

# WHAT ARE THESE NEW SYMPTOMS?

## FLARES VS. AGING VS. DISEASE CHANGE FOR THOSE WITH MS

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# Disclaimer

The information discussed is not intended to be a diagnosis for attendees. It is educational in nature to provide attendees further understanding of MS and related topics . Please consult your doctor for questions regarding your personal health.

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## Objectives

- Understand possible MS progression
- Understand MS stages and diagnosis
- Understand possible symptoms that may overlap with aging

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## MS Relapse

Relapse: “attack”, “flare ups”, “exacerbations”

- Inflammation of CNS
- Occurs 30 days after last relapse
- Lasts > 24 hours
- Not caused by other factors

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## MS Relapse Cont.

- Can have identifiable enhanced or new lesions (disease progression or activity)
- May not fully recover leading to new “baseline”
- Can include visual changes, sensory disturbances, weakness, abnormal fatigue, imbalance

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## Pseudo-relapse

Pseudo-exacerbation, pseudo-flare

- Worsening of existing or old symptoms
- No signs of inflammation, disease activity, or disease progression
- Can be caused by infection, heat, stress, exhaustion
- Symptoms typically resolved once trigger is identified

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## **Pseudo-relapse and MS Relapse**

A pseudo-relapse can potentially trigger an MS relapse OR they can occur at the same time

Stress or other factors may cause inflammation leading to actual relapse if not addressed

Beneficial to possible track:

- Body temperature and heat exposure
- Signs of infection such as fever or urinary changes
- Sleep quality, stress levels, and recent life events

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## **CIS vs RRMS vs SPMS vs PPMS**

