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## Příloha 2.: Dotazník se kterým byla realizována tato studie



### **QUESTIONNAIRE ON PHYSICAL REHABILITATION IN MULTIPLE SCLEROSIS**

#### **INSTRUCTIONS (COPHYREQUEST):**

This survey asks experts in physical rehabilitation (medical doctors involved in physical rehabilitation and physiotherapists) with some clinical experience (treating at least 10 subjects with multiple sclerosis per professional life) for their views on physical therapy for multiple sclerosis.

Please mark the appropriate responses just by yourself without help of somebody or without consulting any education material. If you are not sure which answer to select, please choose the answer that comes closest to describing you. In some questions, there is possibility to mark more than one answer to a question (=multiple choice). Please answer every question. It takes about 30 minutes to fill in the questionnaire. If you need help please contact us on email: [rimsquest@gmail.com](mailto:rimsquest@gmail.com).

### **What kind of assessment do you use in person with multiple sclerosis?**

#### **1. Please, mark all true answers concerning general neurological rating scales.**

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Expanded Disability Status Scale (EDSS)					
Self-Administrated Kurtzke					
Multiple Sclerosis Functional Composite (MSFC)					
Short and Graphic Ability Score (SAGAS)					
The Guy's Neurological Disability Scale					
Triano Functional Scale					
Scripps Neurological Rating Scale					
Quantitative Examination of Neurological function					
Disease Steps (DS)					
Other- name them					

#### **2. Please, mark all true answers concerning examination/ classification model.**

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
ICF*					
GAS**					
PROMS***					
Other- name them					

\* *International Classification of Functioning, disability and health*

\*\**Goal Attainment Scaling* \*\*\**Patient Reported Outcomes Measurement System*

**1. Please, mark all true answers concerning an examination on body function level.**

**Exercise tolerance**

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Heart rate					
Rate of perceived exertion(RPE)*					
NYHA** Functional Classification					
Other- name them					

*\*Borg scale, \*\*The New York Heart Association*

**Gait pattern functions**

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Spatio-temporal parameters, e.g. stride length, cadence and walk ratio					
Timed tandem gait					
Other- name them					

**Muscle power function**

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Medical research council scale (MRC)					
Repetitive muscle activity testing					
Motoricity index					
Motor club assessment					
Rivermead motor assessment					
Muscle Function testing (Janda V.)					
Grading Scale: Daniel & Worthingham (1995)					
Isokinetic dynamometry					
Isometric dynamometry					
Other- name them					

### Muscle tone

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Ashworth scale					
Modified Ashworth scale					
Tardieu scale					
Rating scale, e.g. numerical rating scale, visual analogue scale					
Spasm Frequency Scale					
Adductor Tone Rating					
MSSS-88*					
Electromyography					
Other- name them					

\*The Multiple Sclerosis Spasticity Scale

### Visual and oculomotor function

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Low-contrast letter acuity					
Shnellen chart					
Sloan charts					
Visual impairment scale					
Cranial nerve subscore from the SNRS					
Pelli–Robson chart					
Ocular motor scoring system					
International cooperative ataxia rating scale, part oculomotor function					
Other- name them					

### Mental and psychological functions

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Mini-Mental State Examination					
Abbreviated mental test score (Hodkinson mini mental score)					
Paced Auditory Serial Additions Test (PASAT)					
Paced visual serial addition test					
Symbol digit modality test					
Controlled Oral Word Association Test					
Perceived Deficits Questionnaire					
Beck Depression Inventory					
Hospital Anxiety and Depression Scale					
Mental Health Inventory (MHI)					
Other- name them					

### Fatigue and pain

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Modified Fatigue Impact Scale					
Fatigue Impact Scale					
Fatigue Assessment Instrument					
Fatigue Severity Scale					
Rating scales, e.g. Visual analogue scale, Verbal rating scale					
Pain rating scales					
Pain Effects Scale					
Other- name them					

**Bladder and bowel control, sex functions**

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Bladder Control Scale					
Bowel-Bladder Function Scale					
Bowel control scale					
Sexual satisfaction scale					
Other- name them					

2. Do you examine some non mention functions? Please name them.....

3. Please, mark all true answers concerning an examination on activity level?

**Walking**

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
10 m gait maximal speed					
10 m gait normal speed					
Timed 25-Foot Walk					
6 minute walk test					
2 minute walk test					
MS Walking Scale – 12					
Ambulatory Index					
Rivermead Mobility Index					
Hauser Ambulation Index					
FSQ* mobility questions					
Functional Ambulation Categories					
Other- name them					

\* Functional Status Questionnaire- evaluate independency of patient (comprehensive ass., physical, psychological and social role)



