

Experience of a hip passive assistive device in the treatment of MS patients



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Introduction

Multiple sclerosis (MS) patients display a reduction in independence and quality of life caused by gait alterations associated with the disease¹.

For this reason, it is evident that the rehabilitation processes can play an important role to improve gait in patients affected by MS. In the present study, we aimed to investigate the effect of a passive orthosis (ExoBand) assisting hip flexion in the treatment of MS patients³.

Materials and methods

- We applied three different methods of evaluation of the passive orthosis: acute effect, training in hospital and training effect at home.
- 1) Two patients with MS (2F age: $49,5 \pm 4,9$ yo; weight $58,5 \pm 2,1$ kg) underwent 3D gait analysis, walking with and without the orthosis (acute effect);
- 2) Two groups of patients (3F, 1M for each group) underwent a rehabilitation protocol of 10 sessions, including 40 mins of physiotherapists' manipulation, 40 mins of exercises and 20 mins of walking. One group conducted the walking part using the orthosis (age: $45,0 \pm 8,2$ yo; height $169,5 \pm 8,3$ cm; weight $69,8 \pm 15,9$ kg) and the second one without (age: $50,3 \pm 6,4$ yo; height $165,5 \pm 8,3$ cm; weight $59,5 \pm 3,1$ kg) (training effect in hospital);
- 3) Two patients with primary progressive MS (1M, 1F age: $48,5 \pm 17,7$ yo; height $170,0 \pm 7,1$ cm; weight $83,0 \pm 4,2$ kg) underwent a 4-week customized remote training program (training effect at home). The training had a duration of ~30 mins and was executed via remote telemonitoring, it involved dynamic exercises and walking wearing the assistive device².



Fig. 1 (a) telerehabilitation with physiotherapist .



Fig. 1 (b) Setup rehabilitation session

(c)



Fig. 1 (c) Motion capture camera by BTS Bioengineering.

(d)

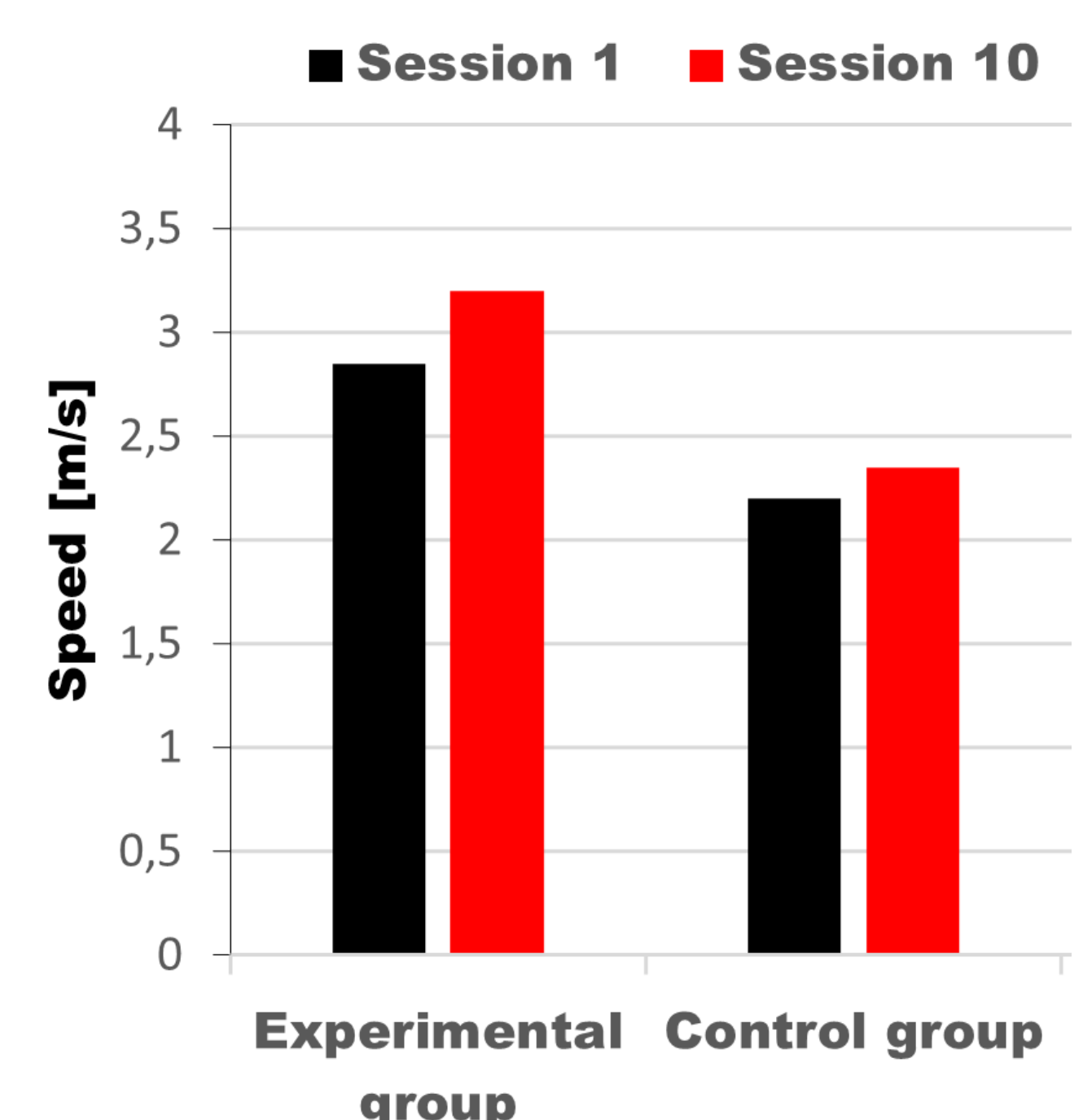


Fig. 1 (d) ExoBand by Moveo.

Results

Acute effect: patients evaluated with gait analysis displayed an average increase in speed (+13,4%) and cadence (+7,4%) while walking with the orthosis with respect to not using it.

Training effect in the hospital: patients undergoing the traditional rehabilitation protocol improved their baseline walking speed by +6,8% at session 10 with respect to session 1, and those who used the assistive device by 12,3%.



Training effect at home: patients who underwent remote training program showed an increase in distance covered by 15,3% (10 MWT) and of 11,0% in stability (BBS) comparing their performance before starting the training protocol.

Conclusions

Results highlighted the fact that the hip orthosis has an effect on several gait parameters.

Its simplicity of use is a striking point for a rehabilitation protocol, that can be conducted at home or in a clinical setting. Although very promising, these results need to be strengthened by future work conducted on a larger cohort of patients.

References

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