

**Table 3.** Lifestyle physical activity recommendations and key messages for EDSS 0–9.0.

EDSS 0–4.5 (mild impairments)	
<p><b>Key messages</b></p> <ul style="list-style-type: none"> <li>• Lifestyle physical activity can be accumulated as part of work, household, and leisure, activities</li> <li>• Cooling strategies may be useful for those with heat intolerance</li> </ul>	<p><b>Recommended lifestyle physical activity strategies</b></p> <ul style="list-style-type: none"> <li>• Options are: selected rather than prescribed, planned or unplanned/spontaneous, and accumulated in one long bout or multiple, short bouts throughout the day<sup>6,45</sup></li> <li>• Physical activity is facilitated through behavior change strategies/techniques (e.g. self-monitoring) and environmental stimuli/prompts (e.g. alarms or calendar notes)<sup>46</sup></li> <li>• Physical activity levels can be tracked through self-report (journal) or devices (accelerometry)<sup>47,48</sup></li> <li>• Options include: 150 minutes per week or 30 minutes 5 days per week;<sup>6,45,49</sup> 7,500 steps per day (0.5 standard deviation above the expected for the MS population and a clinically meaningful change);<sup>50</sup> increasing daily steps by 800 per day (smallest MCID);<sup>51</sup> or increasing daily steps by 15% per day (smallest MCID); Godin Leisure-Time Exercise Questionnaire health contribution scores of either 24+ or 14–23 units based on starting point of 14–23 or &lt;14 units, respectively<sup>52</sup></li> <li>• Participation options <ul style="list-style-type: none"> <li>○ In-person behavioral education/coaching in groups or individually<sup>53,54</sup></li> <li>○ Remote physical activity behavioral education/coaching in groups or individually<sup>50,55,56</sup> <ul style="list-style-type: none"> <li>■ Lifestyle physical activity is sustained after support interventions are no longer present<sup>50</sup></li> </ul> </li> <li>○ Active gaming<sup>57</sup></li> <li>○ Environmental stimuli/prompts (alarms/alerts)<sup>46</sup></li> </ul> </li> </ul>
<p><b>Expert Opinion:</b></p> <ul style="list-style-type: none"> <li>• Evidence that most individuals with MS and in the general population do not meet recommended levels of physical activity has prompted a shift from exercise training for fitness toward lifestyle physical activity for health and wellness<sup>6,45</sup></li> <li>• Options include walking, gardening, road cycling, hiking with poles, individual and team sports, and dancing</li> <li>• Approaches for changing lifestyle physical activity can be delivered in person or through indirect channels (Internet, phone calls, or newsletters)<sup>58</sup></li> <li>• Motion sensors can help monitor activity and serve as motivation<sup>59</sup></li> </ul>	
EDSS 5.0–6.5 (increasing mobility impairments)	
<p><b>Key messages</b></p> <p>Same as above, plus</p> <ul style="list-style-type: none"> <li>• Using the appropriate mobility aid can promote physical activity and safety</li> <li>• Adapted leisure activities can increase physical activity levels</li> <li>• Specialists can facilitate greater physical activity levels</li> </ul> <p><b>Expert Opinion/Clinical Considerations:</b></p> <p>Same as above, plus</p> <ul style="list-style-type: none"> <li>• Inconsistencies may exist when recording step count for people using mobility aids</li> <li>• Decline in the amount of physical activity often parallels the person’s reluctance to use a more progressive mobility device</li> <li>• Adherence improves with enjoyable activities and ability to demonstrate progress toward goals</li> </ul>	<p><b>Recommended lifestyle physical activity strategies</b></p> <p>Same as above</p> <p><b>Participation options</b></p> <p>Same as above</p>
<p><b>Key messages</b></p> <ul style="list-style-type: none"> <li>• At this level of disability, all recommendations are expert opinion except where noted, due to lack of published evidence</li> <li>• Daily physical activity is essential</li> <li>• Functional movement of any kind, including ADLs, counts as physical activity</li> <li>• Wheelchair sports/adapted physical activity programs may be appropriate and beneficial</li> <li>• Rehabilitation professionals can help persons integrate more physical activity into the day</li> </ul>	<p><b>Recommended lifestyle physical activity strategies</b></p> <p>150 minutes weekly, as tolerated</p> <ul style="list-style-type: none"> <li>• Walking, as able</li> <li>• Manual wheelchair propulsion<sup>60,61</sup></li> <li>• Power-assist cycling</li> <li>• Swimming</li> <li>• Water therapy with skilled provider</li> <li>• Adaptive sports of all kinds</li> <li>• Seated dancing, yoga, boxing</li> <li>• Active weight shifting<sup>62</sup></li> <li>• Pressure relief (front/lateral press-ups)</li> </ul>
EDSS 8.0–8.5 (increasing difficulty performing ADLs—confined to wheelchair)	
<p><b>Key messages</b></p> <p>Same as above</p>	<p><b>Recommended lifestyle physical activity strategies</b></p> <p>150 minutes weekly, as tolerated</p> <ul style="list-style-type: none"> <li>• Active participation in ADLs as able, with assistance when necessary</li> <li>• Water activity with skilled provider</li> <li>• Bed mobility with assistance when necessary</li> <li>• Pressure relief (front/lateral press-ups)</li> </ul>
EDSS 9.0 (inability to perform most ADLs—confined to bed or chair)	
<p><b>Key messages</b></p> <p>Same as above</p>	<p><b>Recommended lifestyle physical activity strategies</b></p> <ul style="list-style-type: none"> <li>• As much physical activity as possible</li> <li>• Bed mobility with assistance</li> <li>• ADLs with assistance (e.g. dental hygiene)</li> <li>• Standing in a pool or in a standing frame may be possible with skilled support</li> <li>• Passive pressure relief</li> </ul>
<p>EDSS: Expanded Disability Status Scale; MS: multiple sclerosis; MCID: minimal clinically important difference; ADLs: activities of daily living.</p>	