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## Poster P24

### Physiotherapy in Charcot-Marie-Tooth Disease: insights from the Italian CMT Registry

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CMT treatment is still symptomatic. Despite extensive use of physiotherapy, no specific guidelines exist for adults. Data from direct patients' experience concerning access, benefits and satisfaction are also lacking. We investigated physiotherapy use, satisfaction and access in a well-characterized CMT cohort.

Questionnaires were administered through the Italian CMT Registry (2015-2018) or directly at CMT clinic of Besta Institute (2024), with clinical and genetic data collected. Questionnaires: Foot Function Index (FFI); tailored Questionnaire developed with input from experts and patients' groups about physiotherapy use (frequency and type), benefit duration, satisfaction (VAS scale 0-10).

313 patients completed the questionnaire: 255 (81.5%) online and 58 (18.5%) in presence. 210 (69.3%) patients received physiotherapy at least once; as compared to non-physiotherapy ones, they had higher CMTES ( $9.6 \pm 5.1$  vs  $6.4 \pm 4.5$ ;  $p < 0.001$ ); FFI pain ( $20.8 \pm 17.9\%$  vs  $13.9 \pm 15.2\%$ ;  $p = 0.002$ ), FFI Disability scores ( $34.7 \pm 17.5\%$  vs  $22.1 \pm 18.2\%$ ;  $p < 0.001$ ), and more frequent use of orthoses ( $29.5\%$  vs  $5.8\%$ ;  $p < 0.0001$ ). Most of the patients received physiotherapy in cycles (62.3%) via the National Health System (76.2%). Commonly reported exercises included stretching (85.2%), muscle strengthening (85.7%), posture (80%) and balance exercises (83.4%), with 70% reporting at least three combined types. 62% of patients rated their satisfaction  $\geq 6$ . Perceived benefit after physiotherapy lasted 1-3 months in 57%, 3-6 months in 17% and more than 6 months in 12% of the cases. 47% of patients reported difficulties accessing physiotherapy.

Almost 70% of patients underwent physiotherapy at least once in their lives, in most cases with combined exercises and good satisfaction. Duration of perceived benefit, however, is limited, not exceeding three months for most patients, suggesting the need for repeated or continuous treatment. Access remains a significant barrier for almost half of the patients.