

Abstract: 22 - Date: 2019-04-12 11:36:22am

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Ultrasound guided versus blind subacromial corticosteroid and local anaesthetic injection in the treatment of subacromial impingement syndrome: a study of efficacy

Keywords

shoulder impingement syndrome; steroids; ultrasound; injections; intraarticular

Authors

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Introduction

A prospective randomized uncontrolled open study to compare ultrasound (US)-guided versus blind subacromial corticosteroid injection in the treatment of subacromial impingement syndrome (SIS) in terms of clinical improvement in pain and functionality.

Materials & Methods

29 patients with clinical findings and magnetic resonance imaging consistent with SIS were randomized into 2 groups; 15 patients received US guided subacromial steroid plus local anaesthetic injection (methyl prednisolone acetate 40mg in 1ml and procaine 2% 4ml) and 14 patients received a blind injection. Patients were evaluated before and one month after treatment. The primary outcome measure was a visual analogue scale (VAS) for pain. Secondary outcomes included active shoulder range of motion (ROM) in flexion and abduction, Disability of the Arm, Shoulder, Hand (DASH) and the Constant-Murley score. All patients were assessed before and four weeks following the intervention.

Results

There was a significant reduction in VAS for pain, active shoulder ROM, and DASH in both groups four weeks post treatment ($p < 0.05$). There was no between group difference. Constant Murley scores improved in both groups four weeks after treatment ($p < 0.05$). Even though there was a greater improvement in Constant Murley scores in the US guided group four weeks post treatment ($p = 0.02$), there was no difference in the between – group mean change in score ($p = 0.95$).

Discussion

Conclusion

Blind and ultrasound guided intra articular corticosteroid injections are equally effective in improving pain, ROM and functionality in SIS. In an era where the economic burden of healthcare is high on the agenda, we believe that clinicians can opt for blind steroid injection in the treatment of SIS with good effect.

References

Abstract: 42 - Date: 2019-06-01 19:37:36pm

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Topic of Summary

Robotics, virtual reality and innovatives techniques in PRM

Title of Summary

Robot-assisted gait training vs. conventional therapy in caregiver burden after stroke: a randomized study of an in-patient rehabilitation clinic

Keywords

Caregivers; depression; inpatients; rehabilitation; stroke.

Authors

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Introduction

The purpose of this study was to evaluate caregiver burden of the stroke survivors during in-patient rehabilitation period and to compare the effects of robot-assisted gait training and conventional therapy on burden of the caregivers.

Materials & Methods

This was a randomised, crossover prospective design study. Sixty-three stroke survivors and their caregivers enrolled to the study and the stroke survivors randomly assigned into two groups. The patients in the first group had robot assisted gait training for 2 weeks then conventional therapy for the following 2 weeks, the patients in the second group treated with conventional and then robot assisted gait training for the same period. Caregiver burden inventory (CBI), Beck Depression Index, Beck Hopelessness Scale was administered to the caregivers at baseline (0.day), switch day (15.day) and end of the rehabilitation (30.day).

Results

Before in-patient rehabilitation 18 (35%) of the caregivers were above normal scores of CBI, however at the end of rehabilitation 42 (66.6%) of the caregivers were in high burden and needed respite or other services. CBI scores changed significantly at the end of rehabilitation in both groups.

Discussion

Conclusion

Caregiver burden of the stroke survivors increase during in-patient rehabilitation period. Robot-assisted gait training seems to increase the burden slightly lower compared to the conventional therapy.

References

Abstract: 47 - Date: 2019-06-18 18:41:30pm

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Topic of Summary

PRM Education research and management in the mediterranean countries

Title of Summary

Effect of biological therapeutics on functional status and disease activity among Croatian patients with rheumatoid arthritis

Keywords

rheumatoid arthritis-disease activity-functional disability-biologic therapy-conventional disease modifying drug

Authors

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Introduction

Rheumatoid arthritis (RA) is a chronic inflammatory joint disease that can lead to osteoarticular destruction. The goals of treatment of RA are not only symptom relief, but also improvement in disease activity and physical functioning. RA therapy include conventional

synthetic (csDMARDs) or biological disease-modifying drugs (bDMARDs). The aim of this study was to assess physical disability and disease activity in RA patients treated with bDMARDs as opposed to those treated with csDMARDs.

Materials & Methods

Seventy-seven RA patients (group A=29 on bDMARDs, group B= 48 on csDMARDs) were enrolled in the study. Biologic therapy included: TNF inhibitors (adalimumab (7), etanercept (7), infliximab (4), golimumab (2), certolizumab (2)), interleukin-6 inhibitors (tocilizumab (5)), and interleukin-17-inhibitors (secukinumab (2)). Functional status was evaluated using Health Assessment Questionnaire (HAQ) and disease activity using Disease ActivityScore28C-reactive protein (DAS28CRP). Statistical analyses were done using XLSTAT 2019.1.2.57072 program.

Results

There was no statistically significant difference regarding RA activity using DAS28CRP (3.51 vs 3.54, $p=0.56$) between groups A and B. However, we have found that HAQ was statistically significantly higher in group A in comparison with group B (1.19 vs 1.07, $p=0.018$), as well as the duration of RA (6.25 vs 3.75 years, $p=0.0006$).

Discussion

Conclusion

These findings suggest that the inclusion of bDMARDs in the treatment regimen was overdue, with RA already advancing with developed functional disability, which prevented the achievement of the primary goals of treatment: low disease activity or remission and functional improvement.

References

Abstract: 54 - Date: 2019-06-23 08:41:37am

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Case report: one new case of Parkinson's disease with concurrent myasthenia gravis in Greece. A rehabilitation challenge.

Keywords

parkinson's disease, myasthenia gravis, comorbidity, rehabilitation

Authors

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Introduction

There have been very few reports of Parkinson's disease (PD) coexisting with myasthenia gravis (MG) worldwide (15 since 1987 based on international literature). Our goal is to report a new case of concurrent parkinson's disease with myasthenia gravis and identify the sequence of the rehabilitation challenges emerging from the cascade of serious debilitating complications and side effects in this unique patient.

Materials & Methods

: Case presentation: We would like to report the case of a 74 year old man who was diagnosed as suffering from PD 6 years ago (2013) , in the age of 68 presenting with resting tremor especially of the right hand, rigidity, postural instability and bradykinesia and 4 years later (2017) was diagnosed with Myasthenia Gravis (severe ptosis, double vision, difficulty chewing and swallowing, generalized muscle weakness, increased level of serum anticholinergic antibodies and negative for Thymus pathology Chest CT Scan). The patient suffered from a series of serious complications: deep venous thrombosis, multiple vertebral osteoporotic fractures, vertebral infection following vertebroplasty accompanied by lower extremities neurologic compromise and many more.

Results

The rehabilitation team work, based on cooperation among numerous medical professionals, came across multiple challenges during long lasting treatment and functional rehabilitation process back to patient's mobility and independence.

Discussion

Conclusion

The need for further studies and research on the relevance and comorbidity of PD with MG is emphasized as well as increased awareness in the assessment of new symptoms. The challenges are great for the neurological investigation as well as the rehabilitation process.

References

We are sincerely thankful to the patient for the detailed history and overall contribution.

Abstract: 57 - Date: 2019-06-23 13:38:57pm

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Topic of Summary

PRM in paediatric problems

Title of Summary

Study of the link between dental malocclusions and idiopathic scoliosis.

Keywords

dental malocclusion, idiopathic scoliosis, dental growth, vertebral growth, postural disorders.

Authors

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Introduction

The aim of this work is to find a link between dental malocclusions and idiopathic scoliosis.

Materials & Methods

We conducted a cross-sectional, case-control study of 62 patients included for three months in 2018 at the spinal deformity consultation. Among them 31 patients are scoliotic and 31 are non scoliotic. An oral examination was done by dentists looking for dental malocclusions.

Results

The mean age is 12.98 ± 3.34 with a sex ratio (F / M) of 2.64. In scoliosis group, the mean age is 13.48 ± 3.64 with a sex ratio of 6.75; the non scoliotic group has a mean age of 12.48 ± 2.98 with a sex ratio of 1.38. The OR is 3.38, CI (1.18-9.70) with $p = 0.021$, by stratifying on sex, the difference is significant in girls $p = 0.031$ with OR 4.75, IC (1.31-17.11). The etiological frequency in the population (FE pop) is 50%, IC (18.68-81.32), the FEE in patients with dental malocclusion is 70.45%, IC (15.26-89.7).

Discussion

Conclusion

In our study, it appears that subjects with dental malocclusion are 3.38 times more likely to be scoliosis, this risk is higher and reaches 4.75 in girls. Fifty percent (50%) of scoliosis cases are attributable to dental malocclusion, and 70.45% of scoliosis cases are attributable to dental malocclusion in this latter population.

References

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occlusion: a review of the literature. Scoliosis 2011, 6:15
3- Trobisch P, Suess O, Schwab F: Idiopathic Scoliosis. Dtsch Arztebl Int. 2010, 107: 875-884.
<https://doi.org/10.1016/j.pio.2010.09.010>

Abstract: 59 - Date: 2019-06-23 17:28:16pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Sexuels dysfonction in spinal cord injury

Keywords

Spinal cord injury, sexuals dysfonction, Cotonou

Authors

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Service de Médecine Physique et Réadaptation, CNHU-HKM de Cotonou

Introduction

Spinal cord injury

Materials & Methods

Prospective study

Results

33 patients were enrolled

Discussion

Conclusion

Spinal

References

No one

Abstract: 62 - Date: 2019-06-24 08:55:57am

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

THE IMPORTANCE OF CLINICAL PARAMETERS IN EVALUATING EARLY OUTCOME IN PATIENTS WITH ONE LEVEL MICRODISCECTOMY-IMMEDIATELY POSTOPERATIVELY AND WITHIN THREE MONTHS AFTER SURGERY

Keywords

lumbar microdiscectomy, rehabilitation

Authors

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Introduction

To show the effect of operative treatment of lumbar disc herniation on clinical parameters preoperative, immediately postoperatively and within a period of three months after surgery.

Materials & Methods

Prospective Clinical study included 50 patients with one level lumbar microdiscectomy. Clinical parameters: pain, mobility of lumbosacral spine, Lazarevic's (Lasegue) sign, strength of muscles, sensitivity, were tested preoperatively, on discharge, after a month and after three months of operation and conducted secondary rehabilitation.

Results

Study included 50 patients, average age 41,4 years, 24 (48%) were female, 26 (52%) male. Median intensity of pain was on VAS 40 preoperatively, and 10 on all three remaining measurements. The pain intensity is statistically significantly higher preoperatively in relation to all three measurements after surgery ($p < 0.001$). The lumbar spine mobility expressed through the Shober test statistically significantly increases postoperatively. The incidence of the positive Lazarevic's (Lasegue) sign was 92% preoperatively, 70% on discharge, 52% in the first, and 32% at the second control. The difference is statistically significant among all measurements. Strength of peroneal and tibial muscles statistically significantly increases in time. The frequency of sensitive disorder was 78% preoperatively, 60% on discharge, 56% on the first and 54% at the second control. The difference is statistically significant between the preoperative measurement and on discharge (0.035).

Discussion

Conclusion

The biggest early benefit after operated lumbar disc hernia is the release, or significant reduction of the intensity of pain, the improvement of sensitivity, as well as the reduction in the frequency of the positive Lazarevic's (Lasegue) sign.

References

Abstract: 64 - Date: 2019-06-24 10:14:25am

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Inflammation - indicator of the upcoming of venous thromboembolism in the hip and knee surgery

Keywords

the parameters of inflammation , venous thromboembolism , hip and knee surgery

Authors

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Introduction

The aim of this paper is to point to the parameters of inflammation as predictors of venous thromboembolism in hip and knee surgery.

Materials & Methods

In the period of three years was performed study of 100 patients, who were hospitalized at the Clinic for Orthopedic Surgery and Traumatology, Clinical Center of Serbia, and had surgery of the hip and knee (50 in the knee region, 50 in the hip region). CRP and fibrinogen were monitored as predictors of venous thromboembolism.

Results

Inflammation is a very serious indicator of upcoming complications. Of the total of 100 patients in the hip and knee region, in 25 suspected patients a complete diagnostic was performed in order to confirm TDV and PE. Of the susceptible 25 patients, 9 were with complications. Patients who had postoperatively developed complications had an increased CRP preoperatively, significantly increased inflammation preoperatively. Significant CRP values were observed in patients who had surgery of the hip (17.8%) compared to patients who had surgery of the knee (6.5%). The difference is statistically significant $p < 0.001$. Increasing the value of CRP and fibrinogen preoperatively, significantly suggests greater chances of adverse outcome. They have a predictive value.

Discussion

Conclusion

By applying recommendations for diagnostic and treatment of acute and chronic venous disease we can contribute that at least reduce high risk of VTE in patients operated of the hip and knee. \r\n\r\n

References

Abstract: 66 - Date: 2019-06-25 05:03:57am

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Muscle mode changes bewteen different functional level of stroke patients

Keywords

stroke, muscle mode, different functional level

Authors

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Muscle mode changes bewteen different functional level of stroke patients; Muscle mode changes bewteen different functional level of stroke patients

Introduction

Functional recovery after stroke is nonlinear. The functional recovery varies according to on-set, lesion of location and area of brain damage. The purpose of this study is to compare the non-linear recovery pattern of muscle function and the muscle activation mechanism according to the level of functional recovery with stroke.

Materials & Methods

29 stroke patients participated in this study. Participants were divided into three groups according to their functional level. Group1 was able to maintaining sitting posture(n = 7), Group2 was independently able to do sit-to-stand(n = 10). Group3 was able to gait without any aid (n = 12). Subjects were asked to perform the Anetrior/Posterior sway operation 15 times for analysis of muscle mode. The AP sway operation provides real time visual feedback, so that it can be repeated 70% of the maximum AP sway motion. 12 muscle data(6 pairs) were collected on the affected and unaffected muscles of pectoralis major, lower trapezius, rectus abdominis, erector spinae lumbar, external oblique and Internal oblique.

Principal component analysis (PCA) analysis was performed using collected EMG signals to define muscle mode.

Results

PCA analysis defined two muscle modes for G1, and three muscle modes for G2 and G3. Also It was confirmed that the muscle composition constituting each PC was different between the groups.

Discussion

Conclusion

Different level of stroke patients had different functional level. The results showed that different level of functional movement between the groups may be explained by different muscle mode

References

This study was supported by a grand(NRCTR-IN19005) of the Translational Research Center for Rehabilitation Robots, Korea National Rehabilitation Center, Ministry of Health & Welfare, Korea.

Abstract: 68 - Date: 2019-06-25 11:13:28am

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Spasticity rehabilitation in patients with stroke in therapy with botulinum toxin

Keywords

spastiity, stroke

Authors

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Introduction

Our objective is to monitoring the spasticity evolution after toxinum botulinum injection in upper limb after stroke.

Materials & Methods

Our study included 54 patients with ischemic and hemorrhagic stroke for upper limb rehabilitation treated with 500 U Dysport. The injection was sonography guided in targeted muscles. The targeted muscle were teres pronator, flexum digitorum profundus and superficialis, and also in some cases biceps brachialis and triceps brachialis. The maximum dose was 500 U Dysport: 200 Biceps Brachialis, 150 Flexorum digitorum, 150 Teres pronator. All patients were monitored using modified Ashworth and Tardieu scale for spasticity, and Franchay and ADL (Activity of Daily Living) scale for functional ability. The evaluation was performed initially and after three months. All patients received an adapted program of neuro-rehabilitation, which consist in special electrotherapy- shockwaves, galvanic currents, and electro stimulation in palsy muscles.

Results

The spasticity decrease from 3.2 to 2.4 for Ashworth scale with improving results in Tardieu scale considerable. Functional ability increase daily activity after combination therapy. The functionality was measured by Franchay and ADL scale.

Discussion

Conclusion

Spasticity decrease in patients in very good way for functionality, in fact this is the main purpose when the combination therapy is applied.

References

Abstract: 74 - Date: 2019-06-26 10:28:15am

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Topic of Summary

PRM in paediatric problems

Title of Summary

Proximal Focal Femur Deficiency: are we still taking baby-steps?

Keywords

congenital femoral deficiency; proximal femoral; paediatric rehabilitation

Authors

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Introduction

Proximal focal femoral deficiency (PFFD) is part of a spectrum of congenital deformities affecting the femur, more comprehensively named congenital femoral deficiency (CFD) – incidence of 1 in 50,000 births. Treatment is complex and nearly all patients with PFFD will require some combination of surgical and orthotic treatment. The aim of this study is to emphasize the challenge of adapting orthotic treatment in very young children, during first stages of walking development.

