

Posture and movement 2:

Moving well with MS

Many people with MS get around without any help, or only need a little help from time to time. This may be because of a relapse or feeling ill or tired. It's important that family, friends and carers can offer the right kind of help when this happens. This factsheet helps those who are generally fairly mobile, but who at critical times might want some help. We look at:

- walking
- standing up from a chair
- alternative ways of moving from one seat to another
- getting in and out of a car
- getting up from a fall

Walking

If walking is part of your everyday life, this information should be helpful. If you need a lot of help walking, because your walking has got worse or because of a relapse, you should see a physiotherapist for advice.

If you can, it makes sense to spend time standing and walking. Both activities provide very important stimulation to the central nervous system (brain and spinal cord) and to muscles. This could help maintain strength and control for movement.

Standing and walking also challenge your body's balance systems, which might become less efficient if they are not used. Of course, the exercise walking gives can have benefits for general health.

The way we walk - gait

You may not be able to avoid changes because of your MS. But it's important to keep as normal a pattern of movement as possible, to avoid 'bad habits' which could cause knock-on problems. The nervous system adapts to what it experiences, so to undo a problem with the way someone walks (their 'gait') can be difficult.

Someone's gait can change for a number of reasons. For example, if someone with MS catches their toes on the ground, they may, without realising it, lift the hip and knee more to avoid this. If this style of walking carries on for some time, it can become a (bad) habit and walking becomes more tiring. You may be more at risk of knee or back pain, and have more chances of falling.

Fatigue

Fatigue is common in MS and it can cause problems with your gait. If you plan to be most active when your energy levels are at their highest, you could avoid this. To find out which times are the best times for activity, you might find it helpful to keep a 'fatigue diary' (see our booklet 'Fatigue').

MS fatigue is different from person to person, but you might find it helpful to break a walk up into manageable chunks by taking regular rests or using transport part of the way. If you try to avoid the worst fatigue, it might help to avoid problems with your gait.

Making walking easier

In the house, it might be helpful to re-arrange your furniture to provide a series of 'balance points' when you walk around rooms. Small adaptations to your home may be helpful, such as hand rails at the entrance to the house or a second banister on the stairs. Occupational therapists should be able to advise on this, and our booklet 'Adaptations and your home' has more information about choosing and paying for adaptations.

It's also important to avoid hazards so people don't trip, such as rugs or electrical leads. Trolleys supplied by occupational therapists can help carry things around your home, but they're not suitable for use as walking aids.

Many people use a stick for walking. A stick gives a lot of active people the confidence to keep moving. A lot of times, people use a stick to help with their balance. However, if you rely on a stick to support your weight, it can make things worse. It's best when a physiotherapist supplies you with a stick and shows you how to use it.

The list below is a selection of what's available:

- Wooden walking sticks can be supplied by the NHS (GPs and hospitals). They need to be cut to size.
- Metal walking sticks, also supplied by the NHS, are adjustable.
- Folding sticks are very popular and are available from chemists and other high street shops. They often fold to the size of a small bag

Information for carers

A little assistance from a family member, friend or other carer can sometimes help. Having someone close by can make you feel more confident. Providing a hand or arm for support might be useful on a slippery or uneven surface. If you are more unsteady and need actual physical support, you could link arms or hold hands. Also:

- be careful to walk at a speed that's tailored to the person you're with, rather than your own natural speed. Don't offer more assistance than the person requires as this can disturb the walking pattern
- resting on you a little is far better than pulling on you which tends to disturb the walking pattern more
- if the person you're assisting is unsteady, keep close and pay attention to their balance at all times so you can steady them if necessary
- the right shoes (usually with a low heel and non-slip soles) - for both you and the person with MS - can make a difference
- if assisting someone to a chair, make sure they get their legs right back to the chair before sitting down - many falls happen by sitting down too soon

