

WRITING

- Pain while writing; pressure point from holding up a pencil
- Reduced speed
- Calligraphy: reduced quality and legibility
- Asymmetrical seating posture; rounded upper back or posterior pelvic tilt (tight back)
- Academic performance below the expected standards could be related to the manifestations of CMT.¹

SPORT AND RECREATION

- Difficulty handling sporting equipment (bicycle brakes, hockey sticks, baseball bats, balls, rackets, etc.)
- Balance problems when doing activities (skiing, snowboarding, skating, etc.)
- Avoiding sport activities
- Difficulty with sport-related movements

DRESSING

- Dressing speed often reduced
- Difficulty with fasteners (buttons, zippers, jewelry, bras, etc.)
- Difficulty putting on shoes, boots or orthoses, stockings or form-fitting garments (tights, leggings)

TRANSITION PERIODS

- Questioning one's career choice
- Difficulties at work, performance-related anxiety
- Challenges with independent living (apartment, interpersonal relationships, becoming a parent, etc.)

¹ Poor performance in school can also be due to other factors —psychological, emotional, etc.



Acknowledgements

The information presented in this pamphlet was collected through the work carried out by the community of practice of expert occupational therapists who are members of the Réseau MNMWiki-Réadapt (www.mnmwiki.ca) and many external reviewers.



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CRDP Le Parcours: Éric Gagnon, Suzie Potvin.
CRLB: Gilbert de Foenbrune, Diane Milot.
IRD PQ: Marianne Lyonnais.
Shriners Hospitals: Noémi Dahan-Oliel.
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Charcot-Marie-Tooth Disease
(Hereditary Motor and Sensory Neuropathy)

When to refer
in occupational
therapy



 **Muscular Dystrophy Canada**

Overview of Charcot-Marie-Tooth Disease

Charcot-Marie-Tooth (CMT) disease, also called hereditary motor and sensory neuropathies (HMSN), affects 1 in 3,300 people. CMT disorders vary greatly in their nature, severity and progression. The clinical profile can be very different, even among affected members of the same family.

Main characteristics

- Distal muscle weakness and atrophy, loss of sensitivity, unsteady gait, foot deformities, increased fatigue, reduced endurance, higher risk of falling when eyes are closed.
- Finger deformities, loss of thumb opposition, reduced grip and pinch strength, loss of sensation (hot, cold, pain, object recognition).
- People affected with CMT often display great resourcefulness and independence. They adapt to their condition and develop their own coping mechanisms in order to be able to perform their activities.

This last characteristic may delay referral to rehabilitation services, including referral for occupational therapy...and may lead to exhaustion.

Therefore, it is important to remain vigilant and watch for any signs that may indicate a need to refer to occupational therapy.



Some roles of the occupational therapist

- To assess the client's ability to perform tasks and plan the required response if needed.
- To maximize the performance of daily tasks safely and independently (at home, school, work, etc.) by finding solutions or adaptive measures to compensate for functional limitations.

WHEN TO REFER TO OCCUPATIONAL THERAPY

If the person with CMT has difficulty in one or more of the categories listed below, a referral to occupational therapy is recommended.

For each category (**in bold**), examples of manifestations of CMT are provided.

MOBILITY

- Risk of falling, difficulty running, tendency to trip, instability on certain surfaces or in various environments (e.g. public transit, crowding at school)
- Slowness, reduced endurance (difficulty running errands, keeping up with the group, carrying objects, etc.)
- Difficulty going up or coming down stairs
- Difficulty in obtaining a driver's license/
Vehicule adaptation

PAIN AND SENSORY FONCTIONING

- Reduced perception of pain (e.g. not feeling wounds on hands)
- Altered perception of temperature (e.g. using too hot water, freezing hands or feet)
- Pain, cramps, numbness in hands or in forearms on exertion

GRABBING AND HANDLING OBJECTS

- Difficulty grabbing and handling small objects (coins, game pieces, etc.)
- Tendency to drop or crush objects
- Feeling clumsy

IN THE KITCHEN

- Difficulty eating (handling utensils, opening containers, serving oneself, etc.)
- Difficulty cooking (handling cooking utensils, appliances, etc.)
- Difficulty carrying plates, pots or pans

IN THE BATHROOM

- Difficulty transferring in and out of the bathtub
- Risk of falling in the shower when eyes are closed (e.g. washing hair)
- Difficulty with toilet and hygiene management
- Difficulty wiping feet after bath
- Difficulty handling toothbrush and toothpaste, combing hair, shaving, putting on make-up, using a nail clipper, using feminine hygiene products

BEHAVIOUR

- Avoiding tasks, social outings or sport activities
- Feeling embarrassed by hand or foot deformities
- Receiving spontaneous help (friend taking the backpack or moving game pieces around for him/her, carrying a tray, etc.)
- Asking that the components of a task be changed (e.g. asking for bigger pieces), refusing to perform the task (not feeling like it)