Materials & Methods

We report a case of a 14 months-old infant with a prenatal diagnosis of CFD. He presents a 6 cm shortening of the right leg, with normal range of motion (ROM) of the ipsilateral hip, knee and ankle. He has already good sitting balance and tries to achieve standing position but the limb asymmetry leads to a vicious position of constant compensatory flexion of the left leg.

Results

At this point, the patient is learning to stand up and has a height compensation shoe. However, this compensation is no longer effective. According to the orthopedic team, there is no surgical indication before the age of four. The rehabilitation team decided to build serial orthotics to accompany the growth rate.

Discussion

Conclusion

The principal goal of bracing is to establish a stable weight-bearing extremity and may require 'non-standard' or unconventional braces produced to accommodate the shortened and deformed thigh. Follow-up by Physical Medicine and Rehabilitation is essential, as well as the frequent updating of orthoses to enable the child to develop the most adequate, physiological gait possible.

References

Abstract: 78 - Date: 2019-06-26 11:12:05am

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Comparison of treatment effects between children with spastic cerebral palsy under and over five years after Botulinum toxin Type A injection

Keywords

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Introduction

The aim of our study was to evaluate whether age influences a change in the spasticity after BTA injection in children with spastic cerebral palsy (CP).

Materials & Methods

Twenty nine children with spastic CP were enrolled in the study. Nine children (group 1) were under 5 years of age, and twenty (group 2) were over 5 years of age. They all received BTA injection in the legs. The clinical data collected were age, sex, the topographical clinical form of CP and the type of walking pattern according to that established by Rodda and Graham. Modified Ashworth Scale (MAS) and Gross Motor Function Classification System (GMFCS) were evaluated at baseline (pre-injection) and 6-month post-injection.

Results

The average age of children was $4,9 \pm 2;1$ years and the sex ratio was 2,2. Diplegia was the most common type of CP (57,7%) and true equinus (45%) was the most type of walking pattern. Most of children were classified as Level I (31%) and II (41.4%) according to the GMFCS. In both groups, the mean MAS was significantly improved after injection. The change in the MAS and GMFCS between baseline and 6-month post-injection in group 1 was greater than that in group 2.

Discussion

Conclusion

Our study demonstrated the different changes in spasticity after BTA injection based on age. Therefore, age may be considered when establishing a treatment plan using BTA injection for children with spastic CP.

References

Abstract: 79 - Date: 2019-06-26 11:20:12am

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Topic of Summary

Residents and young PRM in the Mediterranean countries

Title of Summary

Comparison of intra-articular injections of hyaluronic acid and hyaluronic acid plus corticosteroid in the treatment of hip osteoarthritis with Kellgren Lawrence degree greater or equal than II: pilot study.

Keywords

Corticosteroids, Hyaluronic acid, Kellgren Lawrence (K-L) scale, Intra-articular injections, Osteoarthritis, VAS score.

Authors

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Introduction

The hip is one of the most affected joint by Osteoarthritis (OA). The purpose of the study was to evaluate the therapeutic effect of intra-articular injections of hyaluronic acid (HA) in comparison to HA plus corticosteroid (CS) ancillary component (triamcinolone hexacetonide).

Materials & Methods

We recruited 12 patients, 6 by gender, treated since 2014 to 2019, affected of hip OA with Kellgren Lawrence radiological degree \geq II. They were divided in two groups followed for one month after intra-articular injection of HA (4 ml)(group 1) or HA+CS (4 ml)(group 2). Through VAS scale were assessed the pain at baseline (T0) and after one month (T1). We analyzed the statistical significance using T-student test and the effectiveness of therapy.

Results

Average VAS score-T0 was $66,67 \pm 17,74$ and -T1 was $32,08 \pm 26,91$ (T-test 0,0181), showing a good improving on pain. We analyzed average VAS score-T0 ($74 \pm 19,50$) and -T1 ($53 \pm 22,81$), with T-test 0,0182 in the 5 patients treated with HA injections, and T-test 0,0017 in the 7 patients treated with HA+CS injections (T0 $61,43 \pm 15,74$; T1 $17,14 \pm 18,90$). Effectiveness of therapy was assessed, reaching 28,38% after HA injections unlike 72,09% after HA+CS injections.

Discussion

Conclusion

Initial results suggest that HA+CS injections permit to obtain better results in term of decreasing pain in first month after treatment and linked-reducing of VAS score compared with HA injections. The efficacy is clearly superior in this group too. This work is a pilot study, the data of other functional scales are omitted because they are still being processed.

References

Abstract: 79 - Date: 2019-06-26 11:20:12am

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Topic of Summary

Residents and young PRM in the Mediterranean countries

Title of Summary

Comparison of intra-articular injections of hyaluronic acid and hyaluronic acid plus corticosteroid in the treatment of hip osteoarthritis with Kellgren Lawrence degree greater or equal than II: pilot study.

Keywords

Corticosteroids, Hyaluronic acid, Kellgren Lawrence (K-L) scale, Intra-articular injections, Osteoarthritis, VAS score.

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Introduction

The hip is one of the most affected joint by Osteoarthritis (OA). The purpose of the study was to evaluate the therapeutic effect of intra-articular injections of hyaluronic acid (HA) in comparison to HA plus corticosteroid (CS) ancillary component (triamcinolone hexacetonide).

Materials & Methods

We recruited 12 patients, 6 by gender, treated since 2014 to 2019, affected of hip OA with Kellgren Lawrence radiological degree \geq II. They were divided in two groups followed for one month after intra-articular injection of HA (4 ml)(group 1) or HA+CS (4 ml)(group 2). Trough VAS scale were assessed the pain at baseline (T0) and after one month (T1). We analyzed the statistical significance using T-student test and the effectiveness of therapy.

Results

Average VAS score-T0 was $66,67 \pm 17,74$ and -T1 was $32,08 \pm 26,91$ (T-test 0,0181), showing a good improving on pain. We analyzed average VAS score-T0 ($74 \pm 19,50$) and -T1 ($53 \pm 22,81$), with T-test 0,0182 in the 5 patients treated with HA injections, and T-test 0,0017 in the 7 patients treated with HA+CS injections (T0 $61,43 \pm 15,74$; T1 $17,14 \pm 18,90$). Effectiveness of therapy was assessed, reaching 28,38% after HA injections unlike 72,09% after HA+CS injections.

Discussion

Conclusion

Initial results suggest that HA+CS injections permit to obtain better results in term of decreasing pain in first month after treatment and linked-reducing of VAS score compared

with HA injections. The efficacy is clearly superior in this group too. This work is a pilot study, the data of other functional scales are omitted because they are still being processed.

References

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Topic of Summary

PRM in geriatric conditions

Title of Summary

PAIN AND NUTRITION IN PHYSIOTHERAPY

Keywords

Physiotherapy, pain, D vitamine, nutritional status

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Introduction

To assess the influence of a physiotherapy session on pain intensity and its relationship with nutritional status and D vitamin levels.

Materials & Methods

An observational, cross-sectional study was done for 84 patients treated in one day in the physiotherapy area. All patients were admitted to a Functional Recovery Unit. The pain level was analyzed prior, at the end and three hours after the session of the physiotherapeutic treatment. To measure the pain, we used an Visual Analogic Scale (VAS) Numeric Verbal Scale (NVA) and PAINAD scale according to the patient's comorbidity (visual impairment, motor coordination, dementia ...). Nutritional status and D Vitamin levels were determined by blood test. Epidemiological and clinical data of the patient were registered. The statistical analysis was carried out using the SPSS program v.21.

Results

The pain level was 3.1 + 3.5 before treatment and 2.90 + 3.4 at the end. Three hours after treatment, the pain value was 2.1 + 2.7, significantly lower than the initial one ($p < 0.05$). In those patients with D vitamin deficiency, the pain level was higher than in those with normal levels, without differences by sex or diagnosis. In malnourished patients, the pain value was lower than in patients without criteria of malnutrition $p < 0.01$. The improvement in pain was greater in amputees than in neurological and trauma patients.

Discussion

Conclusion

Physiotherapy treatment decrease the pain level specially three hours after treatment.\r\nDeficient levels of D vitamin are associated with higher pain level.\r\nPatients with malnutrition have less pain.\r\n

References

The authors wish to thank the Virgen de la Poveda Hospital management for allowing us to carry out the study and to staff and patients for their cooperation.

Abstract: 84 - Date: 2019-06-26 15:44:42pm

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Topic of Summary

PRM Education research and management in the mediterranean countries

Title of Summary

Reality of school sport participation: A cross-sectional study in urban Tunisian students

Keywords

School sport, extracurricular sport, student

Authors

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Introduction

The health benefits of increased levels of physical activity are widely established, including decreased risk for disease and improved mental well-being. The aim of this study was to determine student' s perceptions of school sports and their opportunities of an extracurricular sports practice

Materials & Methods

A cross-sectional study was conducted in three primary school and three high school during one month (October 2018). Data were collected by self-reported questionnaires

Results

One thousand one hundred and twenty nine Tunisian students (555 boys, 574 girls), aged 10-16 years old (11,7+/- 3,84) were presents at the data collection and completed all the questionnaire. school sport is practiced by 92.5% students with a median of one hour per

week and a real duration of 40 minutes but 36% of students are not satisfied with the quality of the session. On the other hand, 51.1% practiced an extracurricular sport. Football had the highest prevalence rate (16.7%). the median of duration was 1h [1-1.3]. A statistically significant relationship between socio-economic level and extracurricular sport practice ($p < 0.001$), also positive associations between physical activity and academic achievement among students ($p < 0.001$). The academic activity does not deprive the practice of extracurricular sport with $p=0.11$.

Discussion

Conclusion

Participation in school sports and physical education during childhood and adolescence are frequently mentioned as factors likely to promote more active lifestyles in adulthood. If this is true, public policy should more vigorously promote broad participation in school sports and physical education.

References

Abstract: 85 - Date: 2019-06-26 16:05:37pm

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Topic of Summary

PRM Education research and management in the mediterranean countries

Title of Summary

Relationships between school sport and academic performances

Keywords

school sport, academic performances, student

Authors

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Introduction

Opportunities for children to be physically active during school time are sparse and becoming increasingly so. Our intent in this study is to assess the effects on academic performances of school Physical activity programmes in middle school students and primary school.

Materials & Methods

A cross-sectional study was conducted in three primary school and three high school during one month (October 2018). Data (Age, school physical activity, hours per week of school sport and Academic Outcomes school) were collected by self-reported questionnaires.

Results

One thousand one hundred and twenty nine tunisian students (555 boys, 574 girls), aged 10–16 years old ($11,7 \pm 3,84$) were presents at the data collection and completed all the questionnaire. Median of Annual average was 14 [11,51-15,97] in group who practice school sport. The statistical correlation indicate positive associations between physical activity involvement and academic achievement among students ($p < 10^{-3}$)

Discussion

Conclusion

Practice of a physical activity by children would deserve being largely encouraged, taking into account its beneficial effects not only on health, but also on academic performances. Parents and teachers, as well as health professionals, should be strongly informed.

References

Abstract: 86 - Date: 2019-06-26 21:13:41pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Estimation of fracture risk factors in patients with low bone mineral density

Keywords

osteoporosis, osteopenia, fracture risk factors, fractures, FRAX

Authors

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Introduction

to estimate risk factors for the emergence of fractures and to estimate bone mineral density.

Materials & Methods

Our cross-sectional study included 160 patients (80 with osteoporosis, 80 with osteopenia), who received treatment at the Medical Rehabilitation Clinic, Clinical Center of Vojvodina in Novi Sad. The data were based on questionnaire, as well as measurements of the bone mineral density (BMD) by DXA method, and the assessment of the fracture risk by FRAX index.

Results

The average BMD and T- score of the lumbar spine (L1-L4)was: (OP) group -BMD= 0.815 ± 0.094 ; T score= -3.04 ± 0.81 ; Osteopenia -BMD= 0.8551 ± 0.0932 ; T score= -1.4 ± 0.81 . The average BMD and T- score of the femur (neck) was :OP group - BMD= 0.6906 ± 0.0913 ; T score= -2.42 ± 0.99 , Osteopenia group- BMD= 0.803 ± 0.091 ;T –score= 0.855 ± 0.093 . Results showed that statistically significant differences were established in representation of specific fracture risks between the patients with osteoporosis and osteopenia, in particular, weight, ($p=0.05$),previous fractures and family history of hip fractures ($p=0.01$). The mean FRAX risk of major fracture was :OP -12.48 ± 6.43 , Osteopenia - 10.25 ± 6.30), and for hip fracture was OP- 4.92 ± 3.90 Osteopenia- 3.67 ± 3.97).

Discussion

Conclusion

The most important fracture risk factors in patients with low BMD were the existence of earlier fractures, family history of hip fracture and low body weight.

References

Abstract: 92 - Date: 2019-06-27 16:07:02pm

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Topic of Summary

PRM Education research and management in the mediterranean countries

Title of Summary

Knowledge of Autonomic Dysreflexia in the Emergency Department: a local perspective

Keywords

Autonomic dysreflexia; education; emergency medicine

Authors

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Introduction

Autonomic dysreflexia (AD) carries significant risks to any patient with a history of spinal cord injury at T6 or above, yet knowledge pertaining to its salient clinical features and appropriate management is still scarce (Jackson et al, EMJ 2011; 28: 823-823). To this end, an audit investigating the knowledge of AD amongst emergency physicians working in Malta was conducted

Materials & Methods

A questionnaire validated by Jackson et al, (2011) to investigate knowledge of AD amongst doctors in New Zealand, was replicated for our local cohort. Questionnaires were filled-in by emergency physicians of different grades working within Mater Dei Hospital, Malta, without allowing for any aids (like phones, internet or colleagues). Results were subsequently calculated and analysed further using SPSS.

Results

Thirty-one emergency physicians ranging from basic (7) to higher (19) specialist trainees and resident specialists (5) were included. 63% were aware of the fact that spinal cord injury was the main risk factor for autonomic dysreflexia with 15% also knowing the correct level of injury needed. An accurate definition was obtained by 6%, with 21-40% getting a partially-correct answer. Averages scores on questions related to clinical features, precipitants, management and complications were comparable to Jackson et al. but showed significantly higher scores in more senior physicians locally.

Discussion

Conclusion

Local emergency physicians demonstrate a moderate level of knowledge related to autonomic dysreflexia, with senior doctors exhibiting higher clinical acumen. Caveats in the

knowledge revealed by our audit will be used to promote educational material and awareness across the board.

References

Abstract: 96 - Date: 2019-06-27 19:43:14pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Physiotherapy in Lateral elbow tendinopathy

Keywords

Authors

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Introduction

To evaluate the impact of physiotherapy in Lateral elbow tendinopathy in patients from Abel Salazar Health Unit, a public primary care unit in Portugal.

Materials & Methods

Survey with multiple choice and short-answer questions to patients with informatic codification of L93 "Tennis elbow" (International Classification of Primary Care, 2nd version) and imagiologic lateral elbow tendinopathy.

Results

A total of 101 patients were identified, from those 26 met the inclusion criteria and answer the survey. Physiotherapy greatly improved symptoms in 57,7% (15/26) of patients. In 26.9% (7/26) there was a complete resolution of pain, after an average of 2 physical therapy cycles. In 11.5% (3/26), patients did not felt improvements at all. The benefit of physiotherapy lasted more than 6 months in 65.4% of patients (17/26). There was no difference between patients that started treatment before 6 months of symptoms and those that started after.

Discussion

Conclusion

Currently, there is no consensus on the Lateral elbow tendinopathy's ideal treatment. In our study, physiotherapy had lasting positive effects independently of the duration of the symptoms at the start of the treatment.

References

Abstract: 98 - Date: 2019-06-27 20:53:24pm

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Topic of Summary

PRM in paediatric problems

Title of Summary

Isolated Radial Nerve Palsy in the Newborn

Keywords

Authors

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Introduction

To review the differential diagnosis between radial nerve palsy and brachial plexus lesion in the newborn.

Materials & Methods

We describe a case of congenital radial nerve palsy and summarize the clinical features that differentiate it from a brachial plexus lesion.

Results

Isolated radial nerve palsy, as well as brachial plexus lesion, presents with wrist drop and absent digital extension. However, in peripheral radial nerve palsy we can observe preserved shoulder and elbow function and normal wrist and digital flexion. Characteristic skin changes proximal to the lateral epicondyle, in the radial nerve course, are frequently found in congenital radial nerve palsy, and support the diagnosis.

