
REHABILITATION OF THE PERSONS WITH MULTIPLE SCLEROSIS: RECOMMENDATIONS AND STRATEGIES OF CARE

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Multiple sclerosis (MS) is an inflammatory disease that leads to the destruction of myelin with a consequent decrease in the speed of communication between the various areas of the brain. The disease progressively passes from an inflammatory phase to a degenerative phase due to the direct involvement of the axons. This leads to progressive functional loss and a consequent increase in disability. MS is a network and brain disease, which slows down the communication between brain areas leading to a progressive loss of subcortical automatisms. Thus balance control and basic movements require more and more cognitive effort to perform. The same occurs for attention. This condition leads to cognitive overload and produces a central component of fatigue. The spinal cord plaques are responsible for the spastic paraparesis, which represents a common condition in a person with multiple sclerosis. The EDSS scale assesses the level of disability; more recently, patient-centered assessment has become increasingly popular, allowing, through questionnaires, evaluation of a specific view of the perceived level of disease. A series of symptoms are characteristic of multiple sclerosis. They are relevant and must be managed both from a pharmacological point of view and from a rehabilitative point of view. From the person's point of view, a series of symptoms accompanying multiple sclerosis are relevant and must be managed both from a pharmacological point of view and from a rehabilitative point of view. The often dominant symptom is represented by fatigue, which has a central component and a peripheral component secondary to the motor restriction, which accompanies the disease itself and which leads to cardio-respiratory deconditioning. To act on these symptoms, we must offer specific exercises, mainly aerobic; we have drugs such as amantadine available. Another critical component is that of spasticity, which must be managed from a functional point of view. An aggressive antispasmodic therapy often leads to hyposthenia, which no longer allows the person to walk through the extensor pattern. Pain is also a fundamental component of the disease. Neuropathic pain must be distinguished from musculoskeletal pain. In fact, in the first case, it is necessary to act through specific drugs, while in the second case, musculoskeletal pain

rehabilitation surgery plays a significant role. There are many other symptoms associated with the disease. The rehabilitation is crucial for its management through pharmacological and specific rehabilitations program. Rehabilitation should be started as early as possible to improve motor control and prevent restrictive compensation from being established on the functional level, especially the motor, and compensation, which could be a disadvantage during the development of the disease. The rehabilitation objectives must be calibrated according to the severity of the disability and must be individualized through a specific rehabilitation project. In multiple sclerosis, rehabilitation intervention represents a fundamental strategy in the management of the disease.

Key words: multiple sclerosis, rehabilitation, strategy of care.

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