Multiple sclerosis (MS) is an immune-mediated inflammatory disease of the central nervous system that leads to functional impairments (walking, balance, muscle weakness, fatigue) and limitations in social functioning. Its incidence reaches approximately 58 in 100,000 people.

If all coaches included a substantial part of their session to specifics warm-up and stretching, main activities observed were muscular strengthening (5/7), cardio-training (3/7), yoga (2/7) or body balance working (2/7).

1 intervention every 8.3 seconds is the average frequency of interventions given by the coaches during a PA session. After « instructions » (35%), « support » (14%) was the second group of interventions used by the coaches.

Coaches of the BeSep program scored higher than general population on each facet (n=15) and each general factor of the TEIQue (Petrides et al., 2007) : well-being, self-control, emotivity and sociability.

Before each session, most of the coaches (6/7) took into consideration the state of the patient by a general observation (physical state) and a dialogue (psychological state).

According to coaches, most of the MS patients return to sedentarity after the BeSep program (1 year). Only few remain physically active by participating to the collective BeSep intervention.

The approach of sport coaching with a MS public needs to be very different from the traditional approach. As reported by Motl et al. (2009), the coaches involved in these programs must be prepared specifically in a context with an emphasis on the development of social and emotional skills.

Being aware that the adherence to exercise is difficult for MS people (McCullagh, 2008), the coach’s attention to patient’s behaviours revealing his/her current state seems to be the first step of an effective intervention.

The intervention strategies of seven sport coaches were analysed in an individual physical activity program addressed to seven MS patients at the University Hospital Center of Liège (BeSep) in 2010. This study should be considered as the analysis of seven cases with a triangulation of the analysis.

Data were collected in order to identify the usual coaching approaches:

- coach’s behaviours (audio and video recording of one session);
- coach’s and patient’s representations, values, attitudes and feelings (questionnaires, semi-structured and stimulated recall interviews);
- coach’s emotional competencies (Trait Emotional Intelligence Questionnaire - Petrides et al., 2007 – fulfilled by all subjects).

Coaches shared a common conception of the objectives to reach. However, they showed highly personal approaches (selection of the activity to be taught, relationships with the patient ...).

Empathy, dialogue, support, cooperation and closeness to the MS patient were some of the most important characteristics of the relationships highlighted by the coaches.

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