Discussion

Conclusion

The combination of shared risk factors with brachial plexus lesion, the difficulty in the newborn physical examination and radial nerve palsy's quick resolution surely lead to many overlooked or misdiagnosed cases. Even though congenital radial nerve palsy is a rare

pathology its identification is important since it has a better prognosis that seems to be independent of how severe the presentation was.

References

Abstract: 103 - Date: 2019-06-28 10:13:21am

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Paraparesis after spinal anesthesia during delivery

Keywords

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Introduction

To describe two cases of spinal cord injury after spinal anaesthesia.

Materials & Methods

1. A 37-year-old female was admitted to rehabilitation with paraparesis, intractable pain and hypoesthesia under T9 level. She had undergone cesarean section under spinal anesthesia and the symptoms appeared a short-time after the operation. The MRI showed edema from D10 until the conus medullaris. \r\n2. A 42 year old woman was admitted to the rehabilitation department after spontaneous giving birth. After the epidural injection she developed paraparesis. Spinal MRI study did not show any signs of bleeding. A flaccid paraparesis was found below the level of L2. Hypoesthesia was noted over her right leg below L3 level.

Results

1. After 3 months of rehabilitation training, she was independent in the basic activities of daily living, walked with a rolling walker, and was able to use the stairs. Her SCIM was 84/100. \r\n2.

Discussion

Conclusion

The onset of the symptoms after cesarean section, the edema and the small medullary infarction seen in the MRI, support the theory that traumatic injury to the spinal cord during

anesthesia is secondary to either direct needle penetration or intra-neural injection of local anesthetics.

References

Abstract: 105 - Date: 2019-06-28 12:02:04pm

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Exercise prescription in myasthenia gravis

Keywords

Exercise, myasthenia gravis

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Introduction

Myasthenia gravis is an autoimmune disease caused by antibodies against components of the neuromuscular junction resulting in the cardinal symptoms of fluctuating muscle weakness and fatigability. As many myasthenia gravis patients have residual symptoms despite optimal treatment, interventions that can counteract them are important. Exercise seems to be a reasonable strategy considering these patients most common complaints of muscle weakness and functional limitations. However, currently no exercise protocol exists to inform healthcare professionals how to advise individuals with myasthenia gravis on exercise practice. The aim of this review is to gain an overview of what type of exercise is most adequate and safe among patients with myasthenia gravis. It pretends to answer the following questions: is exercise feasible among these patients? Is it safe? What exercise modalities seems to be more appropriate? What benefits can be expected?

Materials & Methods

This work is a narrative review that includes evidences about exercise prescription in myasthenia gravis. The sources used was Google Scholar, Pubmed e Elsevier. Clinical trials, case reports and literature reviews were included.

Results

Supervised exercise improves strength, functional capacity and reduces fatigue. Aerobic, strength and balance training are beneficial and safe even at a sufficient intensity to induce

adaptations, at least among those with mild disease. The commonest reported adverse events were mild and transient and seem to be related with exercise intensity.

Discussion

Conclusion

This review demonstrates that supervised exercise is feasible, safe and beneficial among patients with mild myasthenia gravis, having a positive impact in their most common complaints.

References

Abstract: 108 - Date: 2019-06-28 14:45:59pm

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Topic of Summary

PRM in paediatric problems

Title of Summary

FOP management in children's rehabilitation unit

Keywords

Fibrodysplasia ossificans progressiva; paediatric problems; respiratory physiotherapy; occupational therapy

Authors

Dra María Díaz Gutiérrez; Dra Sofía Yoon; Dra Carmen Mateo Moratinos; Dr Jose Luis Pérez Pinilla; Dra Carmen María Pérez Aguiar ; Dra Milagros Yulimar Rivero

Affiliations

Servicio de Rehabilitación, Hospital Universitario Nuestra Señora de la Candelaria, Tenerife, Spain

Introduction

Know pathology, differential diagnosis and management within the Children's Rehabilitation Unit of a patient diagnosed with a patient with primary ossifying fibrodysplasia (FOP)

Materials & Methods

We present the case of a 4-year-old children in the follow-up and treatment in our Children's Rehabilitation Unit with a diagnosis of FOP with cervical thoracic lumbar, mandibular involvement and dysmetria of the lower extremities.\n\nFOP is an ultra-rare, severely disabling genetic disease characterized by congenital malformation of the great toes and progressive heterotopic ossification (HO) in muscles, tendons, ligaments, fascia, and

aponeuroses often preceded by painful, recurrent soft tissue swelling (flare-ups). The formation of HO leads to progressive disability, severe functional limitations in joint mobility, and to a shortened life-span.

Results

The patient is included in physiotherapy treatment in order to learn patterns of respiratory kinesiotherapy in order to maintain an adequate respiratory pattern, strengthen the musculature and train family members in the management of secretions. In addition, treatment with occupational therapy is added to facilitate and promote the learning of motor skills, positioning and postural hygiene together with measures to improve the function of the upper extremities and feeding, and in this way, promote the child's autonomy and facilitate its normal adaptation in the school and family environment.

Discussion

Conclusion

Emphasize the importance of making a good diagnostic difference before alterations at the level of feet in newborns, since some alterations may be indicative of serious systemic pathologies. Give treatment options in these pathologies in order to improve the autonomy of these patients in all areas.

References

Abstract: 111 - Date: 2019-06-28 15:59:21pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Gluteus maximus fibrosis, one case review

Keywords

gluteal fibrosis, fibrosis

Authors

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Affiliations

Pérez Pinilla J.L; Rivero M.Y.

Introduction

The aim of this review is to build a specific rehabilitation program for patients affected of gluteal fibrosis that we can put into practice early on the detection of a new case.

Materials & Methods

The case of a 46-year-old male will be presented. He underwent surgery when he was 11 years old. The patient was sent to the rehabilitation service several years later, after having another surgical procedure in which a gluteus maximus tenotomy and a fascia Lata fasciectomy were performed.\r\nOn the first physical examination, the patient showed limitation to hip flexion while having his knees flexed on neutral position. He was also unable to reach the floor with his fingers when his knees were extended due to the fibrosis and the scar tissue.\r\n

Results

The patient referred an improvement of his previous condition after the surgery. After examination and review of image tests, hyaluronic acid viscosupplementation on the hips (due to osteoarthritis found on MRI) combined with physiotherapy was considered the best treatment option. \r\nAfter 40 sessions of physiotherapy with an individualized pattern according to his limitations, the patient showed good results. He referred a subjective improvement in the quality of the movement and achieved an objective improvement in the fingers-floor distance

Discussion

Conclusion

Given the previous exposed case, we can conclude that examination by a rehabilitation professional who can adapt the physiotherapy to each individual case after surgery and provide other treatments as well has proven to have multiple benefits for the patient.

References

Abstract: 116 - Date: 2019-06-28 22:38:12pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

urodynamic outcomes of urinary disorders in neurobehçet: about 07 cases

Keywords

urodynamic test, urinary disorders, neurobehçet

Authors

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Introduction

The objective of this study is to analyse the urodynamic outcomes of urinary disorders in patients with neurobehçet in order to understand and manage them.

Materials & Methods

A retrospective study was conducted in our department during 02 years[2017-2019]. This study included seven patients with neurobehçet and urinary disorders that underwent an urodynamic assessment.

Results

The average age was 36,3 years [26 – 50]. There was a male predominance. The average duration of the evolution was 2 years, brain injury was predominant. \r\n4 patients reported Urge urinary Incontinence with Increased daytime frequency, 2 patients have Nocturia with dysuria and 1 patient had Mixed urinary incontinence with dysuria. \r\nUroflowmetry was normal in 2 patients, Dysuria was found in 5 patients (4 of them with Detrusor sphincter dysynergia) associated with a significant post-voiding residue.\r\nOn cystomanometry, 6 patients have a detrusor overactivity dangerous to the upper urinary tract associated with Urinary incontinence.\r\n3 patients have increased external sphincter activity.\r\n

Discussion

Conclusion

urinary disorders in neurobehçet are varied and require good management to avoid impact on the upper urinary tract.\r\nUrodynamic tests provide objective information regarding the abnormal function of the urinary tract and allows us to conduct the right treatment.\r\n

References

Abstract: 118 - Date: 2019-06-29 08:14:48am

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Effects of non-invasive cerebral stimulation on post-stroke dysphagia: systematic review.

Keywords

Dysphagia; Post-stroke; Cerebral stimulation; Rehabilitation;

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Introduction

Introduction: Dysphagia can be divided into oropharyngeal and esophageal. Stroke is a representative cause of oropharyngeal, and in acute stroke, the prevalence of dysphagia has been reported as being between 37% and 78%. Post-stroke dysphagia is associated with increased mortality and morbidity. Recently, non-invasive brain stimulation techniques like transcranial magnetic stimulation and transcranial direct current stimulation, have started to attract attention. Objectives: To know, through a bibliographic review, the role of non-invasive cerebral stimulation in post-stroke dysphagia.

Materials & Methods

Bibliographic search using the search engines: Pubmed, Medline. Inclusion criteria: 1) meta-analyses, systematic reviews and reviews; 2) Language: Portuguese, English and Spanish; 3) in humans; 4) Last 10 years.

Results

From all of the included studies, 55% of the participants were male. The average age was 57 years old. All patients had suffered a stroke, the majority of which were ischemic strokes. The time post-stroke varied greatly, from 24 h to 40 months. Some studies used clinical assessments and others used videofluoroscopy. One of the most widely used scales in the field of dysphagia is the Penetration–Aspiration Scale. Another outcome measure was the functional dysphagia scale, although two versions were used. Finally, the dysphagia outcome severity scale, that indicates diet, independence level, and type of nutrition.

Discussion

Conclusion

There remain a lot of unanswered questions regarding the physiological mechanisms of NIBS and the nature of excitatory and inhibitory stimulation, which will require more extensive research. Further work assessing different stimulation sites, doses and effects on different types of patients are necessary.

References

recommending timely operative treatment has confirmed its importance in the prevention of stroke.

References

Abstract: 123 - Date: 2019-06-29 13:50:43pm

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Topic of Summary

PRM in geriatric conditions

Title of Summary

Retrospective Study of Elderly Inpatients with Pulmonary Tuberculosis Who Required Rehabilitative Medical Care

Keywords

Authors

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Introduction

This study is aimed at investigating the activities of daily living (ADL) situation of hospitalized pulmonary tuberculosis (TB) patients who underwent a rehabilitation regimen at an urban acute care hospital in Japan.

Materials & Methods

Single institution, retrospective cohort study of medical records from April 2013 to March 2017. Ninety-five cases (58 males, 37 females, mean age 76 years) were included in this study. Demographics, time from hospitalization until rehabilitation was requested, length of hospital stay, physical comorbidities, physical status data (Serum Alb, CRP, BMI), Barthel Index (BI), Functional Oral Intake Scale (FOIS), and ECOG performance status score (ECOG PSS) were examined. We divided the patients into two groups, "BI improvement" and "BI invariant", according to changes in BI scores at the beginning and end of rehabilitation regimen. A comparison between the two groups was performed.

Results

Comparing the two groups, the BI invariant group contained 53 cases (57 %) of which 91% were elderly cases. The BI invariant group also contained many cases of had cancer co-morbidities. The BI invariant group contained significant numbers of cases that did not have CRP negative changes or did not get improved serum albumin levels.

Discussion

Conclusion

Aging, cancer comorbidities, persistent chronic inflammation, and persistent malnutrition were estimated to be major inhibitors of ADL improvement in hospitalized TB patients. Looking at these factors, it was suggested that active nutrition management is desirable for ADL maintenance for TB patients.

References

Abstract: 124 - Date: 2019-06-29 14:48:02pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Prevalence of sexual disorders in multiple sclerosis

Keywords

Sexual disorders; multiple sclerosis; prevalence

Authors

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Introduction

To determine the prevalence of sexual disorders in MS population in Casablanca.

Materials & Methods

Retrospective, descriptive and analytical study of patients suffering from multiple sclerosis (MS) and treated in the department of physical medicine and rehabilitation from May 2018 to May 2019. The assessment of these disorders was performed using the IIEF-5 score for men and the FSFI-6 score for women.

Results

45 patients were recruited. The average age was 37.5 +/- 10 ans with a female predominance (73.3%) The average duration of the evolution was 6.2 +/- 5 years. 60% of patients had the relapsing form while 22.2% had the progressive form. The average EDSS scale was of 5,3. 55.5% of patients were married and most patients were sexually inactive. The prevalence of sexual disorders were 100% for male and 77% for female.

Discussion

Conclusion

Sexual disorders exist in MS and require a good evaluation to ensure optimal care and to plan the life of these patients.

References

Abstract: 125 - Date: 2019-06-29 14:48:39pm

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Topic of Summary

PRM in paediatric problems

Title of Summary

Urodynamic outcomes in children with recurrent urinary tract infection

Keywords

urodynamic; recurrent urinary tract infection; children

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Introduction

Urinary tract infection (UTI) is a frequent disorder of childhood. It is important to identify anatomic or functional urinary tract anomalies, causing recurrent infections. The objective of this study is to analyse the urodynamic outcomes of children with recurrent UTI.

Materials & Methods

We conducted a retrospective review of medical records during 1 year. The patients were recruited at the department of Physical Medicine and Rehabilitation during the neuro-urology consult or were sent by pediatricians for urodynamic.

Results

Forty five children were recruited. The mean age was 7.93 [3 – 13], with a male predominance. 6 patients underwent surgery for myelomeningocele, and 6 others had posterior urethral valve. 5 patients had acute pyelonephritis. One patient had kidney failure and was treated by peritoneal dialysis. The urodynamic findings included dysuria and significant post-void residual volume in 60%, small bladder capacity in 20% and detrusor overactivity in 66.6%.

Discussion

Conclusion

Urodynamic study assesses objectively urinary tract dysfunction during UTI and allows the right treatment in order to prevent kidney failure.

References

Abstract: 127 - Date: 2019-06-29 16:04:02pm

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Topic of Summary

PRM in geriatric conditions

Title of Summary

Effectiveness of stabilometric and vestibular rehabilitation to reduce risk of falls in elderly people : a comparative study

Keywords

vestibular rehabilitation therapy; visual biofeedback rehabilitation, risk of fall.

Authors

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Introduction

Balance dysfunctions are a major source of death and injury in elderly people. The aim of this study was to compare the efficiency of two different methods for balance training: stabilometric platform and vestibular rehabilitation in ameliorating balance and reducing the risk of falls.

Materials & Methods

We have enrolled elderly patients with risk of falls randomly assigned to two groups A and B. Rehabilitation protocols are based on a 6 week cycle conventional physiotherapy associated for group A with stabilometric rehabilitation and for group B with vestibular rehabilitation therapy. The outcome measures used were Tinetti test and Timed Up and Go (TUG). Clinical and stabilometric assessment before and after a 6-week period of training were performed.

Results

Our study population consisted of 12 patients divided into two groups A and B : 6 patients for each group with 4 men and 2 women and an average age of 73.5 years [67 - 85]. We noted that Tinetti test and TUG, improved in both groups with a gain respectively of 2.67 and 2.33 in stabilometric group, versus 1 and 1.36 in vestibular rehabilitation therapy group. But the improvement was better for patients performing visual biofeedback rehabilitation.

Discussion

Conclusion

Our results show that the and the vestibular rehabilitation therapy have the positive effect on balance dysfunction of elderly people, while stabilometric platform gets better results and significantly reduces the risk of falls

References

Abstract: 129 - Date: 2019-06-29 16:35:29pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Foot self-care practices of Diabetic patients in Tunisia

Keywords

diabetic foot, self care practices

Authors

Sghir Mouna; El Arem Soumaya; Haj Salah Aymen; Haddada Ikram; Maaoui Rim; Kessomtini Wassia

Affiliations

CHU Taher Sfar Mahdia

Introduction

Diabetic foot is a major health problem for people with diabetes mellitus. It can cause serious complications leading to lower extremity amputations. Furthermore, foot self-care practice is one of the most important self-management behaviors to prevent the occurrence of diabetic foot ulcers. \r\nThe aim of this study was to identify foot self-care practices among diabetic patients in a Tunisian population.\r\n

Materials & Methods

A cross-sectional study was conducted over a period of 3 months. A self-prepared questionnaire was used to collect data from a sample size of 150 diabetic patients at Tahar Sfar hospital and Ezzahra primary care center in Mahdia.