**Using arms and hands**

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Nine hole peg test					
Box and Blocks test					
Purdue Pegboard					
Action Research Arm Test					
TEMPA*					
Disabilities of the arm, shoulder and hand (DASH)					
Wolf Motor Function Test					
Brunnstrom-Fugl-Meyer test					
International Cooperative Ataxia Rating Scale (ICARS)					
Scale for the assessment and rating of ataxia (SARA)					
Other- name them					

\*Upper extremity performance test for the elderly

**Changing and maintaining body position**

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Berg balance scale (BBS)					
ABC Self Confidence Scale					
Dynamic gait index (DGI)					
Dizziness handicap inventory					
Timed up and go test (TUG)					
Number of falls					
Tinetti Balance Assessment tool					
Trunk impairment scale					
Postural stabilometric platform					
Other- name them					

**Self care**

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Barthel Index					
Incapacity Status Scale					
Functional Independence Measure (FIM)					
Multiple Sclerosis – self efficacy scale (MS – SES)					
FSQ self care questioner					
Other- name them					

**4. Do you examine some non mention activities? Please name them.....**

**5. Please, mark all true answers concerning an examination on participation level.**

**Domestic life, sport, exercise**

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Functional Status Questionnaire					
Frenchay Activities Index					
Modified Social Support Survey (MSSS)					
Other- name them					

**Work and employment**

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Environment Status Scale					
Other- name them					

**Health –related quality of life instruments**

	Never heard of it	Have heard of it or seen it	Know how to do it	It is applied in practise in our setting	It is applied in practise by myself
Sickness Impact Profile					
Medical Rehabilitation Follow Along/ Lifeware					
Short-Form(SF-12)					
Short-Form(SF-36)					
Multiple sclerosis Quality of Life-54					
Multiple sclerosis Quality of Life Inventory					
London Handicap Scale					
Impact of Visual Impairment Scale (IVIS)					
Multiple Sclerosis Impact Scale (MSIS-29)					
Other- name them					

**6. Is goal setting considered as an integral part of neurorehabilitation in your setting?**

1) yes, 2) no

If yes, please fill answers 7–11. If no, continue with part B.

**7. Who are involved in the goal setting process?**

	YES	NO
Patient		
Single rehabilitation professional		
More rehabilitation professional		
Family members		
Other, name them		

**8. Do you apply the SMART -standard to set the goals (SMART = Specific, Measurable, Achievable, Realistic/Relevant, Timed)?**

1) Yes, 2) No

**9. Do you use any scale(s) to measure goal attainment? 1) Yes, 2) No**

**10. If the answer to previous question is yes, then which scale(s) do you use?**

	YES	NO
Goal Attainment Scaling (GAS)		
Visual Analogue Scale(s) (VAS)		
The <i>Clinical Global Impressions</i> (CGI) Scale		
Other(s), please name them		

**11. How many goals do you usually set?**

1) 1-3, 2) 4-5, 3) > 5

**B) Therapeutic content/philosophy/terminology of physical therapy**

**1. How much time during a current therapy do you spend on using techniques influencing function, activity and participation (in percentage, please divide 100%)?**

	Function	Activity	Participation
Mild (EDSS* 0–4,5)			
Moderate (EDSS* 4,5–6,5)			
Severe (EDSS* 6,5–10)			

**2. In your opinion, how much does your therapy affect: function/activity/participation (in percentage)?**

	Function	Activity	Participation
Mild (EDSS* 0–4,5)			
Moderate (EDSS* 4,5–6,5)			
Severe (EDSS* 6,5–10)			

**3. Please, name physiotherapeutic method you use the most frequently in patients with MS:**  
 .....

**4. Do you think, physical rehabilitation is effective for MS? Yes no**

**5. Are there some symptoms or signs that are more respondent to rehabilitation? Yes no**

**6. If yes, please write them**

**7. How long is an effect of physical therapy? Immediate, persistent (1 month after the program), long term (6 months)**

**8. Please tick, what kind of problem do you treat in physical rehabilitation:**

	Never	Rarely	Often	Always
<b>Exercise tolerance</b>				
<b>Gait pattern functions</b>				
<b>Muscle power function</b>				
<b>Muscle tone</b>				
<b>Visual function</b>				
<b>Oculomotor function</b>				
<b>Mental functions</b>				
<b>Psychological functions</b>				
<b>Fatigue</b>				
<b>Pain</b>				
<b>Bladder control</b>				
<b>Bowel control</b>				
<b>Sex functions</b>				
<b>Walking</b>				
<b>Using arms and hands</b>				
<b>Changing and maintaining body position</b>				
<b>Self care</b>				
<b>Participation: Domestic life</b>				
<b>Participation: sport</b>				
<b>Participation: exercise</b>				
<b>Work and employment</b>				
<b>Quality of life</b>				
<b>Other – please name them</b>				