- Sticks which fold out to make a three-legged stool can be good if you take regular rests when walking – or if you expect a long queue at the bank
- A simple walking frame, available from the NHS and often known by the trade name, Zimmer, gives support and can be used with wheels on the front to allow it to be pushed rather than lifted. It should not, however, be used to help you to stand up or sit down. These frames can encourage poor walking patterns if too much weight is put on them
- Folding walking frames are easier to store when not in use or being transported in a car. These are available from the NHS
- For outdoor use, four-wheeled frames with wheels and brakes usually have capacity to carry items and provide a seat. They are rarely available through the NHS but can be bought online, through brochures or from mobility centres. As with sticks, the height of all the frame should be adjusted for the person who will use it
- If less support is required, more manoeuvrable three-wheeled ‘Delta’ frames may be helpful. Delta frames fold in half for easier storage, but they are less stable than those with four legs or wheels. These are available from the NHS

Illustrations and further information on all the walking aids described above can be found in the Disabled Living Foundation factsheet ‘Choosing walking equipment’. Download at dlf.org.uk/public/factsheets or call 0845 130 9177.

You may want to apply for our [Health and wellbeing grants](#). They’re here to help you pay for something that will have a significant positive

impact on your life. These can help towards a wide range of equipment, adaptations, respite breaks and support for carers and families.

You don’t have to be a member of the MS Society to apply!

Is the equipment suitable for you?

A physiotherapist should check that what you use is suitable and set up correctly for you. But there are certain things you should think of if you’re using any equipment to help with walking.

Almost all walking aids can be supplied with different handles to make them easier to use.

All sticks should have a rubber ‘ferrule’ on the end. This prevents slipping on a smooth surface (you can get replacements from physiotherapy departments, mobility shops and sometimes GP surgeries).

Sticks should usually be adjusted so that, with the shoulders level and the stick vertical and close to the body, the elbow is slightly bent (approximately 30°).

If you have a stronger side, this is the hand you should use for the stick.

Standing up from a chair

Before starting the movement, check that there is enough space and that any walking aids needed are close to hand and ready for use.

Simple pointers which may help:

- have your bottom well forward in the chair
- keep your back as straight as possible
- have your feet close to the chair legs or wheels so your knees are bent at 90°
- position the hands close to the front of the arm rests and lean well forwards pushing forwards and up with the hands as the legs straighten

Sitting down

Sitting down can sometimes be difficult, especially with unfamiliar chairs. Here are some simple tips which might help.

Ensure you can feel the chair on the back of at least one leg before moving to sit. This way, you can be confident you are well positioned. Follow the principles for standing but in reverse – reach your hands down to the arm rests and lean well forwards as the knees bend and your bottom moves back towards the chair.

‘Transferring’ from one seated position to another

‘Transferring’ describes moving from, for example, a chair to a bed without walking. For some people, standing is the easiest way to do this, but when this is not possible, there are alternatives. Examples include standing halfway up (as shown in the illustration, left) or using a straight or curved transfer board – these curved boards are sometimes known as ‘banana boards’.

Information for carers

If you’re helping a person with MS who needs help to get up from a chair, you might be able to help in a number of ways – according to the help this person needs and what you’ve both agreed is helpful.

Help them to shuffle forward in the chair by placing a hand under one of their buttocks and helping it to move forward as the person takes their weight on the other side. You can also help them to lean to each side in turn as they do this themselves.

Rocking forwards several times before standing can help to build up the momentum for movement. You might usefully help them with this. It may also be helpful for you to assist the person by guiding the trunk forwards (as shown in the illustration opposite). Once up, a little support at the trunk might help them to get their balance.

Avoid:

- holding the arm or shoulder as this can be painful
- being too close so that the person can’t lean far enough forward
- low seats which require more effort to stand from
- the person’s feet moving as they come forwards
- the person holding a walking aid as they stand up

If getting up from a chair proves difficult a lot of the time, changing the chair might be more practical. For example, a higher chair with arms of the right height might help. Or, if it is very difficult to stand, a chair that rises up could be useful.

A banana board will only work when the two surfaces are of relatively equal height and where there are no obstructions such as chair arms (although sometimes this can be managed if these do not come to the front of the chair). Ideally, the two surfaces should be next to each other, but they can be at an angle if this is not possible or if there is a chair arm in the way.