Results

The mean age of patients was $56,91 \pm 12,6$ years with a range of 20 to 86 years. A low level of education was found in 76% of cases. In addition to diabetes, 41,4% of patients had a history of hypertension and 46% of them had hypercholesterolemia. Smoking was found in 13,3% of cases. Half of patients were using oral medications, 28% were using insulin therapy and 21,3% were using both oral and insulin therapies. Regarding patients' knowledge of the diabetic foot, 74.7% had no idea about the impact of diabetes on the foot. Many errors in daily care practices were revealed.

Discussion

Conclusion

Our patients have a low level of knowledge and a lack of education diabetic foot. It is therefore important to educate them to prevent serious complications of the diabetic foot.

References

Abstract: 130 - Date: 2019-06-29 16:48:09pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Posterior shoulder pain revealing a "Pancoast-Tobias syndrome"

Keywords

Pancoast-Tobias syndrome, shoulder pain

Authors

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Introduction

The Pancoast-Tobias syndrome involves severe and unrelenting shoulder and arm pain along with the distribution of the eighth cervical and first and second thoracic nerve trunks, Horner's syndrome (ptosis, miosis, and anhidrosis), and atrophy of the intrinsic hand muscles.

Materials & Methods

We report the case of a man followed in our physical and rehabilitation department for a posterior shoulder pain, and for whom a Pancoast-Tobias syndrome was diagnosed .

Results

A 44-year-old man presented with a persistent right shoulder pain. He had no neck pain nor numbness in the fingers. On examination, he had normal active and passive motion of the shoulder. Cervical examination hadn't shown neck stiffness. X-Ray of the shoulder and the neck were normal. First electrophysiological examination was not conclusive. The patient presented, after 6 months, with a Claude Bernard Horner (CBH) syndrome. A chest X-ray was, then, requested, and it showed an apical opacity in the right apex of the lung. The diagnosis of Pancoast tumor was confirmed by CT scan and biopsy. Therapeutic decision was a preoperative chemotherapy followed by an extensive surgical approach. Postoperative period was marked by the appearance of a shoulder limitation, a neuropathic pain and a deficit of the upper limb. The clinical examination concluded to an adhesive capsulitis of the shoulder and a paralysis and hypoaesthesia C8-D1. Postoperative electrophysiological examination confirmed pathologic C8-D1 roots.

Discussion

Conclusion

This case is an unusual presentation of "Pancoast-Tobias syndrome". It emphasizes the importance of its inclusion in the differential diagnosis of patients presenting with persistent shoulder pain.

References

none

Abstract: 132 - Date: 2019-06-29 17:09:17pm

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Topic of Summary

PRM in paediatric problems

Title of Summary

A rare association of Osteogenesis Imperfecta and psychomotor retardation

Keywords

osteogenesis imperfecta, psychomotor retardation

Authors

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CHU Taher Sfar Mahdia; military hospital Tunis

Introduction

Osteogenesis Imperfecta (OI) Type III is the most severe type of OI among children who survive the neonatal period.

Materials & Methods

We report the case of a type III OI, followed in our department of Physical Medicine and Rehabilitation.

Results

R.F is a 2-year-old female child referred to our department for psychomotor retardation. She was issued from a consanguineous marriage. Her mother, 26 years, had no relevant medical or family history. At 20 weeks of amenorrhea, prenatal diagnosis of bone abnormality was done on morphological ultrasound examination. Amniocentesis was performed and hadn't shown karyotype abnormality. The child was born at term with a birth weight of 2200 g. She was hospitalized in neonatal department for a month, diagnosed with OI type III and received bisphosphonates. \r\nClinical examination in our department revealed a triangular face, blue-grey sclera and a "frog like position". Her level of motor evolution was estimated of 3 months. Inferior limbs X-ray showed progressive bone deforming. Her spine X-ray revealed a dorsal scoliosis. A seat corset as well as a Garchoix corset was Prescribed. \r\n

Discussion

Conclusion

Type III OI is a severe type, characterized by progressive bone deformations, blue sclera and triangular face. It is associated, in this case with a psychomotor retardation. This has made the management of such a case more difficult requiring multidisciplinary care.

References

none

Abstract: 133 - Date: 2019-06-29 17:13:42pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Contribution of sophrology in common cervicalgia

Keywords

Chronic common cervicalgia, dynamic relaxation, sophrology, mental relaxation, muscular relaxation, body-mind connectivity

Authors

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Introduction

Chronic common neck pain is one of the most common musculoskeletal diseases. The aim was to study the interest of the integration of a sophrology rehabilitation program in the rehabilitation of chronic common cervicalgia.

Materials & Methods

A randomized single-blind comparative descriptive study was performed over a period of 1 month, of the order of 3 sessions per week, on 16 patients suffering from chronic common cervicalgia divided into two groups. Group A benefited from a conventional rehabilitation protocol and group B benefited from a sophrology protocol associated with conventional rehabilitation.\r\nThe parameters evaluated were: pain, articular mobility, proprioception, psychological profile and function.\r\n

Results

We found a more marked improvement in pain, joint status, psychological state and function in group B. The decrease in EVA was on average 1.75 for group A and 3.5 for group B. Regarding proprioception, the average gain of centimeter distance between the center of the target and the luminous point was respectively in group A and B 1.75 and 3.62 cm. For group A and group B, the average NDI score was 57.5% and 54% respectively in the initial balance sheet and in the final balance sheet of 44.5% and 26% respectively

Discussion

Conclusion

The sophrology technique can be an effective therapeutic method in the management of chronic common cervicalgia.

References

Abstract: 134 - Date: 2019-06-29 17:26:48pm

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Topic of Summary

PRM Education research and management in the mediterranean countries

Title of Summary

Risk assessment of patients with diabetes for foot ulcers in a Tunisian population

Keywords

foot ulcers, diabetics, Tunisian population

Authors

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CHU Taher Sfar Mahdia

Introduction

diabetic foot is a major health problem for people with diabetes mellitus. It can cause serious complications leading to lower extremity amputations. The aim of this study was to determine the prevalence and risk factors of foot complications among diabetic patients in Mahdia, Tunisia.

Materials & Methods

Detail history and examination including neurological and vascular assessment were performed in 150 patients with diabetes mellitus attending Tahar Sfar hospital and Ezzahra primary care center in Mahdia. Foot at risk was classified according to the risk classification consensus of the International Working Group on the Diabetic Foot (IWGDF). The risk level was correlated with demographic and clinical features.

Results

The mean age of patients was 56.91 ± 12.6 years with a range of 20 to 86 years. A low level of education was found in 76% of cases. Only 10% of diabetics had been screened for sensory neuropathy. \r\nForty-three per cent of patients were in group 0 of the IWGDF, 37% in group 1, 15.3% in group 2 and 4% in group 3. Patients in higher-risk groups had longer\r\n\r\ndiabetes duration ($p=0.045$). Risk of foot ulcers was higher in the presence of diabetic neuropathy ($p=0.0001$), retinopathy ($p=0.000009$) and nephropathy ($p=0.02$). Patient's BMI, smoking did not have significant correlation with risk of diabetic foot ulcer.\r\n\r\n

Discussion

Conclusion

Despite the low prevalence of foot ulceration and amputation among the study population, a substantial proportion had potential risk factors for foot complications.

References

none

Abstract: 136 - Date: 2019-06-29 17:37:17pm

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Topic of Summary

Special therapeutic methods in PRM

Title of Summary

Visualization technique and hypopressive abdominal gymnastics in postpartum pelvic reeducation

Keywords

Stress Urinary Incontinence - GAH - Visualization-quality of life

Authors

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Introduction

Post partum stress urinary incontinence is a common pathology that alters the overall women's quality of life of with psychological, social and professional repercussions.\r\n\r\nThe objective of our study was to show the interest of Hypopressive Abdominal Gymnastics (HAG) and the visualization technique in the case of post partum urinary stress incontinence.\r\n\r\n

Materials & Methods

This is a comparative descriptive study of patients followed for postpartum stress urinary incontinence who were divided into two groups of 10 patients. The first group A benefited from the classical perineal reeducation protocol and group B from the HAG and visualization method associated with the classical protocol. An evaluation of urinary incontinence (MHU), quality of life (Contilife) and function (Ditrovie) was performed before and after 1 month after rehabilitation.

Results

We found a more marked improvement of the different parameters in group B. Concerning MHU, the score decreased respectively from 13.2 to 4.4 in group A and from 11.2 to 1.4 in group B. For Contilife we noted a decrease in the parameters (situation with the effort and self-image) especially in group B. According to the ditrovie score, all the patients of group B were little disturbed in their activity, their psychology and their sleep.

Discussion

Conclusion

Although the sample was weak this work has shown the interest of HAG in postpartum urinary incontinence.

References

Abstract: 138 - Date: 2019-06-29 17:43:16pm

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

The contribution of the concept of proprioceptive neuromuscular facilitation in Parkinson's patients

Keywords

parkinson-kabat-rehabilitation

Authors

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Introduction

Parkinson's disease is a neurodegenerative pathology that mainly affects people over 65 years of age. The place of rehabilitation at a beginning stage becomes more and more important. The aim of the study was to look for the interest of the Kabat method in the early stages of the disease.

Materials & Methods

This is a comparative study including 14 Parkinsonian patients divided into two groups, one following the classical protocol and the other the PNF concept. The parameters studied were akinesia, rigidity, balance and walking.

Results

We found a marked improvement in motor skills, balance and walking in patients treated by PNF group. The UPDRS score remained almost the same in group A while this score decreased in group B (from 23 to 16.33). Akinesia decreased by 2.6 in group B and by 0.3 in group A. For patients in group A the initial Tinetti score was in the order of 22, at the end of rehabilitation it was 22.66. In group B, the gain is greater from 22.66 to 26.66, reflecting a decrease in the risk of falling.

Discussion

Conclusion

Although the number of the sample was small, we concluded that the kabat method improved balance and walking in Parkinson's patients.

References

Abstract: 140 - Date: 2019-06-29 18:03:38pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Dysfunctional voiding in women : urodynamic study

Keywords

urodynamic; dysfunctional voiding, women

Authors

N.Kyal; S.Hrar; H.Boutalja; F.Lmidmani; A. El Fatimi

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Introduction

Describing presenting symptoms and urodynamic findings in women with dysfunctional voiding

Materials & Methods

28 women with dysfunctional voiding were recruited during the neuro-urology consult in the department of physical medicine and rehabilitation. Those with a neurological disease or urogenital prolapse before evaluation were excluded from study. The diagnosis of dysfunctional voiding was made on urodynamic test.

Results

Mean patient age was 53.6 years (22 to 75). Frequency and urgency were the most common presenting symptoms in 71.4% of cases. Urge and stress incontinence was noted in 12 (42.8%) and 8 patients (28.5%), respectively, while 2 (7%) had a history of recurrent urinary tract infection. Cystometry revealed detrusor instability in 6 cases (21.5%), sensory urgency in 10 (35.7%) and impaired compliance in 2 (7%). There was great variability in voiding parameters : dysuria in 18 patients (64.2%) with significant post void residual in 10 patients (35.7%). Urethral pressure was normal in 53.5%.

Discussion

Conclusion

Female patients presenting with lower urinary tract symptoms may have dysfunctional voiding patterns and storage symptoms. These patients tend to have decreased flow and high post-void residual urine volume. However, there is wide variation in these parameters among individuals.

References

Abstract: 142 - Date: 2019-06-29 19:50:52pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Benefits of isokinetic evaluation in meniscus injuries

Keywords

Isokinetic evaluation; Meniscus injuries ; rehabilitation

Authors

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Introduction

The objective of the study presented is to determine the benefit of isokinetic evaluation in meniscus injuries.

Materials & Methods

it's a retrospective study lead from December 2018 to May 2019 concerning 10 patients who suffered from meniscus injuries MRI-confirmed and for whom an isokinetic evaluation was done to guide therapeutic management.

Results

It's about 10 patients suffering from meniscus injuries, predominantly male, the average age is 35,2 years. Isokinetic evaluation showed quadriceps / hamstring deficiency on the injured side with an average quadriceps deficit of 25% and an average hamstrings deficit of 28%. All patients had classic functional rehabilitation with 6 patients who benefited from isokinetic rehabilitation . We noted the improvement of our patients at the end of the care program.

Discussion

Conclusion

Isokinetic protocols are a useful adjunct to conventional assessment and rehabilitation methods used in knee pathology.

References

Abstract: 144 - Date: 2019-06-29 20:15:51pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Non-Neurological Urinary Incontinence Impact on sexuality among Tunisian Women

Keywords

urinary incontinence-sexuality

Authors

Migaou Houda; El Fani Nadra; Boudokhane Ssoumaya; Loubiri Ines; Jellad Anis; Ben Salah Frih Zohra.

Affiliations

Physical Medicine and Rehabilitation Department, University Hospital of Monastir, Tunisia.

Introduction

Our study aimed to evaluate the impact of non-neurological urinary incontinence on sexuality among Tunisian women.

Materials & Methods

This was a cross-sectional descriptive study involving women with non-neurological urinary incontinence followed at the urodynamic unit at the Physical Medicine and Rehabilitation department of the University Hospital of Monastir over six months. The analyzed data focused on the epidemiological and clinical characteristics. We used a validated questionnaire to evaluate sexual function: the Female Sexual Function Index (FSFI) and for symptoms: Urinary symptom profile (USP).

Results

Fifty women with an average age of 51 years were included. Women were diabetic in 24%. The most frequent symptom was urgency in 76%. Stress urinary incontinence was found in 64%. The median USP overactive bladder score was 9.3 out of a maximum of 21. The median USP stress urinary incontinence score was 2.6 out of 9. Eighty percent of our patients were sexually active, 73.17% of them have sexual dysfunction (FSFI \leq 26.55) and 65% reported hypoactive sexual desire, 45% complained of orgasmic deficiency, and 48% suffered from dyspareunia. Sexual dysfunction was negatively correlated with age and urinary stress incontinence. No correlation was found between FSFI, urgency urinary incontinence, dysuria and diabetes.

Discussion

Conclusion

The negative impact of urinary incontinence on sexual health is evident in our study and it is rarely discussed by health professionals and patients with urinary incontinence and requires more attention.

References

Abstract: 148 - Date: 2019-06-29 20:48:24pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Pelvic Organ Prolapse Impact On Sexuality Among Tunisian Women

Keywords

pelvic organ prolapse- sexuality

Authors

Migaou Houda; El Fani Nadra; Boudokhane Soumaya; Loubiri Ines; Jellad Anis; Ben Salah Frih Zohra.

Affiliations

Physical Medicine and Rehabilitation Department, University Hospital of Monastir, Tunisia.

Introduction

The purpose of our study was to evaluate the impact of Pelvic organ prolapse (POP) on sexuality among Tunisian women.

Materials & Methods

We conducted a descriptive study involving patients with POP referred to the Physical Medicine and Rehabilitation department of the University Hospital of Monastir. The analyzed data focused on the epidemiological and clinical characteristics. We used the Pelvic Organ Prolapse Quantification (POPQ) to evaluate the prolapse grade, and the Female Sexual Function Index (FSFI) to evaluate sexual function.

Results

Forty-one patients with POP were included in our study, the average age was 51.95 years [30-82]. The clinical examination revealed cystocele in 73.1% of patients, hysterocele and rectocele respectively in 48% and 41% of patients. The majority of POP were ranked between 1 (41%) and 2 (53%). Seventy-five percent of our patients were sexually active and 73.17% of them had sexual dysfunction (FSFI \leq 26.55). Lack of excitement and decreased orgasm were the most reported disorders. Dyspareunia was reported in 55% of our patients. We found a statistically significant association between age, dyspareunia, and sexual dysfunction [$p < 0.001$].

Discussion

Conclusion

The effect of prolapse-related symptoms on sexuality is debatable and existing data in the literature are contradictory. In our study, we found that satisfaction with sexuality was low.

References

Abstract: 149 - Date: 2019-06-29 20:57:24pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Quality of life associated factors in Tunisian Post- polio patients

Keywords

post -polio syndrome - Quality of life

Authors

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Physical Medicine and Rehabilitation Department, University Hospital of Monastir, Tunisia.

Introduction

The aim of our study was to assess quality of life (QoL) and identify associated factors in patients with post-polio syndrome (PPS).

Materials & Methods

This is a descriptive study involving all PPS patients followed at the Physical Medicine and Rehabilitation department of the Monastir University Hospital. The data analyzed were epidemiological and clinical characteristics. QoL was evaluated by the Short form survey (SF-36), pain intensity: the Visual Analog Scale (VAS), fatigue: the Multidimensional Fatigue Inventory (MFI-20) and the Borg RPE scale, the functional independence measure (FIM) and psychological disorders with the Hospital Anxiety and Depression scale (HAD).

