clinical episode of MS. MS is a recurrent or progressive, unpredictable, inflammatory neurologic disease, which causes chronic demyelination (Hamby, 2024). Symptoms of CIS or an exacerbation of MS can range from mild to severe, affecting anything controlled by the brain, spinal cord, or optic nerves (National Multiple Sclerosis Society, n.d.). Clients referred to occupational therapy (OT) may be experiencing a minor or major loss of function, from visual disturbances to debilitating weakness. The initial medical treatment for an exacerbation may include a course of high-dose steroids for 3–5 days, and there are multiple medications available for treatment to prevent or lessen the severity of exacerbations (Hamby, 2024). Depending on the pattern of MS, remission may involve slight or total resolution of symptoms (Schultz-Krohn & Long, 2025). OT may also be consulted for clients with MS that are hospitalized with common comorbid and secondary conditions, such as pneumonia, urinary tract infection (UTI), and septicemia (Asemota et al., 2023).

However, if symptoms are mild then OT may not be consulted, which would be a missed opportunity for OT to address health management with these clients. Occupational therapy practitioners (OTPs) should leverage their expertise to improve the client's health care experience and reduce the costs of care for those with chronic conditions, such as MS (Preissner et al., 2016). Acute care OTPs should ensure that all clients admitted with MS are

provided with health management strategies and easily accessible supportive resources prior to discharge.

Health management is recognized as its own occupation category and successful health management is important for overall health and well-being (American Occupational Therapy Association [AOTA], 2020). Addressing health management helps clients with chronic conditions maintain and improve performance in other occupations, such as work, leisure, and social participation (AOTA, 2020). Aspects of health management that may be addressed include symptom and condition management, medication management, social and emotional health promotion and maintenance, healthcare system communication, personal device management, nutrition, and physical activity management (AOTA, 2020). Management of fatigue or lassitude (MS fatigue) is a priority to address since it is the most common symptom of MS, with about 80% of people with MS experiencing it (Askari et al., 2023). Fatigue can be described as a lack of physical and/or mental energy that has an impact on daily activities and quality of life (QoL), and fatigue self-management is crucial to reducing the impact of MS fatigue on daily life (Askari et al., 2023).

A brief yet reliable self-assessment tool to quantify MS fatigue symptoms is the five-item Modified Fatigue Impact Scale (MFIS-5), which measures the impact of fatigue on cognitive, physical, and psychosocial functions (Meca-Lallana et al., 2019). The MS Council for Clinical Practice Guidelines recommended the 21-item MFIS for use in practice and research, and the MFIS-5 was later developed as an abbreviated version of the questionnaire, only requiring two minutes to administer (Meca-Lallana et al., 2019). Client-centered qualitative information can be garnered in a relatively short time period with use of the Kawa model, an occupation-based conceptual model, to gain a deeper perspective of the client's contexts and priorities (Ober et al., 2022). The quantitative and qualitative data will inform the development of meaningful goals and a client-centered plan of care. OTPs work collaboratively with clients to create occupation-based goals and identify strategies for successful outcomes (AOTA, 2020; Askari et al., 2023).

Goal achievement can be supported through Occupational Performance Coaching, which focuses on guiding clients through self-directed interventions to build skills, behaviors, and competencies to improve occupational performance and manage future participation challenges (Askari et al., 2023). Fatigue self-management education and energy conservation training may be provided to effectively reduce the impact of MS symptoms (Quinn & Hynes, 2021; Salomè et al., 2019). To improve occupational performance and QoL, OT's client-centered intervention may also include education and training with a focus on:

- overall health management (e.g., skin inspection, medication management)
 - compensatory strategies for any motor, sensory, endurance, cognitive, and visual deficits
 - adaptive equipment needed for daily activities (e.g., reacher, bed rail, toilet safety frames)
 - physical activity home exercise program, created in collaboration with physical therapy
 - gentle strengthening once exacerbation period ends, cautioning against performing aggressive exercises; may incorporate occupation as a means
 - aerobic exercise (e.g., aquatic exercise, walking) to reduce the impact of fatigue, thus improving QoL
 - heat precaution education (i.e., avoid overheating to reduce risk of muscle fatigue)
 - cooling strategies (e.g., personal fans, neck wraps, bandana during exercise)
 - sensory precautions (e.g., reduce temperature of water to avoid burns)
 - fall prevention strategies (e.g., use nightlights, proper footwear, remove tripping hazards)
 - sleep hygiene (i.e., establish a sleep routine and environment conducive to sleeping well)
 - stress management (e.g., mindfulness meditation, breathing exercises, gratitude journal)
 - role delegation (i.e., delegate tasks to family or caregivers as needed to conserve energy)
 - family and caregiver training; discuss strategies for physical and emotional support
- (Cunningham et al., 2022; Hamby, 2024; Preissner et al., 2016; Schultz-Krohn & Long, 2025).

Additionally, information and resources for condition management should be provided. For example, the National MS Society offers a variety of support groups and connection programs. Moreover, the Multiple Sclerosis Society UK (n.d.) offers an online MS fatigue-management course based on the FACETS (Fatigue: Applying Cognitive behavioural and Energy effectiveness Techniques to lifeStyle) program, an effective treatment to reduce fatigue (Salomè et al., 2019). There is moderate evidence to support fatigue management programs, such as FACETS, along with a multidimensional treatment approach that includes OT, to reduce the impact of MS fatigue on daily life (Salomè et al., 2019).

Referrals may be suggested for speech–language pathology, neuro-ophthalmology, or psychology. As with any progressive neurological condition, a multidisciplinary team approach is needed to support holistic wellness (Schultz-Krohn & Long, 2025). When the client is medically stable, preparing for discharge to the next level of care is the primary focus. While considering the client's occupational profile and unique contexts, occupational therapists utilize their expertise to contribute recommendations for discharge planning.

Discharge referrals may be recommended for home or outpatient rehabilitation to follow up with clients' long-range goals, medication management, physical activity (PA) engagement, to provide coaching interventions to address PA health management, and maximize participation in valued occupations. The strength of evidence is strong for the use of interventions with a coaching emphasis to increase PA routines and reduce the negative impact of MS on daily activity participation (Cunningham & Uyeshiro Simon, 2021). For example, Pilutti et al. (2014) found that a 6-month web-based intervention of 15 one-on-one video coaching sessions with ambulatory adults to improve lifestyle PA as an approach to manage MS symptoms resulted in a significant increase in self-reported PA engagement and reduced fatigue, depression, and anxiety. Acute care OTPs could generate a referral list of local clinicians that have advanced training to effectively integrate coaching sessions into their OT practice to enhance outcomes.

Adults with MS represent 1.2 million, or four out of every 1000, hospital admissions in the United States (Asemota et al., 2023). It is important to advocate for inclusion of OT into the acute care treatment team for those admitted with complications or an exacerbation of a chronic condition, such as MS. OTPs are distinctively trained to not only consider restorative strategies, but compensatory and preventative strategies as well (AOTA, 2020). To improve home safety and reduce the risk of readmission, OTPs may provide recommendations to modify a task, routine, habit, and/or environment, such as specific strategies for fall prevention and sleep hygiene. Addressing sleep disturbances and fostering quality sleep routines may decrease the likelihood of acute MS exacerbations (Sahraian et al., 2017). Furthermore, Rogers et al. (2016) found that OT was the only spending category that had a statistically significant association with lower readmission rates, potentially due to OT's unique focus on clients' functional and social needs. OT is well-positioned to address risk factors for readmission by focusing on the wide range of factors that impact health outside of the hospital (Leland et al., 2015; Roberts & Robinson, 2014, as cited in Rogers et al., 2016). Acute care occupational therapists should provide evidence-based education to the medical team on the significant benefits of an OT consult, even if symptoms appear to be mild, to comprehensively address health management and improve the overall well-being and QoL for people with MS.

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