**9. In this table, physiotherapeutic methods (or principles) are mentioned. Please tick the true choice for mild MS disability(multiple choice).**

	Never heard of it	Have heard of it, but did not see it practically	Know how to do it in practice	It is applied in practise in our setting			It is applied in practise by myself		
				Rarely	Often	Always	Rarely	Often	Always
Aerobic training									
Muscle strengthening (Resistance training)									
Vojta reflex locomotion									
Brunnström approach									
Bobath concept									
Proprioceptive neuromuscular facilitation									
Perfetti approach									
Dual tasking									
A biomechanical approach*									
Motor learning program									
Brügger concept									
Frenkel´s exercises									
Conductive education programme									
Constraint-Induced movement therapy									
Pelvic floor exercises (Kegel)									
Rood approach									
Pető concept									
Training of static balance									
Training of dynamic balance									
Treadmill									
Biofeedback									
Hippotherapy									
Physical therapy*									
Virtual reality									
Robotic-assisted rehabilitation therapy									
Telerehabilitation									
Other – name them									

\*hip flexion assistance device, ankle foot orthosis

\*\*e.g. cryotherapy, electrotherapy including functional electrical stimulation, magnetotherapy

**10. In this table, physiotherapeutic methods (or principles) are mentioned. Please tick the true choice for moderate MS disability(multiple choice).**

	Never heard of it	Have heard of it, but did not see it practically	Know how to do it in practice	It is applied in practise in our setting			It is applied in practise by myself		
				Rarely	Often	Always	Rarely	Often	Always
Aerobic training									
Muscle strengthening (Resistance training)									
Vojta reflex locomotion									
Brunnström approach									
Bobath concept									
Proprioceptive neuromuscular facilitation									
Perfetti approach									
Dual tasking									
A biomechanical approach*									
Motor learning program									
Brügger concept									
Frenkel's exercises									
Conductive education programme									
Constraint-Induced movement therapy									
Pelvic floor exercises (Kegel)									
Rood approach									
Pető concept									
Training of static balance									
Training of dynamic balance									



Treadmill									
Biofeedback									
Hippotherapy									
Physical therapy*									
Virtual reality									
Robotic-assisted rehabilitation therapy									
Telerehabilitation									
Other – name them									

\*hip flexion assistance device, ankle foot orthosis

\*\*e.g. cryotherapy, electrotherapy including functional electrical stimulation, magnetotherapy

**11. In this table, physiotherapeutic methods (or principles) are mentioned. Please tick the true choice for severe MS disability(multiple choice).**

	Never heard of it	Have heard of it, but did not see it practically	Know how to do it in practice	It is applied in practise in our setting			It is applied in practise by myself		
				Rarely	Often	Always	Rarely	Often	Always
Aerobic training									
Muscle strengthening (Resistance training)									
Vojta reflex locomotion									
Brunnström approach									
Bobath concept									
Proprioceptive neuromuscular facilitation									
Perfetti approach									
Dual tasking									
A biomechanical approach*									
Motor learning program									
Brügger concept									
Frenkel's exercises									
Conductive education programme									
Constraint-Induced									

movement therapy									
Pelvic floor exercises (Kegel)									
Rood approach									
Petö concept									
Training of static balance									
Training of dynamic balance									
Treadmill									
Biofeedback									
Hippotherapy									
Physical therapy*									
Virtual reality									
Robotic-assisted rehabilitation therapy									
Telerehabilitation									
Other – name them									

\*hip flexion assistance device, ankle foot orthosis

\*\*e.g. cryotherapy, electrotherapy including functional electrical stimulation, magnetotherapy

**12. How do you understand the above mentioned methods? Please use a perceptual relation between three basic rehabilitation models (all together 100%): muscle re-education, neurotherapeutic facilitation and task oriented approach.**

Eg. Therapy XX: 30%, 30%, 40%

	Muscle re-education *	Neurotherapeutic facilitation **	Task oriented approach ***
Aerobic training			
Muscle strengthening (Resistance training)			
Vojta reflex locomotion			
Brunnström approach			
Bobath concept			
Proprioceptive neuromuscular facilitation			
Perfetti approach			
Dual tasking			
A biomechanical approach*			
Motor learning program			
Brügger concept			
Frenkel´s exercises			
Conductive education programme			
Constraint-Induced movement therapy			
Pelvic floor exercises (Kagel)			
Rood approach			
Petö concept			
Training of static balance			
Training of dynamic balance			
Treadmill			
Biofeedback			
Hippotherapy			
Physical therapy*			
Virtual reality			
Robotic-assisted rehabilitation therapy			
Telerehabilitation			
Other – name them			

