

GROUP	FIRST PICTURE	EXPERIENCES AND STORIES	WALKING/MOBILITY DIFFICULTIES	
			EXAMPLES	DUAL-TASKING
MS1	Therapists don't always listen; personalized exercises and meeting individual needs is important; difficulty connecting exercises with walking improvement; beneficial, "gift from God"; guilt about compliance; helpful when pushed by the therapist; helpful when exercises incorporated into one's personal environment	Positive: facility accessibility, proximity, ambiance, and MS knowledge and personalities of therapists; NuStep machine; therapist-therapist collaboration about patient; feeling safe and supported by therapists Negative: facility was dark and unattractive "like a dungeon"	Numbness and reduced sensation in legs and feet; pain; increased falling; difficult to get up from a fall; reduced walking speed; shower/bath transfers; reduced community participation and socialization; transitioning to wheelchair/scooter feels limiting; "I'm really missing my hands... I can't open and close doors"; foot drop "dragging," "I've walked holes through the soles of my shoes"; negative impressions of functional electrostimulation (FES) walking aids; walking is time and energy consuming; obtaining the right equipment with help from PT/OT is important	Takes more time to complete housework
Int-2 MS	A PT who can provide leg strengthening exercises and compensatory strategies to get up from chair or floor	1) 6 sessions with PT and trainees to address leg strengthening; frustrating because exercises are difficult and cannot perform them effectively ("some I can't do at all"); 2) 6 home PT sessions for lower extremity stretching; "somewhat helpful"; many of the stretches required a second person for assistance; "I still haven't gotten the exercises that would really make a big difference... when you feel like it makes you more tired and more frustrated to try to do things that are almost impossible to do, then it makes you kind of give up on those particular exercises."; PTs did not seem specifically trained in MS;	Can't go shopping at stores without w/c and assistance; can't walk dog without electric w/c; can't garden; had to "give up" meaningful recreation/leisure activities	"I need to pay a little bit of attention to what I'm doing" when using walker at home 2/2 left foot-drop

GROUP	PT GOAL	MOST EFFECTIVE	LEAST EFFECTIVE	AMPYRA (IF DISCUSSED)
MS1	Functional strength "sit to stands"; stretching to reduce spasms	Consistent stretching routine; crawling improved ability to walk; FES, "reminds	Aquatic therapy with a therapist who didn't listen to personal needs; Bioness (FES), "waste of time," "it hurts me"	

		you to lift your foot”; adapting simple PT exercises “to my surroundings”		
Int-2 MS	Leg strengthening to address foot drop and walking	Exercises for “frozen” shoulder (not MS-related); hamstring stretch with yoga strap (if someone was available to help with set-up)	Straight leg raise when patient could not lift leg at all	“Not a really dramatic difference but I did notice a difference when I stopped it for a couple of days”; easier to get legs out of bed and to lift left foot.

GROUP	HOW KNOW IF EFFECTIVE	MOST IMPORTANT THING TO IMPROVE OR CHANGE TO FEEL BENEFICIAL	FACTORS INFLUENCING CHOICE OF TREATMENT OPTIONS
MS1	“Not getting worse”; stop taking the drug to test if it is working/helping; compare current function to previous function (now vs. past month, now vs. past year); “can I do a little bit more than I used to do?... am I sleeping better?...am I in less pain?”	Finding the right therapist (x4); finding someone who makes you feel understood and heard; finding someone knowledgeable in MS; someone who provides undivided attention	For medications: “Do I think it’ll work for me?” (Affirmative x4); for physical therapy “finding the right therapist who understands me. And will work with my needs.” (affirmative x4); “I’m the one that has to advocate for myself” (affirmative x4); influenced by what the healthcare providers (neurologists and therapists) offer; dictated by insurance, cost, and accessibility
Int-2 MS	Going off Ampyra to see if it was working; less fatigue; getting around more easily; agreed that maintaining function is measure of success: “I would like to be able to keep at least doing what I can do.”	Improved leg strength and less spasticity for better foot/leg mobility and function	Ease of accessibility, primarily; cost, secondarily

GROUP	OTHER
MS1	Durham is becoming more accessible; safety concerns due to increased crime in Durham and Chapel Hill; “effective” physical therapists have certain characteristics; disconnect between PT goals and needs at home (functional strength vs. floor to stand transfer); role/importance of equipment in improved function
Int-2 MS	Neurologist did not recommend PT, pt had to request a referral; 6 sessions were dictated by insurance coverage; emphasized importance of MS-specific training for PTs; discussed use of a private PT

