

# Meet your therapy team



## **Learn which rehabilitation specialists can best support your goals.**

by **Kelsey Blackwell**

Physicians often refer people with multiple sclerosis to physical therapists, speech-language pathologists and occupational therapists for rehabilitation services. While the job titles may seem self-explanatory, people often misunderstand the actual services these professionals provide. For example, did you know speech-language pathologists also address challenges related to swallowing and even memory? Similarly, an occupational therapist may support you in completing tasks that have little to do with your paid “occupation.”

All of these therapists, who can be found in outpatient, clinic or hospital settings, must have at least a master’s degree to practice. For all professions, some states also require yearly continuing education credits to keep licensure current.

Though insurance coverage varies, most plans allow some therapy as long as the covered individual demonstrates measurable progress (see “Know your rights.”) A doctor’s referral may be necessary, depending on the state in which you live, to access these therapists and/or to receive insurance reimbursement. Be sure to check beforehand.

A better understanding of how each of these therapists can help you may be the first step toward achieving your healthcare goals.

### **Speech-language pathologist**

Don’t let the name fool you. “It’s a misnomer,” says Lori Kostich, a speech-language

pathologist (SLP) at the Mandell Center for Multiple Sclerosis at Mount Sinai Rehabilitation Hospital in Harford, Connecticut. “Patients who are referred to me are often confused. They say, ‘I speak fine, so why am I here?’ But [addressing speech and language disorders is] just a small part of what SLPs do.”

SLPs study the anatomy and physiology of all the body’s systems that are involved in communication, which includes the brain and respiratory system. The scope of practice for SLPs therefore includes the evaluation and treatment not only of speech production and language expression and comprehension, but also of swallowing and cognitive-communication function.

People with MS may see SLPs for such challenges as:

- Feeling like the food or liquid gets stuck or goes down the wrong pipe when swallowing;
- Mumbling or unclear speech or voice production;
- Finding the right words to express thoughts;
- Hurdles with language organization; and
- Difficulty with memory, information processing, problem solving and staying on task.

### **Physical therapist**

Though the services they provide are multifaceted, physical therapists’ primary focus is clear: “Our goal is to keep people moving or get people moving by focusing on mobility and strength,” says Sarah Wargo, a physical therapist (PT), who also practices at the Mandell Center at Mount Sinai.

To achieve this goal, PTs focus on treating the muscles and tissues of the body to maximize function, mobility and safety. This often includes designing exercises to build strength and improve various aspects of walking, such as balance and gait pattern. Exercises may also aim to reduce fatigue, conserve energy, minimize pain, efficiently perform everyday functions and improve balance. It’s important to see a PT who specializes in neurological conditions rather than orthopedic conditions. Specially trained PTs may also help people with MS who have bladder or bowel issues. PTs may also offer at-home exercises that people can do on their own to maintain progress.

### **Occupational therapist**

Perhaps the most often-confused role is that of the occupational therapist (OT), who is often assumed to help people in a work setting. Actually, “Occupational therapists are trained to help people continue to do the things that are important to them,” says Kathleen Zackowski, PhD, OTR, associate professor at the Kennedy Krieger Institute and the Johns Hopkins University School of Medicine in Baltimore.

Often, this means OTs help their clients complete activities of daily living, or ADLs (defined as six basic tasks: eating, bathing, dressing, toileting, walking/transferring and continence). It can include other activities, too, such as leisure pursuits, paid work and caregiving.

OTs break tasks down into their components, and help people with whatever aspects—physical, cognitive, social, sensory or perceptual—are problematic.

For example, if someone is having difficulty cooking at home, an OT would help determine the root of the issue. “Maybe it’s that there are certain steps required that are hard to follow,” Zackowski says. “Or it could be you can’t stand as long as necessary to make the item. Or that your hand is impaired, so now you can’t cut the item. We can offer adaptive equipment and strategies to help the person complete tasks in different ways. Some tasks aren’t necessary for our life but are necessary to protect our quality of life; both are equally important, and this is a big focus in occupational therapy.”

OTs may employ a variety of techniques in treatment, ranging from muscle strengthening to energy conservation. An OT might also come to a client’s home to ensure that it’s safe and organized to optimally accommodate the limitations of the individual. “We look to see that the most frequently used pots and pans are easily accessible, that someone can sit safely at their desk, that the bed is at the right height, etc.,” Zackowski says.

### **Where goals overlap**

The therapy goals and procedures of PTs, OTs and SLPs can sometimes seem similar. In some settings, PTs primarily focus on exercise prescription and tasks related to walking, while OTs evaluate activity related to the upper extremities, plus cognitive function.

There is also overlap among the services offered by OTs and SLPs. While both may include cognitive-focused therapies, OTs are more likely to focus their treatments to improve functional tasks, while SLPs are invested in improving cognition related to communication.

Kostich urges people to seek support when needed. When it comes to dealing with their challenges, “our patients are notoriously stoic,” she says. “I’m in awe of them on one hand and, on the other, I’m a little frustrated because they’re like, ‘Well, it’s just how I am.’ But everyone who is managing MS needs to know that there are skilled professionals who can help. You don’t have to do it alone.”

Your physician can help you determine whether rehabilitation—and which type of therapy—will be most beneficial to you. One key thing to remember is that therapy is not designed to be a lifetime commitment. But even when formal therapy concludes, individuals should feel confident that they can continue to implement the strategies or exercises they’ve learned at home.

## **Know your rights**

Insurance coverage for physical, occupational and speech-language therapy can vary significantly among different health insurance plans. Most insurers limit the amount of

therapy treatments they'll cover in a calendar year. Medicare currently caps the combined amount of physical and speech/language therapy it will cover in a year to \$3,700, and caps occupational therapy to a separate \$3,700 per year.

Until recently, it was fairly common for Medicare beneficiaries who required continued therapy in order to maintain function or prevent further deterioration to be denied services due to an "Improvement Standard" that required demonstrable progress.

However, in 2013 a landmark case determined that lack of progress could not be used to deny services; rather, if an individual continued to require the skilled services of a healthcare professional, he or she would be eligible for nursing and therapy services, both at home or in skilled-nursing facility settings.

People with MS who need additional treatments above their insurers' limits should work with their rehabilitation therapists to file appeals, clearly stating why additional treatments are necessary and what is at stake if they do not receive them.

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For more about SLPs, visit the [American Speech-Language-Hearing Association](#).

For more about PTs, visit [MoveForwardPT](#).

For more about OTs, visit the [American Occupational Therapy Association](#).

For a referral to any therapist in your area, call an MS Navigator at 1-800-344-4867.