*\*Isolate muscle actions by focusing on individual muscles, teach functional activities, avoid secondary complications and compensatory patterns*

*\*\*Facilitate normal movement patterns whit proprioceptive inputs, inhibit abnormal tone and primitive reflexes, patients are passive recipients*

*\*\*\* Practice ability to achieve task goals, develop effective compensations, teach motor adaptability to contexts*

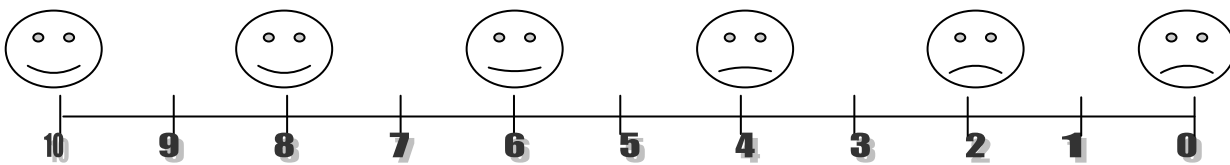
**13. Do you use some other non mentioned method?**

- Yes – which
- no

## C) Organization of physical therapy for MS in your settings

### Basic questions

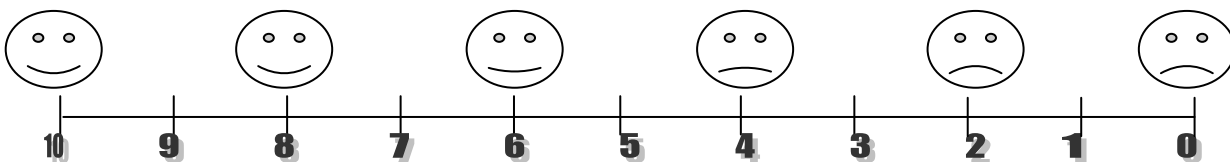
1. **Who prescribes physical therapy for MS in your centre?** 1)MD neurologist, 2) MD specialist in rehabilitation, 3) MD general practitioner (physician), 4) PT, 5) other.....
2. **What are general reasons for prescription of physical therapy?** 1)diagnosis, 2) acute exacerbation, 3) (worsening of) symptoms, 4) preventive care, 5) palliative care, 6)psychosocial issues
3. **Which clinicians are involved in the rehabilitation team in your setting?** 1) Medical doctor, MD, 2)Physiotherapist, PT, 3) Occupational therapist, OT, 4) swallowing therapist, ST, 5) Social worker, SW, 6) Nurse, 7) Psychologist/ neuropsychologist, 8) Speech therapist, 9) other...
4. **Which models of team work do you use in your centre?**
  - 1) Multidisciplinary – specialists are working in parallel towards solving the problem related to their profession
  - 2) Interdisciplinary – means that specialists are working as a group to achieve an explicitly common agreed upon goal
  - 3) none model of cooperation
5. **How is physical therapy available to patients with MS in your country?**
  - a) **To be hospitalise or treated ambulatory**



Available to everybody who needs it

Available to nobody who needs it

#### **b)In the community**



Available to everybody who needs it

Available to nobody who needs it

## D) General information about respondent and his institution

1. **Name of workplace:**.....
2. **Country:**.....
3. **Kind of institution**  
Please indicate the setting where the patient performs/receives physical rehabilitation.  
Mark '1' for the primary setting. Maximally two settings can be marked in case of a combined setting.

1) HOSPITAL with overnight stay	
2) NEUROLOGICAL REHABILITATION CENTER with overnight stay	
3) HOSPITAL without overnight stay	
4) NEUROLOGICAL REHABILITATION CENTER without overnight stay	
5) Fitness center	
6) Research facility (e.g. at the university)	
7) Private PT practice in the community	
8) Community center (MS Society, sports facilities other than fitness center,...)	
9) Home of the patient	
10) Other (please specify)	

### 4. How many patients are treated in your centre per year, how many are MS patients?

	<i>patients</i>		<i>MS patients</i>	
	<i>Inpatients</i>	<i>Outpatients</i>	<i>Inpatients</i>	<i>Outpatients</i>
less than 50/per year				
50–100/per year				
100–200/per year				
more than 200/per year				