CIS: Clinically Isolated Syndrome

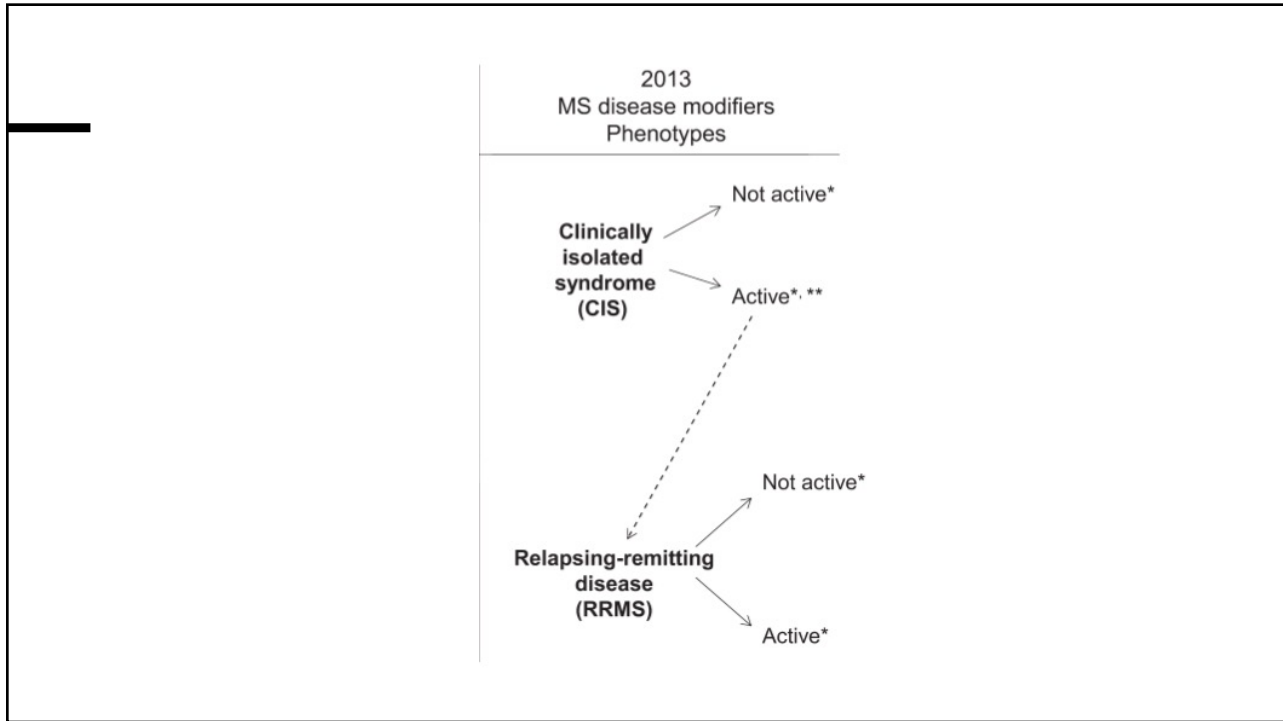
RRMS: Relapsing remitting MS

SPMS: Secondary Progressive MS

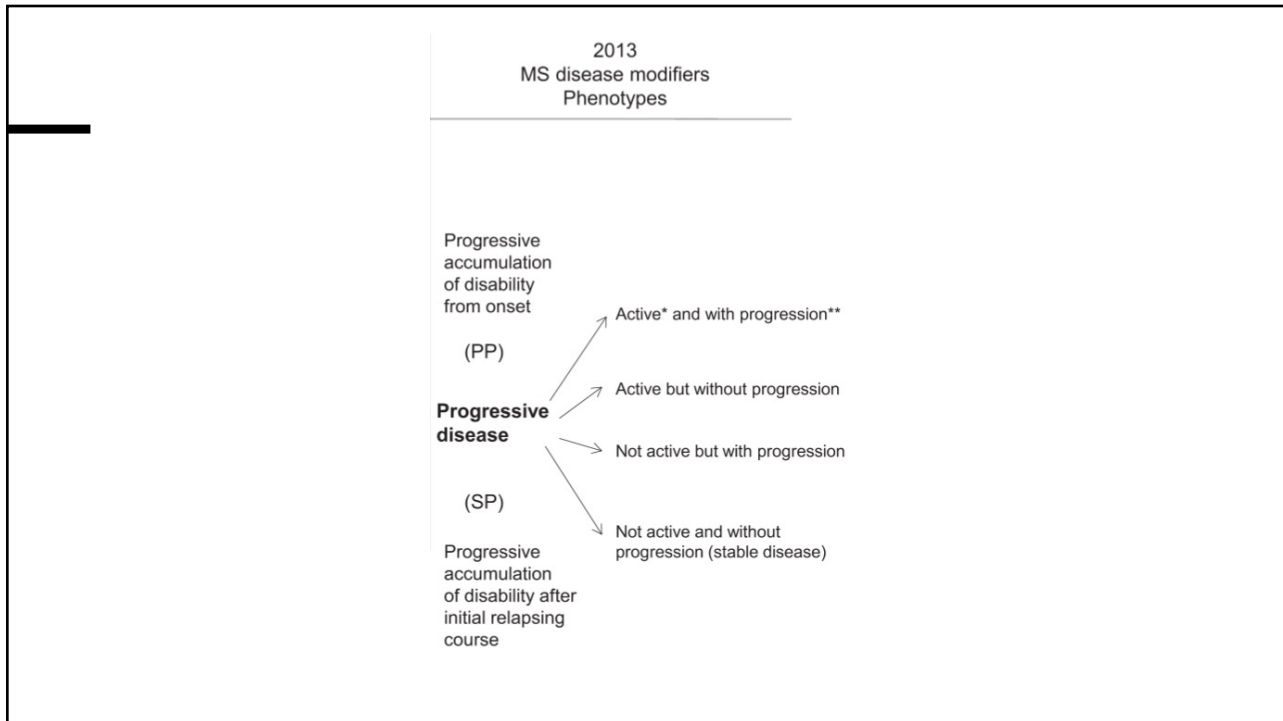
- Typically developed later in life with those with RRMS

