GROUP	FIRST PICTURE	EXPERIENCES AND STORIES	PATIENT WALKING/MOBILITY DIFFICULTIES	
			EXAMPLES	GOALS
PT1	Gait training; balance testing; strength testing; fatigue (x3); psychological impact; unpredictable/ "a variable picture" (x5); examples: "a woman who is more progressed in her disease course" (x2)	Pts appreciate MS-experienced PTs (x3); many pts return for PT regularly for the long-term, can see long-term benefits of PT, enables good relationship building;pt fear/denial (x3); rapid progression of tumefactive MS pt; PT can give hope and sense of control to MS pts	Ataxia; foot drop (x4); fatigue; weakness (proximal) (x3); balance (x3) falls (x2); transfers, e.g. cars, STS (x2); stairs and curbs (x3); community walking (x4);mobility at work/school (x4); domestic duties (x4)	Pts want to "walk better and not fall so much"; "safety is number 1" (x2); increase walking distance (x2)
Int1-PT	"Whole host of symptoms" e.g. fatigue and weakness; no single presentation (variation)	Varying day-to-day pt effort, mobility, and responses to treatment, impacted by depression and medication changes; caregiver issues; fatigue management	Foot drop with increased fatigue, leading to frequent falls	Maximizing independence, e.g. orthotic or AD training; efficiency of walking (less fatigue)

GROUP	IMPORTANCE OF GAIT SPEED	TREATMENT ACTIVITIES	TREATMENT FREQUENCY	TESTS AND MEASURES
PT1	Depends on pt's activities and lifestyle; safety "the first priority" (x2); used as a default outcome measure but not typically a goal (x2), "I'm lacking in objective measures to say… how is their walking quality changing."	DME training e.g. walkers, canes, w/c; AFO training for ankle control; pt education e.g. fatigue management; pre-gait training e.g. weight shifting; (functional) strengthening e.g. step taps, bridging; a lot/everything! (x3); FES e.g. Bioness (calf/thigh) for exercise and gait; body weight supported treadmill training (BWSTT); dual task training; LSVT-Big; flexibility training; obstacle course (x2); balance training (x3) e.g. static, dynamic reaching, bouncing balls, start-stops, changing gait speed, pivot turns, narrow walking FGA components (x3), SOT e.g. "Balance Master" (x3), vestibular training e.g. VOR; functional activities "important to their life" (x4)	Depends on: patient presentation, goals and insurance (x6); Acute care: 2-3 sessions; Inpatient rehab: MinA-1week, ModA-2weeks, MaxA-2to3weeks; Outpatient: highly variable, insurance and high deductibles present financial constraint (x4), Medicaid limited to 1 eval and 2 treatments; general trajectory: 8-12 weeks, 2x/week with/without frequency taper, and follow-up (3 to 6 months) (x2); determining frequency described as "ethical battle"; juxtaposition of patient preference, insurance savers (save PT days in case they need them) and PT advocates (MS not going away, need constant PT)	"Tailor it towards what you need to focus on first" (x6); AMPAC 6-Clicks and FIM (acute/inpatient); TUG Berg 5xSTS FGA (preferred over DGI x6) DGI T25WT Mini-BESTest 6MWT 2MWT MS Walking Scale MFIS 4-Stage Balance Test Ashworth; Safety measured indirectly (cut-off scores/risk of falling/pt confidence/loss of balance/quality of gait/assistance needed)

Int1-PT	Depends on pt's job and home demands and whether home vs community ambulator; Walking at a comfortable pace more important than walking fast	TM training (BWS and standard); LE strength and balance training; "strength training during the gait cycle, implementing resistance activities while they are walking"; bracing (for fatigable weakness)	Acute setting: depends on discharge destination and presentation; discharge home: min5x/week to daily; High functioning: seen every other day, 4x/week	Gait speed: comfortable pace and fast, noting fatigue and time of day to see impact on speed; 6MWT for endurance; Mini-Bestest; FGA; DGI; subjective measures not often used in acute setting "I probably should, but I don't."; MS Impact Scale and fatigue severity scale used in the past (outpatient)

GROUP	THERAPIST PERCEIVED EFFECTIVENESS	PATIENT PERCEIVED EFFECTIVENESS	OTHER
PT1	Pt acquired knowledge from education via recall (x2); Objective improvement via task or outcomes measures (x6); Change greater than MCID or MDC (x3); Subjective improvement (x2); Less assistance required (x2); Maintenance, slowly declining instead of rapidly declining (x6)	Self-report measures, though reliability can depend on the day or if measure is being used for discharge (x4); Subjective conversation, "How are you feeling? How is it going at home?"; determine comfort level and ask if they feel they have progressed and if therapy is helping (x4)	Follow-ups in MS care are extremely important, for progression of HEP, accountability, and maintenance; Must educate patients on the need to be proactive in their care to best maintain mobility
Int1-PT	Objective improvement via outcome measures and change in MDIC; Subjective improvement via patient report and family/caregiver report on patient performance	Subjective report on success at meeting patient goals and specific functional goals	