5. **Thick possibilities that your setting offer to patients:** 1) inpatients – admission to a hospital, 2) outpatients – visit a hospital, clinic, or associated facility for diagnosis or treatment – ambulatory care, 3) primary care – provided by general practitioner, nurse, 4) secondary care – provided by medical specialists, 5) home and community care 6)residential care (convalescent homes), 7) spa resort, 7) other.....
6. **Your profession:** 1) Medical doctor (MD), 2) Physiotherapist (PT)
7. **Your highest level of education:** 1) Ph.D., 2) Doctor degree (MD, PhDr., etc.), 3) Master's deg. , 3) Bachelor deg., 4) Diploma specialist (Dis.), 5) other.....
8. **Number of years of your overall practice and your experience in clinical practice with MS:**

	<i>Overall practice</i>	<i>Clinical practice with MS</i>
1-2 years		
2-5 years		
5-10 years		
10-15 years		
more than 15 years		

9. **How much percent of your work is with MS patients per year?** 1) 10-39%, 2) 40-70%, 3) 71-100%

### Příloha 3.: Návrh dotazníku pro webovou aplikaci – pro vedení pracoviště



#### **QUESTIONNAIRE: DESCRIPTION OF THE PARTICIPATING CENTRE**

1. Name of the centre:
2. Country:
3. Contact (person, who filled in this form, or other):
4. Size of the centre:
  - a. Total number of beds (all diagnoses):
  - b. Number of MS inpatients per year (0, 1-99, 100-200, >200)
  - c. Number of MS outpatients per year (0, 1-99, 100-200, >200)
5. Specialisation of the centre:
  - a. Centre contains department of neurology (Yes-No)
  - b. Centre contains department of rehabilitation (Yes-No)
  - c. Centre contains department specialised in MS patients (Yes-No)
6. Rehabilitation team in your centre. Please specify number of
  - a. Medical doctors (0,1-5,6-10, >10)
  - b. Physiotherapists (0,1-5,6-10, >10)
  - c. Occupational therapists (0,1-5,6-10, >10)
  - d. Swallowing therapists (0,1-5,6-10, >10)
  - e. Social workers (0,1-5,6-10, >10)
  - f. Nurses (0,1-5,6-10, >10)
  - g. Psychologists (0,1-5,6-10, >10)
  - h. Speech therapists (0,1-5,6-10, >10)
  - i. Other (number): ....
7. Please choose one answer that the best characterise your team work?
  - a. Multidisciplinary – specialists are working in parallel towards solving the problem related to their profession
  - b. Interdisciplinary – means that specialists are working as a group to achieve an explicitly common agreed upon goal
  - c. none model of cooperation
  - d. Other: .....
8. Who prescribes physical therapy for MS in your centre?
  - a. MD neurologist
  - b. MD specialist in rehabilitation
  - c. MD general practitioner (physician)
  - d. PT
  - e. other.....
9. Please, tick all reasons for prescription of physical therapy in your setting?
  - a. diagnosis
  - b. acute exacerbation
  - c. (worsening of) symptoms
  - d. preventive care
  - e. palliative care
  - f. psychosocial issues
  - g. other .....

**Příloha 4.: Návrh dotazníku pro webovou aplikaci – pro jednotlivé terapeuty**



**QUESTIONNAIRE ON PHYSICAL REHABILITATION IN MULTIPLE SCLEROSIS (COPHYREQUEST)**

This survey is monitoring a physical rehabilitation in multiple sclerosis across Europe from a professional point of view.

Please mark the appropriate responses just by yourself without help of somebody or without consulting any education material. If you are not sure which answer to select, please choose the answer that comes closest to describing you. In some questions, there is possibility to mark more than one answer to a question (=multiple choice). Please answer every question. It takes about 45 minutes to fill in the questionnaire. If you need help please contact us on email: [rimsquest@gmail.com](mailto:rimsquest@gmail.com).

**Part A General information about respondent**

- 10. **Respondent's sex:** 1) female 2) man
- 11. **Respondent's age:** 1) less than 20, 2) 20–30, 3) 30–50, 4) more than 50
- 12. **Respondent's profession (choose all true answers):** 1) Physiotherapist (PT), 2) Medical doctor (MD), 3) researcher 4) other – specify
- 13. **Respondent's highest education:** 1) Doctor degree (MD, Ph.D., etc.), 2) Master's deg. , 3) Bachelor deg., 4) Diploma specialist (Dis.), 5) other....
- 14. **Number of years of respondent's overall practice:** 1) 0- 2 year, 2) 3-10 years, 2) more than 10 years
- 15. **Percentage of respondent's work with MS patients per year:** 1) 0-24%, 2) 25–50%, 2) 51-75%, 3) 76-100%
- 16. **Country of workplace (list of countries)**
- 17. **Name of the workplace (list of workplaces)**
- 18. **Department: .....**