Before using this method of transfer for the first time, get advice from a health care professional. They should also give instruction on usage, but the following guidance may be helpful:

- sit towards the front of the chair (it may help to have a cushion behind for back support)
- have your feet flat on the floor. If you're in a wheelchair, remove the wheelchair arm
- lean to one side to lift your bottom slightly on the opposite side and allow the board to be placed under the buttocks so that at least six inches of it is under your bottom. The other end should be securely positioned on the surface you're moving to
- lean forward as if standing up - using your arms for support - to allow your bottom to come up a little, so you can slide across the board a little at a time
- between each move, ensure your feet are flat on the floor and able to assist in the move
- once you have moved across, lean to one side to lift the opposite buttock and allow the board to be removed

Buying or hiring a car

If you are looking to buy or hire a car, there are many things to consider, including whether you or your carer, or both, will be driving. There are a number of sources of information,

Information for carers

Back care - if you are helping to lift someone's legs into the car, make sure you keep your back straight by bending your knees or kneeling.

Things which might help with the move into the car:

- have the car seat as far back as possible
- in a bucket-shaped car seat, place a small cushion or folded up towel/ blanket to make it flatter
- place something slippery like a bin bag on the seat to make it easier to slide
- have someone inside the car on the opposite side to give support as the person gets their legs in
- use a two-door car which has more manoeuvring space in the front than a four-door one

including: an occupational therapist, a disabled living centre or your local Mobility centre.

The Rica publication 'Motoring with MS' is available from our information team. See the accompanying factsheet 'Posture and movement 1 - an introduction'.

Getting in and out of a car from a wheelchair

There are things which can help with getting in and out of most cars, even if it's not the ideal vehicle for easy access. This guidance takes you through getting into the car. As you might guess, the same guidance applies, in reverse, for getting out.

Before making the move into the car seat, ensure your wheelchair is positioned as close to the car seat as possible, with the foot rests removed. A carer might usefully help you with this, if needed.

The idea then is to slide (if using a transfer board – see page 4) or lift your bottom across to the car seat, holding the door frame or seat. Take care not to hit your head.

Once you are seated in the car, a carer might be able to help by lifting your feet in one at a time, if this is difficult for you. Alternatively a leg lifter may help you to lift your legs yourself and a soft turning disc may enable you to swivel your bottom round as your feet come in.

You can get these simple aids, and the transfer board mentioned above, through your occupational therapist or mobility/ disability shop. Equipz can help you. It's the Disabled Living's services which provide information and advice about equipment and services. Call **0161 607 8200** for more information.

Ask your GP, MS nurse or any other health or social care professional if you feel you need to see an occupational therapist.

Getting up from a fall: Information for carers

It's difficult to give specific advice about how to help someone up after they've fallen. It depends on where the person has fallen, who and what are available to help, how able they are and whether they are injured. Whatever the situation, you should always take the following actions:

- talk to the person to keep them calm and take note of their mental state
- check if they are in any pain or appear to be injured
- make them comfortable and warm while they recover and you decide what to do next

If the person seems unhurt, is comfortable and

is responding normally to you, then you should look around to see what is available to help them get up. A low piece of furniture such as a sofa, chair or bed is ideal as long as it won't move or overbalance.

If they're not able to get onto their knees, you may need to help the person move closer to the object you have chosen by asking them to crawl or shuffle on their bottom.

Help them to get as close as possible to your chosen aid, then with one foot flat on the floor (as shown in the illustrations opposite), encourage them to lift their bottom onto the seat.

Things which may help, depending on the situation:

- go in stages from something only a few inches high to a higher surface
- use a belt around the person which may help you to assist

If the person can't get themselves up with minimal help from you, you must consider either using a mechanical hoist if available or calling for assistance.

Paramedics are trained to assist and expect to be called out in these situations; they won't insist on taking anyone to hospital if they're not seriously injured.

If someone falls frequently, you should seek advice from a health care professional. Don't hesitate to call **999** for help if:

- You think they have seriously injured themselves
- you would place yourself at risk of injury if you were to help
- the person is too anxious to follow instructions or seems confused

We're the MS Society. Our community is here for you through the highs, lows and everything in between. We understand what life's like with MS.

Together, we are strong enough to stop MS.

The MS Society provides this information free of charge but if you would like to help cover the cost, which will help towards our essential work, please call **0800 100 133** or visit the fundraising section of our website to make a donation. Anything you can give will be greatly appreciated.

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