Results

Forty five patients were included in this study, the average age was 52.4 ± 7.5 years. All areas of QoL were affected. The most affected domain was physical functioning (PF) with an average score of 32.5 [15.2-55]. The QoL was better for the mental component (MCS) compared to the physical component (PCS) (average scores: 43.7 and 35.6 respectively). Statistically significant and negative correlation was found between the domains: "PF" and the mental health (MH) and the general mental component (MCS) of the QoL and the BMI. The SF-36 domains was negatively correlated with the Borg RPE scale and all items of fatigue assessed by the MFI-20 except for activity and motivation reduction, HAD and pain intensity.

Discussion

Conclusion

Postpolio-syndrome has a negative impact on QoL. \r\nThe identification, early recognition and rehabilitation of postpolio-syndrome patients may result in an improvement in their QoL.\r\n

References

Abstract: 153 - Date: 2019-06-29 22:10:53pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Interest of the Mulligan concept in the management of bimalleolar fractures

Keywords

Mulligan, bi malleolar fracture

Authors

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Introduction

The aim of this study was to evaluate the interest of the Mulligan concept in the management of patients after bi malleolar fractures.

Materials & Methods

A prospective comparative study over a 4-month period was conducted, involving patients followed after a bi malleolar fracture. They were divided into 2 groups. Those in Group A benefited from a standard protocol of rehabilitation while those in Group B benefited from the standard protocol associated to the Mulligan concept. Each patient was followed for 1 month with a rhythm of 3 sessions per week. An assessment was made initially and at the end of the protocol. The parameters studied were: pain using the Visual Analog Scale (VAS), range of motion using goniometric measurement, muscle strength assessed by Daniels and Worthing Ham rating and functional capacity using Kaikkonen scale.

Results

At the end of the study, we noted a decrease in the VAS in both groups and meanly in group B. Similarly, we noted a restoration of the ankle range of motion and an improvement in muscle strength which were more important in group B.

Discussion

Conclusion

Our results showed the interest of the Mulligan concept in the management of patients after a bimalleolar fracture. However, other larger, long-term studies would be needed to compare the Mulligan concept with the standard protocol or other conventional treatments.

References

none

Abstract: 155 - Date: 2019-06-29 22:29:54pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Vesico-sphincteric disorders in spinal cord injured patients: interest of therapeutic education in clean intermittent self-catheterisation

Keywords

Clean Intermittent selfcatheterisation - spinal cord injury

Authors

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médecine physique et réadaptation fonctionnelle; CHU Ibn Rochd; Casablanca

Introduction

The aim of this study is to demonstrate the value of Clean Intermittent self-catheterisation education by evaluating patient compliance to bladder catheterisation and the difficulties encountered.

Materials & Methods

This is a prospective descriptive study spread over 17-month (May 2016 to September 2017), including 30 patients with spinal cord injuries who had CISC. The data were collected from the medical records of the Department of Physical Medicine and Functional Rehabilitation, a questionnaire based on daily hospital practice and a validated test (I-CAS).

Results

The average age was 28.2 years, a sex ratio of 2.33 (21 men for 9 women). Half of patients had fully understood how to perform CISC, without fear of the act. 80% of patients were under self catheterisation. After 3 months, it was observed that only 73% of patients continued the CISC against 68% after 6 months. Medium and long term compliance was correct.

Discussion

Conclusion

It is necessary to introduce a structured educational approach to support patients in control of CISC and propose solutions to observed difficulties.

References

Abstract: 157 - Date: 2019-06-29 22:39:45pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

TOTAL KNEE ARTHROPLASTY ON HEMOPHILIC ARTHROPATHY: ABOUT 6 CASES

Keywords

HEMOPHILIC ARTHROPATHY; TOTAL KNEE ARTHROPLASTY

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Introduction

The aim of our work is to describe the functional results after rehabilitation in hemophiliac patients operated for total knee arthroplasty.

Materials & Methods

This is a retrospective descriptive study, carried out in the service of MPR of Ibn Rochd University Hospital, Casablanca, over a period of 6 years (2012 to 2018). Rehabilitation was started immediate postoperatively, with the objectives of recovery of joint mobility, muscle strengthening, walking work. Evaluation consisted of a joint assessment before and after rehabilitation, functional score IKS and specifying all complications encountered.

Results

During study period 11 TKP were performed for 6 patients. The mean age of patients was 33.6 years, 5 hemophiliacs A and 1 hemophiliac B. According to IKS, pain was rated on average 4.5 preoperatively and 48 postoperatively, the knee score increased to 89.5 postoperatively versus 42.5 preoperatively and the function score increased to 75 postoperatively versus 17.5 preoperatively. The increase in joint range was important in all patients with an average of 77.54. 3 cases of subcutaneous hematomas were encountered.

Discussion

Conclusion

Knee arthroplasty is of great interest in treatment of chronic arthropathies in hemophilia patients. Our results in medium-term and long-term surgery are good or excellent, and many patients are returning to work.

References

Abstract: 158 - Date: 2019-06-29 22:40:08pm

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Topic of Summary

PRM in paediatric problems

Title of Summary

Clinical profile of vesico-sphincteric disorders for children

Keywords

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Introduction

The purpose of this study is to describe the clinical profile of children with Vesico-Sphincteric Disorders (VSD).

Materials & Methods

Descriptive prospective study, including 81 children referred to outpatient clinics for urinary disorders, over a period of 4 years, from 2013 to 2017. Data collection was done by a previously established record of exploitation.

Results

A total of 81 children were included in this study, of which 65% were between 6 and 12 years old and had a sex ratio of 0.47. CNAM coverage was found in 73%. Recurrent urinary tract infections were the most common antecedents (25%) followed by neurological conditions (17%). The functional symptoms leading to the consultation were mainly leaks, urge and enuresis with respectively 48%, 40% and 38%. At the clinical examination, the perineal sensitivity was decreased in 10% of cases, the anal tone was normal for 68 patients (84%). Releaser testing was low in 30%. Cone reflexes were present in 42% of cases and the Babinski sign was identified in only 11 patients (14%). At the end of the clinical examination, a neurological bladder was suspected in 17 children.

Discussion

Conclusion

Although VSD are benign, they can cause severe urethral and kidney complications and impaired quality of life. The diagnosis is usually easy by simple questioning and clinical examination. But the use of complementary examinations in some would be essential including the urodynamic assessment.

References

Abstract: 175 - Date: 2019-06-30 08:32:30am

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Topic of Summary

Special therapeutic methods in PRM

Title of Summary

ADVANCED HOMEOPATHY: AN EFFECTIVE COMPLEMENTARY THERAPEUTIC TOOL APPLIED BY PHYSIATRISTS AND ALL MEDICAL SPECIALIZATIONS. PRESENTATION OF CLINICAL CASES

Keywords

Authors

Papadopoulou M.; Nasoufi An.; Sinaplidou M.; Pappis D.

Affiliations

Advanced Homeopathy Concept – AD.HO.C. [International Medical Association of Advanced Homeopathy

Introduction

The medical doctors, in addition to the chemical prescribing of their specialization, acquire access to advanced homeopathy prescribing as well, which they can apply to their discretion, complementary, alternatively or autonomously, depending on the case of their patients.

Materials & Methods

15 presentations of clinical cases. Patients suffering from orthopedic, neurological and musculoskeletal disorders

Results

\r\nThis study is based to the internationally prevailing concept that Medicine is one and unified, and that medical doctors of all specializations have the right to have access and use all available therapeutic methods on the basis of their choice and aiming at the benefit of the patient. In modern Medicine the therapeutic approach of academic medicine prevails, thus Advanced Homeopathy is applied in parallel to a significant percentage of world population, according to the data of the World Health Organization. Advanced Homeopathy enriches the therapeutic arsenal of doctors of all specializations with homeopathic pharmaceutical syntheses that effectively support the human organism in the psycho-intellectual and physical pathological conditions faced, without presenting any incompatibility, contraindication, synergy, antagonism or interaction with any other chemical drug.

Discussion

Conclusion

With the parallel implementation of Advanced Homeopathy, the doctor of physical medicine and rehabilitation has the ability to manage their patients in a dual manner, deploying, at their own discretion, two distinct therapeutic support routes.

References

Abstract: 176 - Date: 2019-06-30 09:24:18am

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Effects of radial shock wave therapy on sural triceps spasticity in hemiplegic patients

Keywords

spasticity; radial shock; hemiplegia

Authors

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Affiliations

¹Unit Of physical and rehabilitation medicine Ksar hlel; ²Physical and rehabilitation department, Hospital University Sahloul, Sousse Tunisia;

Introduction

To assess the effect of radial shockwave therapy on sural triceps spasticity and passive joint motion in patients with hemiplegia and evaluate that effect on risk of falling

Materials & Methods

A comparative experimental study on 8 patients with hemiplegia followed in Unit Of physical and rehabilitation medicine Ksar hlel. 4 patients got a classic rehabilitation and the second group got classic rehabilitation program associated to radial shock wave on Sural triceps. Each patient got a clinical evaluation of spasticity with ashworth scale, functional evaluation with MIF and evaluation of falling risk with tinetti scale at first and after 4 weeks of rehabilitation.

Results

Final evaluation has shown an improvement of all parameters. This improvement was more notable in second group.

Discussion

Conclusion

Action of wave therapy on spaticity is still unknown but this experimental study show that it improve classical program in spaticity.

References

neurological examination; spaticity evaluation; rehabilitation.

Abstract: 179 - Date: 2019-06-30 09:39:18am

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Topic of Summary

PRM in paediatric problems

Title of Summary

Imapact of postural and gymaanstic education on Low back pain in children

Keywords

children; low back pain; education; posture

Authors

Moncer Rihab¹; Mayssa Zid ¹; BHY Iheb ²; Mtawaa Sahb¹; Toulgui Emna¹; Ouannes Walid¹; Frigui Sinen¹; Jemni Sonia¹; Khachnaoui Faycel¹

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¹Physical and rehabilitation department, Hospital University Sahloul, Sousse Tunisia; ² Unit Of physical and rehabilitation medecine Ksar Hlel Tunisia.

Introduction

Determine outcome after postural education on Low Back Pain (LBP) on childhood

Materials & Methods

A cross sectional study conducted on school of Susse. We selected at first children with LBP; pain characteristics' and associated factors by a questionnaire. Then each child had a clinical evaluation at day 0 and after 2 months after 3 sessions of postural and medical gymnastics education.

Results

Among 36 child selected aged 12 years old; 29 suffer from BP. This pain was related to heavy school back in 72% of cases. First clinical evaluation has found postural disorder; hyperlordosis in 26%; shoulder unbalance in 21% of cases and restriction of spine motion in 100%. After education we noticed an improvement of pain and clinical disorder.

Discussion

Conclusion

BP in childhood is still underestimated. Analyzing related factors and ergonomic education may protect children from such disorder

References

spine examination, medical gymnastic; postural education

Abstract: 180 - Date: 2019-06-30 09:43:46am

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

MELORHEOSTOSIS IN THE UPPER LIMB

Keywords

Melorheostosis, sclerosing bone dysplasia, treatment

Authors

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Introduction

Melorheostosis is an uncommon mesenchymal dysplasia, classified within the sclerosing bone dysplasias. Its main manifestation is pain. Diagnosis is made using image techniques such as plain radiograph where we can see characteristic features like flowing candle wax appearances. We present this case due to the infrequent nature of the disease itself and the doubts that we can raise when making a correct differential diagnosis with other pathologies.

Materials & Methods

A 46-year-old male referred for pain and functional limitation of the right elbow for years of evolution. On examination, he suffered diffuse pain on palpation over right shoulder, elbow, wrist and first finger of the hand, limitation of range of motion of the shoulder and elbow, and rigidity of metatarsophalangeal and interphalangeal thumb joints so he could not perform pincer grasp. In plain radiograph we found significant thickening of the phalangeal and distal third of the radius cortex, and calcifications in scaphoid, trapezius and radius head. In the shoulder MRI, diffuse sclerosing of the anterolateral cortex of the middle and distal humeral shaft was observed. There was also a big calcification that affected the bone marrow in the humeral head.

Results

Treatment was ordered with analgesic electrotherapy and kinesitherapy that had to be suspended, since the patient did not tolerate the treatment due to worsening of pain with exercise.

Discussion

Conclusion

Melorheostosis is a benign disease. There is no specific treatment. Therapy is symptomatic and is aimed at controlling bone pain. In some cases, good results have been obtained with pamidronate infusions.

References

Abstract: 185 - Date: 2019-06-30 11:10:49am

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Topic of Summary

Pain management in PRM

Title of Summary

CAPSAICIN PATCH IN THE TREATMENT OF PUDENDAL NEURALGIA

Keywords

Authors

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Introduction

Introduction: Pudendal neuralgia is one of the most disabling forms of genital pain, affecting approximately 4% of patients with chronic pelvic pain. The clinic is characterized by neuropathic pain in the perineal area. Its diagnosis is often delayed or misdiagnosed, because the clinical manifestations can simulate other pathologies. Regarding the treatment, there are several strategies, with an additional option being the high concentration capsaicin skin patch (8%), designed to act locally in the affected area.

Materials & Methods

Clinical observation: A 24-year-old male patient assessed for perineal neuropathic pain of 1 year of evolution (VAS: 9), without trigger. It was diagnosed of bilateral pudendal neuralgia after diagnostic blockage of the walter ganglion and positive neurophysiology. The Pain Unit performed radiofrequency treatment in S3 bilaterally, without improvement. Subsequently, the patient needed to remain seated for a long time to be operated on for bilateral release of the pudendal nerve in a reference hospital in this surgery, so it was referred to our rehabilitation service, and treatment with capsaicin patch, in the perineal and suprapubic areas, was decided.

Results

At the 3-month check-up, there was relief with a VAS: 4 and in post-treatment surgical revisions, pain improvement was observed (VAS: 2), in addition to a significant reduction in analgesic medication.

Discussion

Conclusion

Conclusions: The application of the capsaicin patch can be considered useful as an alternative, effective and safe tool in the treatment of pudendal neuralgia, favoring the reduction of pain and oral medication, and thus improving the quality of life of the patients.

References

Abstract: 191 - Date: 2019-06-30 12:26:24pm

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Topic of Summary

Pain management in PRM

Title of Summary

Does kinesiophobia have a significant impact on the rehabilitation of patients with osteoarthritis of the knee (OAK)

Keywords

kinesiophobia, osteoarthritis

Authors

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Introduction

To assess influence of kinesiophobia on the treatment duration and functional recovery in patient with OAK.

Materials & Methods

Controlled non randomized study included 36 patients with OAK, treating in GH Krusevac, September - December 2018.,divided into two groups a=22(non kinesiophobic),b=14(kinesiophobic). Data were collecting using self-administrated questioners (TSK-13), measurements (WOMAC index,ROM, circumference of knee,MMT)on: baseline, after 4,12 weeks and processed by descriptive and inferential statistics.

Results

Groups were homogeneous (gender, age, ROM, circumference of knee, MMTof femoral muscles). \r\nAfter 4 weeks there was statistically significance in reduction of pain in both groups toward the baseline in the same group, and between groups toward the: walking on flat, sitting/laying in favor of group a, increase the ROM of knee and femoral muscle strength, decrease of circumference of affected knee in favor of group a, also.The degree of kinesiophobia was maintained toward the baseline in the same group and between groups. \r\nAfter 12 weeks there was statistically significance in reducing the pain between groups toward the: walking the flat, night pain, walking up/down the stairs, sitting/lying; increase ROM and muscle strength in favor group a.Degree of kinesiophobia, between groups and in the same group toward baseline, maintained.\r\nThere was statistically significance between groups toward duration of treatment(group a= 15,4 days, group b= 25,8 days)in favor of non kinesiophobic patients.

Discussion

Conclusion

Kinesiophobia affects on duration of treatment and effectiveness of the applied physical therapy in patients with OAK, but applied physical therapy has no effect on the degree of their kinesiophobia.

References

Pain Res Treat. 2017; 2017: 3489617.\r\nPublished online 2017 May 29. doi:
10.1155/2017/3489617\r\nPMCID: PMC5467352\r\nPMID: 28634547\r\nKinesiophobia, Pain,
Muscle Functions, and Functional Performances among Older Persons with Low Back Pain

Abstract: 196 - Date: 2019-06-30 13:03:10pm

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Topic of Summary

PRM in paediatric problems

Title of Summary

Observational perspectives of the itinerant occupational therapy service in after school day service for children with disabilities

Keywords

after school day service, developmental disorder

Authors

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Introduction

Saitama prefectural association of occupational therapists is conducting an itinerant occupational therapy service project intended for after school day service for children with disabilities. The first author joined this project and visited to one after school day service 13 times from August 2017 to March 2018. Day service staff was provided indirect support by occupational therapist. There is a few evidence for the effects of itinerant service. The purpose of this study was to retrospectively evaluate the effects of itinerant occupational therapy.