**Part B Therapeutic content/philosophy/terminology of physical therapy**

- 14. Knowledge of PT methods (never heard/have heard or seen it/know how to do it)  
**In this table, physiotherapeutic methods (or principles) are mentioned. Please tick the true choice in each line.**

	Never heard of it	Have heard of it or seen it	Know how to do it in practice
aerobic training, conditioning exercises, breathing			
Muscle strengthening (Resistance training)			
Training of selective movement			
Relaxation technic, e.g. yoga			
Mobilization, stretching, postizometric relaxation, manual			

therapy, massage			
Vojta reflex locomotion			
Brunnström approach			
Bobath concept			
Proprioceptive neuromuscular facilitation			
Perfetti approach			
Dual tasking			
A biomechanical approach, <i>hip flexion assistance device, ankle foot orthosis</i>			
Motor learning program			
Brügger concept			
Frenkel's exercises			
Conductive education programme			
Constraint-Induced movement therapy			
Pelvic floor exercises			
Rood approach			
Petö concept			
Balance training (static, dynamic), postural awareness			
Training of transfers and ambulatory (walking, climbing stairs, wheelchair handling,			
Training of activities of daily living			
Body weight support			
Treadmill			
Modality intervention, e.g. biofeedback, electrical stimulation			
Hippotherapy, other pet therapy			
aquatherapy			
Physical therapy, e.g. <i>cryotherapy, electrotherapy, magnetotherapy</i>			
Virtual reality			
Robotic-assisted rehabilitation therapy, sensor assisted rehabilitation			
Telerehabilitation			
Cognitive, perceptual, visual or sensory perceptual training			
Sensory stimulation			
Using of tools, e.g. kinesio-tape, mirror, thera-band			
Other – name them			

15. Usage of KNOWN (have heard of it or know how to do it) PT methods in your patients with MS. Please tick, how often you use these PT methods in patients with MS: never, occasionally, often, usually, always



**16. Please, choose one PT method you use most often in MS.**

**17. Understanding of KNOWN PT methods**

**How do you understand the methods you use in the clinical practise?** (Only methods that have ticked as "know how to do it" will be displayed in web application)

**Please use a relation of percentage between three basic rehabilitation models (all together 100%): muscle re-education, neurotherapeutic facilitation and task oriented approach.**

Eg. Therapy XX: 30%, 30%, 40% (Control will be done in web application: an obligatory 100% calculations for each line)

	Muscle re-education *	Neurotherapeutic facilitation **	Task oriented approach ***
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\* *Isolate muscle actions by focusing on individual muscles, teach functional activities, avoid secondary complications and compensatory patterns*

\*\* *Facilitate normal movement patterns whit proprioceptive inputs, inhibit abnormal tone and primitive reflexes, patients are passive recipients*

\*\*\* *Practice ability to achieve task goals, develop effective compensations, teach motor adaptability to contexts*

18. Do you use **different methods in different level of disability**? Yes, no  
If yes, please write your comment.

19. **Do you think physical rehabilitation is effective for MS in general? 0 (Not at all) – 5 (significantly)**

20. **How long after finishing an intensive physical therapy program an effect persists?** Please choose the most appropriate answer. 1) immediate , 2) 1 –6 months after the program, 3) more than 6 months 4) I do not know, because I am not in contact with patients after finishing of the treatment

21. **Please tick, how often do you aim to solve these problems in physical rehabilitation in MS:**

<b>Body function</b>	Never	Occasionally	Often	Usually	Always
Exercise tolerance					
Gait pattern functions					
Muscle power function					
Muscle tone					
Visual function					
Oculomotor function					
Mental functions					
Psychological functions					
Fatigue					
Pain					
Bladder control					
Bowel control					
Sex functions					
Other – please name them					

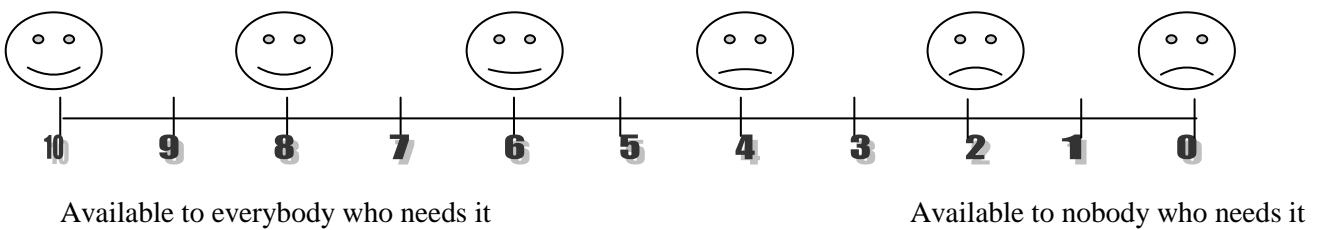
<b>Activity and Participation</b>	Never	Occasionally	Often	Usually	Always
Walking					
Using arms and hands					
Changing and maintaining body position					
Self care					
Domestic life					
Physical activity (sport, exercise)					
Quality of life					
Other – please name them					

