Quinnipiac

UNIVERSITY



Trinity Health | Mandell Of New England | MS Center

Natalie Armstrong, SPT¹; Hannah Stamm, SPT¹; Erin Lampron, PT, DPT¹; Laura Simaitis, PT, DPT¹; Elizabeth S. Gromisch, PhD²⁻⁵; Jennifer A. Ruiz PT, DPT²⁻⁴; Heather M. DelMastro, MS^{2,3}

1. Department of Physical Therapy, School of Health Sciences at Quinnipiac University, North Haven, CT, USA 2. Mandell MS Center, Mount Sinai Rehabilitation Hospital, Trinity Health Of New England, Hartford, CT, United States. 3. Department of Rehabilitation Medicine, Frank H. Netter MD School of Medicine at Quinnipiac University, North Haven, CT, USA 4. Department of Medical Sciences, Frank H. Netter MD School of Medicine at Quinnipiac University, North Haven, CT, USA 5. Department of Neurology, University of Connecticut School of Medicine, Farmington, CT, USA

Purpose/Hypothesis

- Limited evidence exists to inform clinicians in selection of outcome measures for use in the remote assessment in persons with Multiple Sclerosis (PwMS).
- The Five Times Sit to Stand (FTSTS) is a recommended core outcome measure for individuals with neurologic health conditions, demonstrating good clinical utility, reliability and validity.
- This study examined the criterion validity of the FTSTS in PwMS via telehealth.
- It is hypothesized that remote administration of the FTSTS will have good criterion validity and support the use as a strength measure.

Methods

- 30 PwMS completed the FTSTS while being timed inperson and remotely through a telehealth service (Qliqsoft) concurrently.
- Demographics and disease characteristics were collected.
- Bilateral isometric peak torque of hip and knee flexors and extensors were measured using the Biodex System 4 Pro Dynamometer ®.
- Incidents requiring physical intervention were recorded to measure the safety of the remote test.
- Validity was assessed using Spearman's rank correlations with SPSS Version 26.

Results

• The remote FTSTS had medium to large associations with all of the measures except for strongest limb knee extension.

Telehealth in Multiple Sclerosis

FTSTS via telehealth is a valid assessment of lower limb strength In PwVS.

Muscle Group	Limb	ρ	p-value
Hip Flexion	Strongest	-0.451	0.012
	Weakest	-0.460	0.011
Hip Extension	Strongest	-0.378	0.040
	Weakest	-0.368	0.045
Knee Flexion	Strongest	-0.365	0.047
	Weakest	-0.590	0.001
Knee Extension	Strongest	-0.365	0.067**
	Weakest	-0.446	0.013
** n > 0 05			

p > 0.05 Small effect ($\rho = 0.10 - 0.29$) **Adjum effect (** ρ = 0.30 - 0.49) Large effect ($\rho = >0.50$)





Correlations Between Remote FTSTS Time and Strength

Table 1- Descriptive Statistics

Demographics				
Age (years)	55.0 (13.0)			
BMI (kg/m ²)	30.0 (7.8)			
Sex, n (%)	Male, n=9 (29.0) Female, n=22 (71.0)			
Ethnicity, n (%)	Hispanic or Latino, n=3 (9.7) Not Hispanic or Latino, n=27 (90.3)			
Race, n (%)	Black or African American, n=3 (9.7) White or Caucasian, n=27 (90.3)			
Disease Characteristics				
PDSS (score)		3.0 (3.0)		
Disease Duration (years)		14.8 (15.4)		
Outcome Measures				
Telehealth FTSTS (s)		10.35 (4.70)		
Incidences requiring intervention (n)		0		
Data presented as Median (IQR) unless otherwise stated				

Conclusion

The remote FTSTS demonstrates good criterion validity, as evidenced by significant associations with hip and knee flexion and extension in the weakest limb and hip flexion and extension and knee flexion in the strongest limb.

Clinical Relevance

The results of this study allow clinicians to make a more informed decisions in the selection of appropriate outcome measures for use in the physical therapy assessment via telehealth.



