GBS | CIDP Foundation International

Speaker Series Summary Episode 22: A Conversation With A Physical Therapist For GBS, CIPD And MMN

Overview

In this episode, we focus on the role of physical therapy (PT) in the recovery and long-term management of Guillain-Barré syndrome (GBS), Chronic Inflammatory Demyelinating Polyneuropathy (CIDP), Multifocal Motor Neuropathy (MMN), and related variants.

The discussion explores how PT supports patients across different stages of care—from stabilization in acute settings to restoring independence and fine-tuning function in outpatient care.

Summary

Introduction	**Maria Harris, Pt, DPT, is a Senior Inpatient Physical Therapist at Bryn Mawr Rehab Hospital and Advanced Clinician with a strong commitment to patient safety and excellence in clinical outcomes. Maria is dedicated to applying evidence-based practices to optimize functional recovery, reduce lengths of stay in inpatient rehabilitation facilities (IRF), and maintain the highest standards of patient satisfaction. Special interests include stroke rehabilitation, treatment of Guillain-Barré Syndrome (GBS), Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) and its variants**
What is the role of a Physical Therapist in recovery/management of GBS, CIDP, and MMN?	**Physical Therapy (PT) focus changes by stage:** • **Acute care: stabilize vitals, tolerate sitting, prevent complications.** • **Home care: bridge between hospital and outpatient, maximize independence and safety.** • **Outpatient: fine-tuning for maximum recovery, mobility, and strength.**

What does "independence and safety" mean in physical therapy?	**Independence isn't just walking without devices—it's about moving safely and avoiding falls. Devices (cane, walker, wheelchair) are bridges to independence, not signs of failure.**
How long is typical physical therapy?	**Varies widely. Could be several months to a year, depending on goals (e.g., daily activities vs. returning to sports like Spartan Races).**
Are there long-term benefits after physical therapy ends?	**Yes, but only if patients continue using the tools/exercises learned. Physical therapy provides a foundation, but ongoing self-practice is crucial.**
Is it too late to start physical therapy if delayed?	**Earlier is better, especially in ICU settings, but starting later still provides benefits. Timing depends on medical stability.**
How to find a physical therapist experienced in CIDP/GBS/MMN?	• **Ask insurance for approved providers familiar with diagnosis.** • **Call facilities directly and ask about neuro rehab specialists.** • **If no experience, educate the therapist or ask them to find GBS, CIDP, MMN specific resources: avoid overexertion/fatigue, increase reps before weight, and tailor sessions carefully.**

How to balance exercise with fatigue?	**Use the Spoon Theory (limited daily energy).** **Allocate "spoons" wisely between exercise and daily activities.** **Exercise should not wipe out the rest of the day.**
What is spoon theory?	**Spoon Theory** • **A metaphor for the limited daily energy of people with chronic illness or disability.** • **Every activity "costs" a spoon (unit of energy). Once spoons are used up, no more can be borrowed without consequences (like pain or exhaustion).** • **Unlike healthy people who can assume they'll have energy, spoon users must carefully budget it.** **Examples:** • **Getting out of bed and showering = 2 spoons** • **Making breakfast = 1 spoon** • **Going to work or school = 5 spoons** • **Meeting a friend = 3 spoons** • **If someone starts the day with 10 spoons, they must choose wisely—social plans may need to be skipped if essential tasks already use most of the energy.**
What are the dangers of over-exercising?	• **Overexertion can cause prolonged fatigue and worsen inflammation.** • **Inflammatory response from exercise may worsen nerve damage (since GBS/CIDP/MMN involve inflammation of nerves).** • **Key principle: "Low, slow, and steady."**

Does age affect Physical Therapy outcomes?	**Not directly. Motivation, goals, and baseline condition matter more. Both younger and older patients can succeed with tailored plans.**
What if progress is delayed?	• **Could be medical → refer back to neurologist for evaluation or medication adjustments.** • **Could be emotional/mental → rest or mental health support may help.** • **Tailor approach to underlying cause.**
How do Physical Therapists decide when a patient no longer needs therapy?	**Gradual transition—have patients demonstrate independence before discharge. PTs provide home exercise programs and remain available for check-ins.**
What simple home exercises are recommended?	• **Sit-to-stands every hour (10 reps, broken into smaller sets if needed).** • **Short walks, gradually increasing duration weekly.** • **Core strengthening/posture work for trunk stability.** • **Aquatic therapy, yoga, or Pilates if accessible.**

Is physical therapy whole-body or focused on weak areas (hands/feet)?	**Whole-body approach, but can target specific areas.** **Core strength ("proximal stability = distal mobility") is essential before focusing on hands/feet.**
Are there any special considerations for severe GBS variants (AMAN, CIDP with residuals)?	• **Treatment is individualized.** • **Axonal damage (AMAN) may lead to longer-lasting deficits; prognosis depends on extent of nerve injury.** • **Work closely with neurologists and rehab doctors to set realistic goals.**
Tips for traveling with GBS/CIDP/MMN?	• **Compression socks (with doctor's approval).** • **Move ankles, do seated marches.** • **Get up every hour if possible, walk the aisle.** • **Focus on movement to prevent clots/stiffness.**
What about multiple conditions (e.g., anemia)?	• **Physical therapy intensity is adjusted (lighter sessions, bed exercises if needed).** • **Physical therapists collaborate with doctors/nurses for safe care.**

Moist heat therapy for sensitivity in hands/feet?	**Moist heat packs (used under supervision) can reduce pain and sensitivity, sometimes improving mobility and tolerance for activity.**
How does Physical Therapy coordinate with Occupational therapy?	• **Physical therapy: gross motor (walking, mobility, strength, posture).** • **Occupational therapy: fine motor and daily living (dressing, cooking, grip, medication management).** • **Both focus on function but in different domains.**
Final Takeaways	• **Therapy must be individualized.** • **Safety and independence are more important than walking unaided.** • **Avoid fatigue and over-inflammation.** • **Close communication between patient, PT, and neurologist is essential.** • **Devices (walker, cane, braces) should be seen as tools, not setbacks.**

Relevant Resources

Centers of Excellence: https://www.gbs-cidp.org/support/centers-of-excellence/

Doctor to Doctor Consult: https://www.gbs-cidp.org/doctor-to-doctor/

Find our Awardee's Research Here: https://pubmed.ncbi.nlm.nih.gov/

Visit our Research Portal Here: https://www.gbs-cidp.org/research-portal/