22. Is treatment in MS different from other neurological diseases? Yes no.  
If yes, please write how

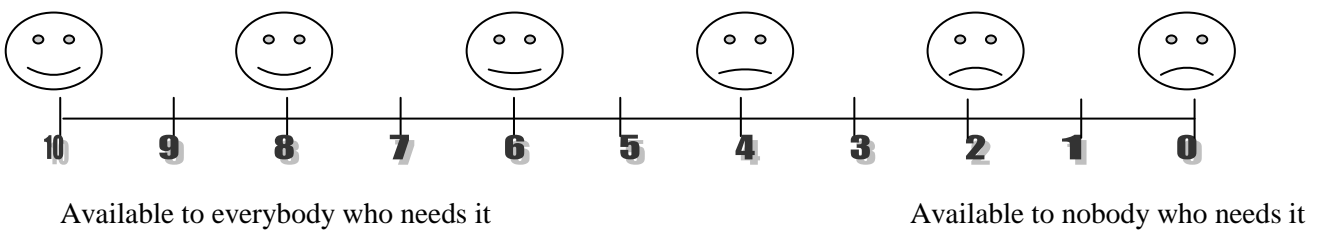
23. How much time during your standard therapy do you spend on using techniques influencing function, activity and participation (in percentage, please divide 100% in each line)?  
Eg. 60% Function, 40% Activity and participation (Control will be done in web application: an obligatory 100% calculations for each line)

	Function	Activity and participation
Mild (EDSS 0–4,5)		
Moderate (EDSS 5–6,5)		
Severe (EDSS 7–10)		

24. How do you feel, physical therapy is available to patients with MS in your country?  
c) To be hospitalise (inpatients) and to be treated ambulatory (outpatients)



d) In community of patients with MS



## Part C Assessment in multiple sclerosis

### 1. Knowledge of assessments in MS.

In this table, different assessments are mentioned. Please tick the true choice in each line.

#### Examination rating scales for general disability

	Never heard of it	Have heard of it or seen it	Know how to do it
Expanded Disability Status Scale (EDSS)			
Functional Systems Scores (FSS)			
Multiple Sclerosis Functional Composite (MSFC)			
Short and Graphic Ability Score (SAGAS)			
The Guy's Neurological Disability Scale			
Scripps Neurological Rating Scale			

#### Examination/ classification model

	Never heard of it	Have heard of it or seen it	Know how to do it
ICF*			
GAS**			
PROMS***			

\* *International Classification of Functioning, disability and health*

\*\* *Goal Attainment Scaling*

\*\*\* *Patient Reported Outcomes Measurement System*

#### An examination on body function level

##### Exercise tolerance

	Never heard of it	Have heard of it or seen it	Know how to do it
Heart rate			
Rate of perceived exertion(RPE)*			
Oxygen consumption, intake, uptake per kg			
NYHA** Functional Classification			
Spiroergometry			

\* *Borg scale*, \*\* *The New York Heart Association*

**Gait pattern functions**

	Never heard of it	Have heard of it or seen it	Know how to do it
Spatio-temporal parameters, e.g. stride length, cadence and walk ratio			
Timed tandem gait			

**Muscle power function**

	Never heard of it	Have heard of it or seen it	Know how to do it
Medical research council scale (MRC)			
Repetitive muscle activity testing			
Motoricity index			
Motor club assessment			
Testing of Muscle function			
dynamometry			

**Muscle tone**

	Never heard of it	Have heard of it or seen it	Know how to do it
(Modified) Ashworth scale			
Tardieu scale			
Rating scale, e.g. numerical rating scale, visual analogue scale			
Spasm Frequency Scale			
MSSS-88*			
electromyography			

\*The Multiple Sclerosis Spasticity Scale

**Visual and oculomotor function**

	Never heard of it	Have heard of it or seen it	Know how to do it
Low-contrast letter acuity			
Shnellen chart, Sloan chart/ Pelli-Robson Contrast Sensitivity Chart			
Ocular motor scoring system			
International cooperative ataxia rating scale, part oculomotor function			