Materials & Methods

Qualitative inductive analyses were performed on clinical records of the first author. The first and second author divided the data into categories.

Results

The occupational therapist got information about "children's condition" and "the cause of behavior" from the staff. He observed "physical and mental condition" of the children and "behavior of the children" on site. Also he listened "the good practice by staff" and "the results of following the advice". He observed "program contents" by staff and "environment", Then he heard "the information about parents" and "the condition in other institution".

Discussion

Conclusion

The findings of this study suggest that occupational therapist may pay attention to children, staff, parents and other institutions in after school day service for children with disabilities.

References

Abstract: 197 - Date: 2019-06-30 13:08:26pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

PROFIL URODYNAMIQUE DE L'INCONTINENCE URINAIRE NON NEUROLOGIQUE FEMININE

Keywords

Urinary incontinence, prolapse, urodynamic assessment

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Introduction

State the etiological and urodynamic profile of urinary incontinence in our patients and compare the results of our series with data from the literature

Materials & Methods

This is a prospective, descriptive study spread over one year involving 11 patients followed in urology for urinary incontinence, collected at the urodynamic consultation at the Physical Medicine and Rehabilitation Department at the Mohammed VI University Hospital (Marrakech). - Morocco). The mean age was 43.87, the majority of patients had several risk factors for pelvic floor disorders. All the patients had a urinary complaint mainly associated with prolapse. Urinary urgency, stress urinary incontinence, mixed urinary incontinence, dysuria and pollakiuria were the urinary signs found.

Results

The urodynamic assessment showed a dysuria at the flow rate, a significant post-void residue in some cases; with cystomanometry, bladder hypersensitivity, reduced bladder capacity and detrusor hyperactivity.

Discussion

Conclusion

Urodynamic explorations find all their diagnostic and prognostic value in the evaluation of urinary incontinence in women outside the neurological bladder. They make it possible to objectify the physiological mechanism of incontinence and thus to propose appropriate care.

References

No conflict of interest

Abstract: 198 - Date: 2019-06-30 14:33:40pm

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Complex regional pain syndrome in spinal cord injured patients

Keywords

Complex regional pain syndrome, spinal cord injury

Authors

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Introduction

To determine the incidence of Complex Regional Pain Syndrome (CPRS) in spinal cord injured (SCI) patients. CPRS usually occurs after a traumatic injury, and it expresses a functional or real neurological injury.

Materials & Methods

Observational and retrospective study on acute SCI patients admitted to a monographic SCI hospital during 6 months was performed. 113 patients were collected. Demographic data, level of injury, neurological classification, traumatic antecedents (fractures), clinical features and therapies applied were analyzed. Data were analyzed using the SPSS 19 statistical package.

Results

21 patients had been diagnosed as CPRS according to Budapest criteria, only 9 of them associated radiological sympathetic reflex dystrophy. Therefore, they represent 18.8% of the acute cases, and if we only consider the cervical injured patients would be 44,4%. Localization was hand- shoulder in 20 cases and knee in another case. Unlike other etiologies, female sex or previous psychiatric disorders do not predominate so significantly in those patients. In patients affected by CPRS there is a non- significant association with central cord syndrome, concomitant neuropathies, previous fractures or hypothyroidism. The applied treatment was symptomatic; physical therapy to recover ranges of joint movements and avoid vascular signs, anticonvulsant or antidepressant drugs for neuropathic pain, and bisphosphonates or calcitonin for osteoarticular disturbances.

Discussion

Conclusion

Prevalence of CPRS within SCI patients can be high, overall among those with cervical lesions.

References

Abstract: 202 - Date: 2019-06-30 15:18:46pm

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Clinical evolution of Guillain-Barré syndrome after prolonged mechanical ventilation

Keywords

Guillain-Barre Syndrome; Mechanical Ventilation; Ventilatory weaning; Rehabilitation

Authors

Antonio Araujo; Filipe Matos; Ines Machado-Vaz; Jesus Benito

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Centro Hospitalar e Universitário de Coimbra; Hospital Garcia de Orta; Centro de Reabilitação do Norte; Institut Guttmann

Introduction

To describe frequency, clinical course and prognostic factors in patients with Guillain-Barré syndrome (GBS) who required prolonged mechanical ventilation (MV).

Materials & Methods

Retrospective, descriptive study, which included all patients admitted in the last 12 years in a Rehabilitation Center with GBS and under MV on admission. All patients were included in a ventilatory weaning program. Level of functionality was assessed by Functional Independence Measure and GBS disability scale.

Results

Of the total of 156 patients admitted with GBS, 51% required MV although only 15% (n=24) maintained MV at admission to the RC. GBS onset age had a bimodal distribution (31-40y and 51-60y), with male predominance (2:1). Mean time of MV was 139days (SD±64) and length of hospital stay was 163days (SD±78). Mortality rate 8%. The most common electromyographic pattern revealed axonal neuropathy (46%), the most common treatment was immunoglobulin (46%). Ventilatory weaning was achieved in 79% of patients and were discharged to their home with mean FIM of 85 (SD±29). In 13% of the cases ventilatory weaning was not feasible.

Discussion

Conclusion

We observed a recovery of ventilatory function in 79% of the cases although functional changes persisted at discharge, with only 33% of the patients presenting gait ability. Ventilatory weaning in GBS can be performed in Rehabilitation Centers with high success rates and demonstrates the important role of a multidisciplinary intervention in the optimization of vital and functional prognosis.

References

Abstract: 204 - Date: 2019-06-30 15:24:59pm

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Adult polyglucosan body disease – approach and evolution in an intensive rehabilitation program

Keywords

Authors

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Affiliations

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Introduction

Adult polyglucosan body disease is a rare genetic disorder. This condition is characterized by an enzymatic deficiency, resulting in the accumulation of polyglucosan bodies in muscles, nerves and other tissues. Central and peripheral nervous system may be affected with a multitude of clinical presentations.

Materials & Methods

We present a case of a 65 years old woman with a history of urinary incontinence for a decade, followed by hypotension symptoms and, more recently, an episode of hypothermia.

Results

The diagnose of adult polyglucosan body disease was established only a year ago and was confirmed by nerve biopsy and the identification of two pathologic genetic variants, one of which was never been reported in literature. This patient was recently evaluated in a physical medicine and rehabilitation consult, presenting with decreased lower limbs muscle strength, difficulty in maintain orthostatic position and gait problems. Skin burns during cooking and difficulties in activities of daily living were also reported. An inpatient intensive rehabilitation program was proposed to this patient.

Discussion

Conclusion

The authors pretend to describe the clinical and functional evolution of this patient in a multi professional and disciplinary rehabilitation program.

References

Abstract: 206 - Date: 2019-06-30 15:29:06pm

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Topic of Summary

Rehabilitation services in Mediterranean countries and Africa

Title of Summary

Epidemiological profile of traumatic brain injured in rehabilitation department

Keywords

traumatic brain injured-epidemiological- rehabilitation department

Authors

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Affiliations

Physical Medicine and Rehabilitation Department,Sahloul University Hospital of Sousse, Tunisia.

Introduction

The aim of this study was to highlight the epidemiological characteristics and therapeutic approaches of traumatic brain injury in patients in the physical and rehabilitation department.

Materials & Methods

This is a descriptive study involving all TBI patients, hospitalized in Physical and Rehabilitation department in Sahloul Tunisia.

Results

Fifty five patients were included in this study with a sex ratio of 9/2. The average age was 27 years. The trauma was mainly caused by a road accident (75%) or a work accident (10.7%). Mean Glasgow Outcome scale following the trauma was 6/15. Most of patients (66.1%) were transferred from intensive care department and 5,6% of them came from an orthopedic ward . The transfer delay to rehabilitation ward was less than one month in 30.2% of cases and between 1 and 3 months in 51.2% of cases. The average rehabilitation stay period was 27 days. A neurosurgical intervention was performed in 38.9% of patients. At admission, 40.9% of patients were spastic, 3.7% were vegetative. 18.7% of patients had a percutaneous endoscopic gastrostomy (PEG) tube 5.8% patient with tracheostomy tube. During their care, 57.8% developed pressure ulcers, infectious complications were isolated in 43.9% case, 9% of the patients had thromboembolic events. The Neurogenic para-osteoarthritis was found in 35.6% of cases.

Discussion

Conclusion

Depending on its severity, traumatic brain injury may require a lifelong rehabilitation process. A comprehensive assessment of complications after traumatic brain injury is crucial to plan

the appropriate management. This requires an understanding of the medical, functional, cognitive, behavioral, and psychosocial consequences.

References

Abstract: 207 - Date: 2019-06-30 15:29:44pm

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Topic of Summary

Cardiovascular and pulmonary prevention and rehabilitation

Title of Summary

Bilateral cerebellar stroke with brainstem compression - evolution in an intensive rehabilitation program

Keywords

Authors

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Introduction

Cerebellar strokes are a less frequent cause of a vascular syndrome compared to other central nervous system. Nonetheless, cerebellar strokes have disproportional mortality and morbidity in part due to its relation with the brainstem.

Materials & Methods

We present a case of a 41 years old man, with personal history of alcohol and tobacco consumption, who had a bilateral cerebellar stroke. This vascular syndrome was complicated with cerebellar amygdala herniation and brainstem compression, with the need of life-saving craniotomy and ventricular derivation. The patient was admitted in an intensive care unit with invasive ventilatory support.

Results

One month and 7 days after the event, the patient was transferred to a specialized rehabilitation center to perform an inpatient intensive rehabilitation program. At admission, the patient presented tracheostomy cannulation, sialorrhea, feeding exclusive by percutaneous gastrostomy, ataxic tetraparesis and functional dependency. Further evaluation was undertaken with endoscopic evaluation of swallowing, spirometry, manometry, peak cough flow, blood gasimetric analysis and nocturnal oximetry. An individualized and interdisciplinary rehabilitation program was prescribed covering all identified problems. During this rehabilitation program, it was possible to take off tracheostomy with ostomy closure and the

patient began non-invasive ventilation. Oral exclusive feeding, autonomous gait and modified independency in daily life activities were achieved and the patient was able to return home.

Discussion

Conclusion

The authors pretend to describe in this case the favorable clinical and functional evolution in a multiple professional and disciplinary rehabilitation approach.

References

Abstract: 212 - Date: 2019-06-30 17:41:48pm

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Topic of Summary

Residents and young PRM in the Mediterranean countries

Title of Summary

Physical Medicine and Rehabilitation residency. Is it all the same? An example of two Europe neighboring countries

Keywords

Residency, Physical Medicine and Rehabilitation, Iberic Peninsula

Authors

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Introduction

Spain and Portugal are two neighboring countries with many similarities, but when it comes to PRM residency program and post residency integration in public health system, there are important differences that weigh in their future.

Materials & Methods

We describe the differences in the PRM residency program in both countries, and job search steps after residency, making a comparison.

Results

The first difference is the duration, 4 years in Spain and 5 in Portugal. In both countries, residents rotate in different areas. There are also differences in the evaluation method, in both countries a report after each rotation is made where the experience obtained is considered, but in Portugal at the end of each year residents' knowledge is also assessed through an examination. In Portugal, at the end of the 5-year residency, a final exam is carried out, while in Spain it isn't.
After residency in Portugal, the final grade is the one that is used in public contest where the ones with higher grades are the first ones to choose from a list of previously published public hospital vacancies. In contrast, in Spain, specialists must present their curriculum in different hospitals and wait for a public opposition to be convened and approved in order to obtain a place in public health.

Discussion

Conclusion

Getting to know the main differences and similarities between PRM residency and steps for job search in other countries may help young PRM in Mediterranean Countries to look for internships and job opportunities. This makes our community stronger.

References

None.

Abstract: 216 - Date: 2019-06-30 18:06:27pm

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Topic of Summary

Special therapeutic methods in PRM

Title of Summary

Use of hyaluronic acid gel in lagophthalmos

Keywords

Lagophthalmos, hyaluronic acid gel, facial palsy

Authors

Jose Luis Perez Pinilla; Raquel Bances del Castillo; Carmen Maria Perez Aguiar; Iñigo Hernandez Hernandez

Affiliations

Physical and Rehabilitation Medicine Service at Hospital Universitario Nuestra Señora de la Candelaria, Tenerife, Spain.

Introduction

Use of hyaluronic acid gel in the management of paralytic lagophthalmos after rejecting a gold weigh

Materials & Methods

After rejecting the gold weigh, we infiltrate 0.1 ml of hyaluronic acid gel in the upper eyelid with the aim of getting the complete eye closure

Results

Since the first injection the patient has been allowed to close completely the eye and prevent keratopathy associated without developing any adverse reactions and avoiding surgery with a safe and easy procedure

Discussion

Conclusion

The injection of hyaluronic acid gel in the upper eyelid after a facial palsy is a safe and cost-effective procedure in the management of lagophthalmos and helps control keratopathy associated

References

Abstract: 219 - Date: 2019-06-30 19:34:51pm

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Topic of Summary

PRM in paediatric problems

Title of Summary

The first intramedullary bone lengthening procedure in a paediatric patient in Portugal – presentation of a protocol of rehabilitation

Keywords

Lower limb hypometry; intramedullary bone lengthening; Fitbone

Authors

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Introduction

Present the first clinical case of intramedullary bone lengthening using Fitbone® on a paediatric patient in Portugal and describe the protocol of rehabilitation implemented by the PMR team.

Materials & Methods

We describe the case of an 11 year old girl with left lower limb hypometry secondary to osteomyelitis of distal femur and proximal tibia, after knee septic arthritis at 18 months old. The patient underwent multiple surgeries including applications of Ilizarov external fixator for correction of genu valgum. By the end of 2018, the patient had a lower limb length discrepancy of 5.8cm. \r\nBefore this surgery, the authors researched this kind of lengthening device and rehabilitation practices to design a rehabilitation protocol. Right after the surgery, the patient began physiotherapy treatments in the PMR department with regular evaluations of assistant physiatrist.

Results

The applied protocol had three phases associated with the orthopaedic stages: the initial rehabilitation, distraction and consolidation phases, with the ultimate goals of returning to full weight bearing and normal functional level. The distraction phase started at day 3 post-surgery, at a rate of 1mm/day. The patient had physiotherapy 3 times a week with an experienced professional and at-home exercise. The lengthening finished after 3 months, with a gain of 6cm, without complications to date.

Discussion

Conclusion

Intramedullary nail for bone lengthening has numerous advantages compared to the external fixators, including faster correction of deformities and bone shortening. These devices are less traumatic for the child, allowing early return to daily activities and increased quality of life.

References

Abstract: 220 - Date: 2019-06-30 19:50:26pm

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Topic of Summary

Rehabilitation services in Mediterranean countries and Africa

Title of Summary

"Employment Barriers Questionnaire": Development and determining reliability and validity among people with disabilities

Keywords

vocational rehabilitation, barriers for work

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Introduction

To develop and examine the reliability and validity of the "Employment Barriers Questionnaire" (EBQ) to identify barriers to employment among people with disabilities (PWDs).

Materials & Methods

Study sample included 35 inpatient and outpatient subjects with physical disabilities. Of these, 51% were employed during the study period. The subject's average age was 46.1 years (SD=10.6 years). The subjects completed the employee version of the EBQ, the "Short-Form Health Survey Questionnaire" (SF-36), which measures health-related quality of life; and the "Work related Self-efficacy Scale" (WSS-37), which examines self-efficacy at work. Internal reliability and test re-test reliability were examined. To examine the convergent validity of the questionnaire, the researcher performed workplace observations for 15 subjects and then completed the occupational therapist's version of the EBQ, which was compared to the employee version. Construct validity was determined by examining the differences in the results of the questionnaire between disabled employees and unemployed

disabled subjects. Concurrent validity was examined by the connection between the EBQ, the SF-36 and WSS-37.

Results

Internal reliability ($\alpha=.89-.95$) and test re-test reliability ($ICC=.85-.94$, $p<.001$) were high for most of EBQ's parts. Moderate-strong convergent validity ($r=.57-.86$, $p<.05$), construct validity ($t=-3.96$, $p<.001$) and weak to moderate concurrent validity ($r=-.34-.57$, $p<.05$) of the EBQ were found.

Discussion

Conclusion

The EBQ may help in identifying barriers to employment of PWDs and therefore it has the potential of enhancing the integration of PWDs in the workplace.

