

Balance Rehabilitation for Amyotrophic Lateral Sclerosis

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Fact Sheet

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Amyotrophic Lateral Sclerosis (ALS)

- Most common motor neuron disease in adults.
- Typically associated with degeneration and loss of motor neurons in the spinal cord, brainstem, and motor cortex.
- Results in both upper and lower motor neuron signs and symptoms.
- Most common presenting impairment: focal, asymmetric muscle weakness beginning in the distal extremities and involvement of bulbar musculature.
- Progressive muscle weakness follows and leads to significant activity limitations including imbalance, gait impairment and falls.
- 46% of people with ALS experience a fall.

Stages of ALS

- Stage 1: Early / onset: most patients do not use an assistive device to ambulate.
- Stage 2: Moderate / progressive: most patients use an assistive device to ambulate.
- Stage 3: Advanced / late stage: most patients use a wheelchair for mobility.

Assessment

Physical therapists must ask about recent falls and near-fall episodes during a comprehensive assessment.

Balance Outcome Measures: Evidence in ALS

Outcome measure	Recommended stage	Details
Computerized Posturography: Sensory Organization Test (SOT) and Limits of Stability (LOS) Test	1	Deficits found in vestibular integration on SOT and reduced excursion on LOS
Timed Up and Go (TUG)	1 and 2	> 14 seconds indicates increased risk for falls
Activities Balance Confidence (ABC) Scale	All 3 stages	≥ 10% loss on ABC increases odds of a reported fall by 16%
Gross Motor Subscale of ALS-FRS	All 3 stages	≤ 9 indicates increased risk for falls

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ANPT Core Set of Outcome Measures for Neurologic Populations

Although no ALS-specific cutoff scores have been established for these measures, the ANPT recommends them as part of the neurologic examination. These outcome measures are appropriate for individuals with ALS who are ambulatory (Stages 1 & 2).

- Berg Balance Scale (BBS)
- Functional Gait Assessment (FGA)
- 10 Meter Walk Test (10MWT)
- 5 Times Sit to Stand Test (5TSTS)

Interventions

Balance Improvement

- Most appropriate for patients in Stages 1 and 2
 - Moderate intensity balance and proprioceptive training
 - Aerobic and strength training to delay the functional impact of progression

Compensatory Strategies to Reduce Falls

- Most appropriate for Stages 2 and 3
 - Best practice: PTs should teach and train on the “4 P’s”:
 - Pacing, Planning, Prioritizing, Positioning
 - Energy conservation education and training
 - Use of orthotics (cervical, upper and lower extremity)
 - Proactive prescription of power wheelchair use

Reference List