**Mental and psychological functions**

	Never heard of it	Have heard of it or seen it	Know how to do it
Mini-Mental State Examination			
Paced Auditory Serial Additions Test (PASAT)			
Symbol digit modality test			
Beck Depression Inventory			
Hospital Anxiety and Depression Scale			
Mental Health Inventory (MHI)			

**Fatigue and pain**

	Never heard of it	Have heard of it or seen it	Know how to do it
(Modified) Fatigue Impact Scale			
Fatigue Severity Scale			
Rating scales, e.g. Visual analogue scale, Verbal rating scale			
Fatigue Scale for motor and cognitive function FSMC			

**Bladder and bowel control, sex functions**

	Never heard of it	Have heard of it or seen it	Know how to do it
Bladder and Bowel control scale, Bowel-Bladder Function Scale			
Sexual satisfaction scale			

**An examination on activity and participation level. For each line, please mark the most appropriate answer.**

**Walking, mobility**

	Never heard of it	Have heard of it or seen it	Know how to do it
10 m gait maximal speed			
10 m gait normal speed			
Timed 25-Foot Walk			
6 minute walk test			
2 minute walk test			
MS Walking Scale – 12			
Ambulatory Index			
Timed up and go test (TUG)			
Rivermead motor assessment, Rivermead Mobility Index			
Hauser Ambulation Index			
FSQ* mobility questions			
Functional Ambulation Categories			

\* *Functional Status Questionnaire- evaluate independency of patient (comprehensive ass., physical, psychological and social role)*

**Using arms and hands**

	Never heard of it	Have heard of it or seen it	Know how to do it
Nine hole peg test			
Box and Blocks test			
Purdue Pegboard			
Action Research Arm Test			
TEMPA*			
Disabilities of the arm, shoulder and hand (DASH)			
Wolf Motor Function Test			
Brunnstrom-Fugl-Meyer test			
International Cooperative Ataxia Rating Scale (ICARS)			
Scale for the assessment and rating of ataxia (SARA)			

\* *Upper extremity performance test for the elderly*

**Changing and maintaining body position**

	Never heard of it	Have heard of it or seen it	Know how to do it
Berg balance scale (BBS)			
ABC Self Confidence Scale			
Dynamic gait index (DGI)			
Dizziness handicap inventory			
Number of falls			
Tinetti Balance Assessment tool			
Trunk impairment scale			
Postural stabilometric platform			

**Self care**

	Never heard of it	Have heard of it or seen it	Know how to do it
Barthel Index			
Incapacity Status Scale			
Functional Independence Measure (FIM)			
Multiple Sclerosis – self efficacy scale (MS – SES)			
FSQ self care questioner			

**Work and leisure**

	Never heard of it	Have heard of it or seen it	Know how to do it
Functional Status Questionnaire			
Frenchay Activities Index			
Modified Social Support Survey (MSSS)			
Environment Status Scale			

**Health –related quality of life instruments**

	Never heard of it	Have heard of it or seen it	Know how to do it
Sickness Impact Profile			
Short-Form(SF-12, SF-36)			
Multiple sclerosis Quality of Life-54, Multiple sclerosis Quality of Life Inventory			
London Handicap Scale			
Multiple Sclerosis Impact Scale (MSIS-29)			

**2. Usage of KNOWN (have heard of it or know how to do it) assessments.**

**How often are these assessments measured in your patients with multiple sclerosis?** never, occasionally, often, usually, always



3. Do you use some other assessments? Please name them.....
4. Do you feel that MS needs different examination than other neurological diseases? Yes no, if yes, please write how
5. Is goal setting considered as an integral part of neurorehabilitation in your workplace?  
1) yes, 2) no 3) I do not know

If yes, please fill answers:

6. Who is involved in the goal setting process?

	YES	NO
Patient		
Single rehabilitation professional		
More rehabilitation professional		
Family members		
Other, name them		

7. Do you apply the SMART -standard to set the goals (SMART = Specific, Measurable, Achievable, Realistic/Relevant, Timed)?  
1) Yes, 2) No
8. Do you use any scale(s) to measure goal attainment?  
1) Yes, 2) No 3) i do not know

9. If the answer to previous question is yes, then which scale(s) do you use?

	YES	NO
Goal Attainment Scaling (GAS)		
Visual Analogue Scale(s) (VAS)		
The <i>Clinical Global Impressions</i> of change (CGIC) Scale		
Other(s), please name them		

10. How many goals do you usually set? 1) 1-3, 2) 4-5, 3) > 5

Many thanks for filling the questionnaire.

Please, write us whether you have some comments to the questionnaire? .....

Do you think that your answers are influenced by your knowledge of English? 0 (not at all) – 5 (significantly)

Please insert your e-mail, if you want to be informed about results of the survey.