References

Abstract: 227 - Date: 2019-06-30 20:31:02pm

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Topic of Summary

Special therapeutic methods in PRM

Title of Summary

Physical exercise after traumatic brain injury: a systematic review

Keywords

Physical exercise, Traumatic brain injury, Rehabilitation

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Introduction

Traumatic brain injury (TBI) patients usually have exercise levels below the lowest levels of similar age and sex adults. Additionally, there has been little research about the long-term benefits of physical activity in this population. The primary objective of this study is to conduct a systematic review evaluating the role and benefits of exercise in TBI patients. The secondary objectives were to evaluate safety and general principles of exercise prescription (frequency, intensity, duration, type and progression) in this group of patients.

Materials & Methods

A systematic search of the PubMed database was performed between May and June 2019. Search keywords used were: “physical exercise” (and) “traumatic brain injury” (and) “fitness training”. Studies were selected if they were in English. In addition, reference lists from systematic reviews were also analyzed.

Results

A total of 29 publications were identified. Upon removal of duplicates and screening of abstracts, 8 citations did not meet our inclusion criteria and were considered not relevant.

Discussion

Conclusion

There is preliminary evidence that TBI patients who exercise regularly experience improvement of aerobic fitness and cardiovascular capacity. Evidence suggests a positive effect of physical exercise on global cognitive functioning, especially chronic stages. In addition, exercise seems to improve mood, social participation and quality of life among these patients. Time of injury and training program duration must be considered when prescribing exercise for people with TBI. However, well-designed studies are still needed, to provide better understanding about the effect the physical exercise and to validate exercise prescription guidelines in this population.

References

Abstract: 228 - Date: 2019-06-30 20:37:30pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Pain in amputee patients

Keywords

limb amputation, pain management, rehabilitation

Authors

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Introduction

In literature, few studies focused on the pain of amputation stumps, although these are in direct contact with the equipment and are the location of several specific pathologies. In this study, we are interested in the pain of the amputation stump and its management.

Materials & Methods

This descriptive study included all hospitalized amputee patients at the PMR Department Sahloul

Results

Thirty three patients were included. The average age was 53.82 years .The patients were diabetic in 69.7%. Amputation was trans-tibial in 75.8% of cases.\r\nNeuropathic pain was found in 30.3% of cases. These pains required surgical treatment of the neuroma in 6% of cases.\r\nNeuropathic pain was reported in 75.7% of cases with an average DN4 score of 4.8 / 10. These pains were effectively cured by neuroleptics (pregabalin and gabapentin) as monotherapy in 27.3% also 15% of patients were improved with antidepressant treatment. A second-line combination of these 2 molecules was effective in 9.1% of cases. A phantom limb sensation was found in 57.6% of cases, of which 23.4% was painful with a mean pain VAS scale of 53.5 / 100. Two-thirds of the patients underwent functional rehabilitation with mirror therapy with reduced pain.\r\nAn algodystrophy of the amputation stump occurred in 6% of cases and significantly delayed the fitting in all cases.\r\n

Discussion

Conclusion

A limb amputation is often complicated by amputation stump pains. These pains vary according to the degree of trauma preceding the surgical procedure and preoperative pain. Proper management of these pains depends on their causal etiology.

References

Abstract: 229 - Date: 2019-06-30 20:41:49pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Bladder dysfunction in multiple sclerosis

Keywords

Multiple sclerosis, Bladder dysfunction, Urodynamics

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Introduction

Multiple sclerosis (MS) patients frequently experience sequelae of the disease in the urinary tract, which may present an increased risk of renal failure if not properly addressed and managed. The present study aimed to evaluate bladder dysfunction in MS patients and identify the impact of cystomanometry results in voiding regimen.

Materials & Methods

A cross-sectional study including MS patients admitted in a specialized rehabilitation centre between January 2016 and June 2019. Patients that performed cystomanometry were included. Age, gender, type, duration of disease progression, Kurtzke Expanded Disability Status Scale (EDSS) scores, urinary symptoms, voiding regimen and cystomanometry and renovesical ultrasound results were assessed.

Results

39 patients with MS, 24 females, with an average age of $44,57 \pm 11,8$ years were enrolled. The mean score of EDSS was $5,91 \pm 1,53$ and the mean duration of MS was $12,8 \pm 9,32$ years. At admission, only 7,7% of patients were performing intermittent catheterization and 5,1% were wearing chronic indwelling urethral catheters. Urge incontinence was the predominant urinary symptom reported (48,3%), followed by feeling of incomplete emptying (20,7%). Abnormalities in cystomanometry were observed in 76,9% of patients, 23% of them asymptomatic and 25,7% with normal renovesical ultrasound. Detrusor overactivity was the predominant bladder dysfunction, present in 48,7% of them. After the cystometry, the approach of intermittent catheterization was applied to 30,8% of the patients.

Discussion

Conclusion

Our data suggests that urodynamic analysis should be systematically performed in patients with MS, allowing early detection and optimization of bladder dysfunction, avoiding potentially harmful urinary complications.

References

Abstract: 232 - Date: 2019-06-30 20:49:48pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Psychological and functional impact of pain in amputees

Keywords

limb amputation; pain management; anxiety; depression; functional dependence

Authors

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Department of Physical Medicine and Functional Rehabilitation of Sahloul TUNISIA

Introduction

The body image is the mental representation of the body. During an amputation, the body image is modified. This change can be more or less difficult to accept especially with pathologies affecting the stump.

Materials & Methods

A retrospective study that included all amputee patients hospitalized at PMR of Sahloul over the past 2 years. Depression and anxiety were assessed by the HAD scale: Hospital Anxiety and Depression scale. The functional impact was measured by the FIM score: Functional independence measure.

Results

Thirty-three patients were included. The average age was 53.8 years with a sex ratio H / F = 3.1. Anxiety (HADanx \geq 11 / 21) was objectived in 48.5% of patients and depression (HADdep \geq 11 / 21) in 45.5% of patients. The average FIM score was 95.67 / 126 [62.120].\r\nA very significant correlation (p <0.01) between the decrease in the FIM score and age, gender, the presence of neuroma, ghost sensation, the existence of a knee, depression and anxiety.\r\nWe found a statistically significant relationship between anxiety and neuromuscular pain (p = 0.026) and also with ghost perception (p = 0.001).\r\nWe also found a significant correlation between the occurrence of depression and the neuromuscular pain and phantom pain (p = 0.001, p = 0.002).\r\n

Discussion

Conclusion

Mood disorders, especially depression, hinder adherence to care and may delay functional recovery in an amputee patient. Their screening and management are crucial during the entire process of managing any amputee patient.

References

Abstract: 233 - Date: 2019-06-30 20:54:38pm

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Guillain-Barré syndrome: An unusual presentation of West Nile virus infection

Keywords

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Introduction

To describe a case of a WNV infection complicated by a GBS.

Materials & Methods

To describe a case of a WNV infection complicated by a GBS

Results

This is a 54-year-old patient presenting to the emergency department for heaviness and tingling sensation of the lower limbs in an infectious context of viral infection. The evolution was marked by a dysphagia, a dysphonia then an acute respiratory insufficiency. The motor deficit has worsened in an upward and symmetrical way. The patient required mechanical ventilation. Clinical examination had found flaccid quadriplegia with preserved sensitivity without meningeal signs or damage of the cranial nerves. Magnetic resonance imaging showed contrast enhancement of the nerve roots of the ponytail in favor of polyradiculoneuropathy and electroneuromyogram showed demyelinating polyneuropathy. The diagnosis of a GBS was confirmed and the patient received immunoglobulins. In the context of an etiological survey and given the epidemiological context, a WNV urinary PCR was requested and returned positively. After two months of hospitalisation in physical medicine department, the patient returned to her home after recovery.

Discussion

Conclusion

Secondary GBS at WNV is a very rare clinical entity. Previous studies described flaccid paralysis, but demyelinating neuropathy has been recently documented. As a result, the New York Department of Health recommends that patients with Guillain Barré Syndrome have to be screened for WNV.

References

Abstract: 235 - Date: 2019-06-30 21:03:19pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Obstacles to applying prosthesis in amputees

Keywords

limb amputation; rehabilitation; prosthesis; obstacles

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Introduction

The amputation of a lower limb cause a physical and psychological impairment. Management is based on functional rehabilitation and adapted equipment. The latter can be made difficult or delayed by certain factors specific to the stump and the patient. This study aims to determine the factors hindering the amputee's equipment.

Materials & Methods

This retrospective study analysed the results of 33 amputee patients hospitalized at the PMR Department of Sahloul.

Results

We included in our study 33 patients, aged on average 53.8 years [11-87] with a sex ratio H / F = 3.1. We estimated that 36.4% had an average socio-economic level. Amputation followed an infectious etiology in 51.5% of cases, ischemic in 30.3% and traumatic in 18.2%. The level of amputation was trans-tibial in 75.8% of cases, trans-femoral in 15.2% of cases, Chopard joint in 3% of cases. Two patients (6%) had upperlimb amputation. Twelve patients could not be fitted. Several factors had separately or jointly hampered the equipment. In fact, the absence of equipment was significantly correlated with certain factors such as the lack of social coverage , the presence of a bone projection , the flexion of the hinged joint., poor padding, neuromuscular pain , phantom limb perception , anxiety developed in the aftermath of amputation and depression.

Discussion

Conclusion

Post-operative complications following amputation are unfortunately not uncommon, particularly pain and poor quality of the stump, and must be the subject of a specialized assessment and management, to allow a quality equipment and in the usual deadlines.

References

Abstract: 237 - Date: 2019-06-30 21:11:18pm

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Serious traumatic brain injury : clinical and epidemiological profile

Keywords

traumatic brain injury; orthopedic disorders; neurogenic osteoarthropathies; epidemiology

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Introduction

Serious traumatic brain injury (TBI) can be a major source of disability due to neurological involvement and inherent complications. This work aim to determine the epidemiological-clinical profile of traumatic brain injury and the main complications of TBI.

Materials & Methods

Descriptive study included all TBI patients hospitalized at the PMR Department at Sahloul Tunisia during 4 years. We determined the epidemiological, clinical and functional data.

Results

Sixty six patients hospitalized in PMR at the exit of the intensive care unit were included. The average age was 32.2 years with a clear male predominance. Polytrauma was associated with TBI in 42.4%. Concerning the waking state, a relationship state was found in 24.2%. The

evaluation of higher functions revealed memory disorders in 33.3% and temporal-spatial disorientation in 21.2%. We found a Mini Mental State Examination score (MMSE) $\leq 24 / 30$ (severe cognitive dysfunction) in 48%, and between 24 and 27/30 in 8%. Deglutition disorders were objectified in 40.6%. In clinical terms, troublesome spasticity was noted in 60.6%. Neuro-orthopedic disorders were found in 69.7% of patients, mainly neurogenic osteoarthropathies in 51.5%. Bladder disorders were objectified in 42.4%. The functional impact was assessed by the Functional Independence Measure (FIM) score, 78.8% of the patients had a FIM score of 100/126. Depression was noted in 45.5% and anxiety in 30.3%.

Discussion

Conclusion

TBI is a major public health problem. Neuro-orthopedic disorders, memory disorders, bladder disorders, depression and functional repercussions are the main complications of TBI.

References

Abstract: 238 - Date: 2019-06-30 21:14:29pm

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Recovery after peripheral facial paralysis: the role of physical therapy

Keywords

facial paralysis; physical therapy; neurorehabilitation

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Introduction

Peripheral facial paralysis is commonly treated by physical therapy, but there is still lack of high-quality evidence to support its efficacy. The aim of this study is to evaluate physical therapy outcomes for individuals with peripheral facial paralysis, in terms of grade of recovery of function.

Materials & Methods

From May 2018 to April 2019, a sample of 10 patients with the diagnosis of Peripheral Facial Paralysis were evaluated in our department. These patients were enrolled in a program of

physical therapy that included patient education, massage, neuromuscular training and mime therapy. The participants were evaluated before and after the treatment, using the House-Brackmann scale (HBS) and the Facial Disability Index (FDI), for physical and emotional function, when applicable.

Results

There were 10 patients (7 males and 3 females). The mean age was 50,5 years. The average grade of HBS before the treatment was 4,4 and after the treatment was of 1,44. The average physical function score assessed by the FDI before the treatment was 60,83 and after was 108,43. The average social/well-being functional score assessed by the FDI before the treatment was 42,67 and after was 46,86.

Discussion

Conclusion

In this study, there was statistically significant improvements after facial rehabilitation. All the patients improved in terms of motor function, using both the HBS and the FDI for physical function. There was also a slight improvement in the FDI social/well-being score. Physical therapy appears to be effective in improving facial motor function and fasten recovery. A larger study, however, is needed.

References

Abstract: 241 - Date: 2019-06-30 21:24:11pm

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Topic of Summary

Special therapeutic methods in PRM

Title of Summary

Risk associated with the treatment with PRGF in patients with musculoskeletal pathology

Keywords

PRGF; MSK; Rehabilitation

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Introduction

Identify the risks associated with the treatment with autologous PRGF in patients with musculoskeletal pathology.

Materials & Methods

This is a retrospective observational study in which a total of 355 patients with musculoskeletal pathology were recruited. Three echoguided infiltrations were made in those patients who presented the ideal characteristics for treatment with PRGF. Likewise, the adverse effects presented were collected

Results

The average age of the study population was 46.3 years (+/- 11.23). The participants were 67.9% of men and 32.1 of women, with a total of 1056 procedures. A 0.85% of the participants were excluded due to active infections (HCV and Syphilis). There were 21 cases of mild adverse reactions at the local level and 5 cases of adverse reactions at the systemic level.

Discussion

Conclusion

The use of PRGF is a safe technique due to its few and slight adverse effects. However, in its indication we must bear in mind the intrinsic characteristics of each individual and the current regulations for its application.

References

Abstract: 242 - Date: 2019-06-30 21:25:44pm

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Topic of Summary

Special therapeutic methods in PRM

Title of Summary

Management of Frey Syndrome Using Botulinum Toxin

Keywords

Frey syndrome, botulinum toxin

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Introduction

To describe a case of Frey syndrome (FS) managed with botulinum toxin (BT).

Materials & Methods

Description of a post-parotidectomy FS. A brief review of the literature was made, by searching Pubmed, Medline, Cochrane.

Results

A 43-year-old woman presented with flushing, burning and sweating in the left preauricular area that started months after a left parotidectomy. This symptoms were kept under vigilance by 4 years, when an evaluation by Physical Medicine and Rehabilitation was requested. Symptoms made her feel socially uncomfortable and negatively affected her quality of life (QoL). We performed Minor test, confirming the diagnosis. We then injected the affected area with BT/Botox® (46UI). At follow-up, 3 weeks later, symptoms were absent. A new injection is programmed for when symptoms recur.

FS results from an abnormal reinnervation of auriculotemporal nerve fibres following injury to this region, most commonly after parotidectomy. Treatment is indicated when it negatively influences QoL. Surgical or conservative approaches may be used but BT is the preferred treatment. The effects are temporary, lasting longer than when BT is used to treat spasticity. Adverse effects related to the procedure are pain, redness, bruising, allergy, xerostomia and rarely facial palsy.

Discussion

Conclusion

Although FS is relatively common in the post-surgical context, symptoms are reported in only 10-15% of patients. Physicians must be aware of this diagnosis in order to provide patients an adequate treatment. BT is a simple, safe and effective procedure.

References

Abstract: 243 - Date: 2019-06-30 21:26:45pm

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Topic of Summary

Orthotics and prosthesis in PRM

Title of Summary

Rehabilitation Challenges after Hip Disarticulation in a Young Burned Patient

Keywords

Prosthetic rehabilitation, Hip disarticulation, Burn rehabilitation

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Introduction

Major burns impact patients physically, psychologically and emotionally. Despite being rare, limb amputation in this setting leads to increased difficulties in their rehabilitation process and is associated with poorer outcomes. This paper aims to describe a complex successful case of hip disarticulation in a patient with extent burn lesions treated in a rehabilitation center.

Materials & Methods

We reviewed the clinical records of a patient treated in a rehabilitation centre who underwent hip disarticulation in the setting of major burn.

Results

A previously healthy 20-year-old female was admitted in a Burn Unit with severe burns affecting 60% of total body surface area, after a forest fire. The patient underwent multiple grafting procedures and disarticulation of the right hip due to irreversible ischemia, presenting also with severe sensory-motor axonal polyneuropathy in the contralateral limb and severe deconditioning. After seven months, she was admitted in CMRA for inpatient rehabilitation, integrating a global multidisciplinary rehabilitation 3 month program aiming to improve range of motion, stump desensitization, pain control and gait training with prosthesis. At discharge, the patient was totally functional with the upper limbs and was able to walk using prosthesis and a rigid ankle-foot orthosis with two crutches at a modified independent level.

