1.) Imagine this clinical scenario: You’ve prescribed dalfampridine to a recently diagnosed 35 year old female with RRMS. After three weeks she notices some positive benefits, but there have been no significant changes in her gait speed. The patient is still able to get around, but is highly fatigued at the end of her 10 hour shifts as a nurse. She demonstrates some weakness in her left lower extremity, but has no significant gait abnormalities. Would you prescribe PT? Why or Why not?

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2.) Imagine this scenario: A 38-year old stay at home mom has shown significant improvements in gait speed after taking dalfampridine. She still demonstrates right sided foot drop and states that she feels unsteady when walking at the park with her kids. Would you prescribe PT at this point in time? Why or why not?
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3.) A colleague tells you that she doesn’t plan to prescribe PT for her patient with MS until the patient reaches a moderate level of disability. What would you say to her?

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