PPMS: Primary Progressive MS

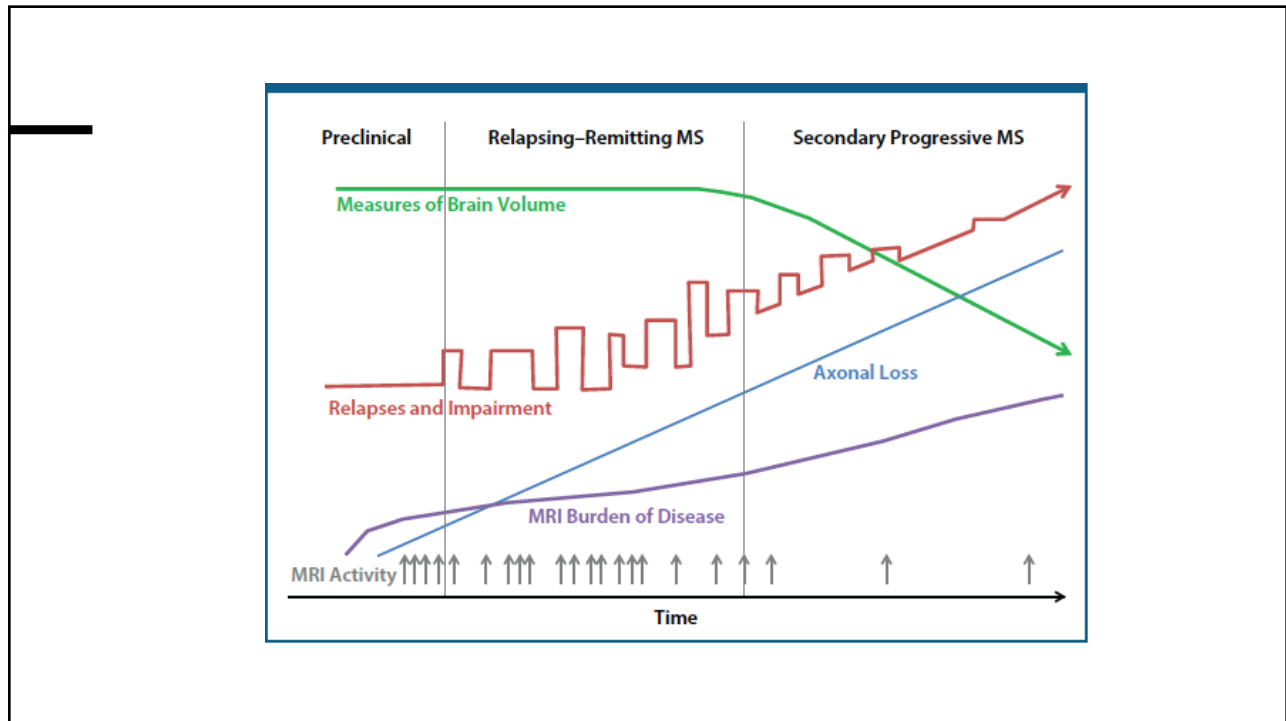
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## Aging

Our body changes over time and some symptoms can overlap possible disease progression

Vision

- Cataracts, macular degeneration, near or far sighted

Urinary

- Frequency, urgency, incontinence

Weakness

- Reduced lean body mass

Memory/Cognitive Changes

Sensory changes

- Neuropathy or general sensation changes

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## What to do?

Speak with medical provider about age related changes and referral to specialist

- Urologist
- Mental health specialist
- Optometrist or neuro-ophthalmologist
- Physical therapist, occupational therapist, speech language pathologist

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## Conclusion

Disease progression can occur in those with SPMS without signs of disease activity

Stress or infections can cause a temporary increase in existing symptoms

Some symptoms may overlap with normal aging

Speak with neurologist if concerned about symptoms and possible disease activity or progression

There can always be other causes for symptoms other than what was discussed today.  
Speak to a healthcare provider regarding any concerns you may have.

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# Questions?

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