Discussion

Conclusion

Burned patients rehabilitation is complex, especially when associated with other comorbidities. Although the prosthetic rehabilitation after hip disarticulation is challenging, successful outcomes are achievable, including optimized prosthetic fitting and use. A dynamic approach through intensive wound care, contracture/pain management and psychological support is crucial.

References

Abstract: 247 - Date: 2019-06-30 21:34:31pm

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Topic of Summary

Title of Summary

An unusual association of Klippel Feil Syndrome (KFS) and psychomotor delay: A Rare Case Report

Keywords

KFS; psychomotor delay

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Introduction

The term Klippel–Feil syndrome was originally used to describe the clinical triad of fused cervical vertebra, short neck and low posterior hairline; however, now the term is used more broadly for cervical fusion. The association with psychomotor delay was not described before, as we know.

Materials & Methods

We report the case of a case of a 3 years old girl, who was referred to our Physical Medicine and Rehabilitation department for psychomotor delay, and was diagnosed as having KFS.

Results

A 3 years old female patient; born to a healthy related couple with a second degree of consanguinity, was referred to our Physical Medicine and Rehabilitation department for psychomotor delay and facial asymmetry. On examination, she had a short neck, a low posterior hairline, a left side torticollis, thoracic hyperkyphosis and left peripheral facial paralysis. X-ray cervical spine showed fusion of C2-C3 with congenital defects of the C7 posterior arch. So the diagnosis of KFS was confirmed. Our patient was managed with a rehabilitation program consisting of cervical spine strengthening exercises, a psychomotor training program as well as an occupational therapy.

Discussion

Conclusion

Patients with KFS should be assessed for associated systemic abnormalities beside cervical fusion. The combination with psychomotor delay such in our patient was not reported before. So the originality of this case.

References

Abstract: 248 - Date: 2019-06-30 21:36:09pm

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

Memory disorders in severe traumatic brain injury

Keywords

traumatic brain injury; memory disorder; MMSE

Authors

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Introduction

Achievement of higher functions is often found in severe traumatic brain injuries (TBI) with significant motor sequelae. The neuropsychological evaluation must be systematic and complete. The purpose of this work was to evaluate the cognitive functions and memory capacity of TBI patients.

Materials & Methods

Retrospective descriptive study that included TBI patients hospitalized at the PMR Department of Sahloul between 2015 and 2018. The Mini Mental State Examination (MMSE) score was used.

Results

51 patients were included. The average age was 33.8. A clear male predominance was noted. The presence of associated comorbidity was found in 12.1%. The mean evolution of head injury was 2.55 ± 1.9 months. We found polytrauma associated with severe head trauma in 42.4%. Memory disorders were found in 22 patients and temporospatial disorientation in 14 patients. The MMSE score was used to evaluate higher functions. We found a Mini Mental State Examination score (MMSE) $\leq 24 / 30$ (severe cognitive dysfunction) in 48%, and between 24 and 27/30 in 8%. We noted that the cerebral CT was performed in the acute phase: 31.37% of patients had meningeal haemorrhage, 13.72% had a subdural hematoma and 11.76% had extradural hematoma. Cerebral MRI revealed diffuse axonal lesions in 7.84%.

Discussion**Conclusion**

Higher functions disorders and especially memory troubles represent a brake with the recovery of the severe traumatic brain injury. This is as difficult for the patient as for his family. Specialized and adequate management of these disorders would promote recovery in the TBI patient.

References

Abstract: 249 - Date: 2019-06-30 21:40:48pm

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Neurorehabilitation, spasticity

Title of Summary

Psychological impact and functional impairment of severe traumatic brain injury

Keywords

traumatic brain injury; anxiety; depression

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Introduction

Severe traumatic brain injury is a major cause of disability. The latter is often associated with depressive symptoms that impair the ability to recover and rehabilitate. Thus, the objective of this work was to detect post traumatic mood disorders, to determine their functional impact and to determine associated risk factors.

Materials & Methods

A retrospective descriptive study of all patients with severe TBI hospitalized at the PMR Department of Sahloul Tunisa. The functional evaluation was made by Functional Independence Measure (FIM) and psychological score by Hospital Anxiety and Depression Scale (HAD) score.

Results

66 patients aged 32.21 with a clear male predominance were included. Associated comorbidities were found in 12.1% of cases. The functional outcome was assessed by the FIM score, 78.8% had a FIM score of $\leq 100 / 126$ and 21.2% had a FIM score between 101 and 126. Depressive symptomatology was noted in 45.5% (HAD $\text{dep} \geq 11 / 21$) and anxiety in 30.3% (HAD $\text{anx} \geq 11 / 21$). Four patients passed away. There was a statistically significant correlation between functional limitation and age, presence of memory disorder, spasticity, neuro-orthopedic disorders occurrence and persistence of bladder disorders. There was also an association between depression occurrence and young age, memory disorder, spasticity, neuro-orthopedic disorders occurrence, persistence of bladder disorders and a score of $\text{MIF} \leq 100$.

Discussion

Conclusion

The determination of the factors associated with the psychological and functional impact of TBI makes it possible to better plan their management and improve their functional prognosis.

References

Abstract: 251 - Date: 2019-06-30 21:53:12pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Upper limb musculoskeletal disorders in physiotherapists

Keywords

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Introduction

Musculoskeletal disorders (MSD) are growing exponentially. They represent the first occupational disease in Tunisia. These pathologies include a wide range of disorders that frequently affect the upper limb. The physiotherapist treats these affections, but he is as concerned as the rest of the population by these disorders. This work aims to evaluate upper limb MSD among physiotherapists.

Materials & Methods

Descriptive transversal study conducted in February 2019 covering 70 physiotherapists exercising in Sousse (35 at Sahloul hospital/ 35 in private cabinet). Were noted socio-demographic data and circumstances of work by using a self-administered questionnaire, and a complete clinical exam was done.

Results

The mean age was 33.6 ± 7.6 [22-50 years]. The dominant hand was the right hand for 84.3%. All physiotherapists worked 6 days / 7 with an average number of hours was 6.5 hours per day. The mean number of patients in care was 8 ± 2 patients per day. At the last 12 months, more than half of our physiotherapists ($n = 37$) had shoulder MSDs (right cuff tendinopathy, bilateral cuff tendinopathy, left cuff tendinopathy), 14.29% ($n = 10$) suffered

from elbow (epicondylitis/epitrochleitis) and 51.43% (n = 36) suffered from hand (Quervain tenosynovitis, thumb extensor tendinitis, carpal tunnel or rhizarthrosis).\r\n

Discussion

Conclusion

Physiotherapists commonly treat patients suffering from MSD and also have high risks to develop these disorders. The handling of patients, the repetition of movements, the force developed during the management and the constraining postures, are all elements which expose them to high risks of occurrence of upper limb MSD.

References

Abstract: 252 - Date: 2019-06-30 21:56:59pm

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Topic of Summary

Special therapeutic methods in PRM

Title of Summary

Inquiry among general practitioners' knowledge regarding clean intermittent self-catheterization

Keywords

Authors

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Introduction

To assess general practitioners (GP)' state of knowledge regarding clean intermittent self-catheterization (CISC)

Materials & Methods

A direct questionnaire, oriented on the knowledge of CISC, was sent by email to 25 GP in exercise of profession. The questionnaire consists of 11 questions that deal with the definition of CISC, the modalities of realization, the indications of a cytobacteriological examination of the urine and antibiotic therapy and the complications of this mode of drainage. We studied the responses of the GP and we calculated the average responses for each question

Results

Two-thirds of GP gave an exact definition of CISC, while 16% confuse it with the indwelling catheter. Sterile gloves were needed for 20% of physicians. An antiseptic was prescribed by 48% of the GP. Hematuria and infection were considered the main complications of CISC by 75% and 50% of physicians, respectively. In the absence of signs of call, 16% of GP required a systematic cytobacteriological examination of the urine in these patients. If the latter is positive, antibiotic therapy was prescribed in 28% of cases. In the case of urinary tract infection, two-thirds of the doctors prescribed low-dose antibiotic therapy for patients with CISC and 20% prescribed 15 days of treatment.

Discussion

Conclusion

The CISC must be better known by GP who ensure the home follow-up of these patients. Complementary training of GP in this method of drainage associated with the education of patients and an attentive personalized medical follow-up make it possible to take optimal care of patients with neurological bladder under CISC.

References

Abstract: 253 - Date: 2019-06-30 21:58:24pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Professional neck pain in physiotherapists

Keywords

Authors

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Affiliations

Physical and Functional Rehabilitation Department. Sahloul Hospital, Sousse, Tunisia.

Introduction

Musculoskeletal disorders (MSD) include various pathologies of occupational origin that can affect the locomotor system of workers. Among health professionals, physiotherapists, because of their professional requirements, are concerned of these disorders. In this context, our work focuses on studying in particular MDS affecting cervical spine of this population.

Materials & Methods

Descriptive transversal study conducted in February 2019 covering 70 physiotherapists exercising in Sousse (35 at Sahloul hospital/ 35 in private cabinet). The socio-demographic data were collected by a pre-established self-administered questionnaire, a clinical exam was done for all our candidates and a complement of radiological scanner was made according to clinical context and anamnesis.

Results

Included physiotherapists mean age was 33.6 \pm 7.6 years. The sex ratio H / F = 0.52. Working seniority was ranged from 2 to 25 years, with a mean of 8 \pm 6 years. At the last 12 months, thirty-one (44.29%) of physiotherapists reported MSD affecting the cervical spine; 24 patients had neck pain and 7 patients had cervico brachial neuralgia. The radiologic exam objectived herniated disc in 2 patients. The analytical study did not show any correlation between seniority, work schedule and neck pain.

Discussion

Conclusion

The MSD affecting cervical spine can hinder normal and professional activity, which justifies the interest of implementing a preventive strategy concerning the organization of work, the equipment used and the layout of the post in order to provide the practitioner with the necessary comfort, efficiency and work safety.

References

Abstract: 255 - Date: 2019-06-30 22:02:55pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Low Back Pain among Physiotherapists

Keywords

Authors

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Introduction

On their daily practice, physiotherapists are required to repeat certain movements, to exercise significant force and to work in uncomfortable postures. All of these factors contribute to the onset of low back pain in the workplace.

Materials & Methods

Descriptive transversal study conducted in February 2019 over 70 physiotherapists exercising in Sousse. A pre-established self-administered questionnaire collected socio-demographic data and grievances, followed by clinical exam and radiological assessment as needed.

Results

Seventy physiotherapists were included, 35 practicing in 11 departments in Sahloul hospital and 35 practicing in private practices. The mean age was 33.6 \pm 7.6 years. The sex ratio H / F was 0.52. During the past 12 months, forty-two (60%) physiotherapists reported low back pain while exercising their occupation. Among these patients, 8 had lumbosciatica. After radiologic exam, a disco-radicular conflict was objectified in 5 patients. During the previous year, a work stoppage more than 30 days was prescribed to 15 physiotherapists (21.43%) and 32 (45.71%) reported that these disorders significantly affected their daily activities.

Discussion

Conclusion

Low back pain in the workplace has a high socio-economic and professional cost, so it would be interesting to develop major prevention strategies for this population at risk and to propose real practical solutions.

References

Abstract: 258 - Date: 2019-06-30 22:15:24pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Nontraumatic Spinal Neurological Compressions: Evaluation of Functional Prognostic Factors

Keywords

Nontraumatic Spinal Neurological Compressions, Functional Prognostic Factors

Authors

Toulgui.E; Megdiche.I; Mtaouaa.S; Gaddour.M; Moncer.R; Ouaness.W; Jemni.S;
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Affiliations

PMR Sahloul Sousse TUNISIA

Introduction

Retrospective descriptive and analytical study that included 97 hospitalized patients in the PMR departement Sahloul Tunisia, from 2010 to 2018.

Materials & Methods

Retrospective descriptive and analytical study that included 97 hospitalized patients in the PMR departement Sahloul Tunisia, from 2010 to 2018.

Results

The average age was 47.5 with male predominance. At the time of diagnosis, 95% of patients had a motor deficit. Sensory disorders and vesico-sphincter disorders were observed in 52% of patients.
The majority of patients were admitted with ASIA D grade and MIF ranging from 27 to 122/126. MIF scores at the end of rehabilitation ranged from 33 to 126/126.
Functional recovery was influenced by the age of the patient and the presence of associated defects. The complications observed in 26 patients were dominated by spasticity, neuropathic pain, urinary tract infections and pressure ulcers. These complications appeared to occur in ASIA patients A, B and C more than those ASIA D.
Young age, lumbar spinal cord compression, early rehabilitation with sufficient duration and low neurological deficit on admission were factors in good functional recovery.

Discussion**Conclusion**

Nontraumatic spinal neurological compression is a diagnostic and therapeutic emergency, serious because of the physical deteriorations and functional disorders generated, deserving better evaluation in order to limit the consequences of socio-professional disadvantage.

References

Abstract: 261 - Date: 2019-06-30 22:20:48pm

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Topic of Summary

PRM in paediatric problems

Title of Summary

Keywords

quality of life, neuromuscular disease

Authors

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Affiliations

PMR Sahloul Sousse TUNISIA

Introduction

Neuromuscular diseases are various pathologies in their presentation, their evolution and their respiratory attack. They can be a source of pain and limitation of daily activities, thus affecting the quality of life.

Materials & Methods

Cross-sectional, descriptive study conducted in April 2019. The quality of life of these children was assessed by QoL-NMD v1.0, which is a specific questionnaire that measures the quality of life in patients with neuromuscular disease slowly progressive.

Results

Ten patients were included with an average age of 6 years followed by pediatric neuromuscular services. The average age of our patients at the time of diagnosis was 6 years [9 months to 13 years]. The sex ratio was 1.5. The study population was distributed as follows: 6 patients with a Duchenne myopathy chart, 3 patients with spinal muscular atrophy and one patient with belt myopathy. Quality of life was impaired in the areas of physical activity, social participation and the impact of bodily symptoms. Factors associated with poor quality of life were: low socio-economic status, seniority of evolution, respiratory impairment and lack of functional rehabilitation.

Discussion

Conclusion

Neuromuscular diseases are accompanied by an impairment of the quality of life of the affected child. Factors associated with this impairment should be considered for optimal management of these patients.

References

Abstract: 264 - Date: 2019-06-30 22:40:30pm

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Topic of Summary

Rehabilitation services in Mediterranean countries and Africa

Title of Summary

Analysis of the clinical evolution of patients with peripheral facial palsy.

Keywords

peripheral facial palsy (PFP), House-Brackman (HB), SunnyBrook (SB)

Authors

Cordeiro, A,1; Araújo, A,1; Costa, J,1; Silveira, J,1; Martins, J,1; Pinheiro, P,1

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1 - Physical and Rehabilitation Medicine Department, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal

Introduction

Suggestion of an evaluation protocol for patients with peripheral facial palsy (PFP) and the analysis of the clinical evolution of these patients in a PRM service.

Materials & Methods

During 1 year, patients were followed up in an outpatient clinic in a PRM service. As selection criteria, patients should have been discharged from the outpatient clinic and have at least 2 evaluations. House-Brackman(HB) scale and the SunnyBrook(SB) scale were applied to all patients in all evaluations.

Results

33 patients were selected. The mean age was of 50 years old. On average, patients were evaluated in 2.2 consultations. The average waiting time for the first evaluation visit was 14 days. The mean follow-up time was 119 days, with a minimum time of 20 days and a maximum of 789 days. According to the HB scale, patients presented on average 3.3 in the ER and 3.5 on the first appointment; and according to the SB scale a value of 40.6 on the first query. At discharge, on average, patients had a value of 1.2 in the HB scale and in the SB scale a value of 93.9. Of the patients evaluated, 24% had permanent sequelae.

Discussion

Conclusion

The presented data regarding the time of follow-up and recovery are similar to those described in the literature. This pathology affects patients of all age groups. The role of rehabilitation is crucial so that the number of patients with sequelae is not higher.

References

Abstract: 265 - Date: 2019-06-30 22:42:09pm

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Topic of Summary

Robotics, virtual reality and innovatives techniques in PRM

Title of Summary

Literature review of eye-tracking communication device characteristics for post-traumatic brain injury tetraplegic and aphasic patients

Keywords

“eye-tracking”, “augmentative and alternative communication (AAC)”, “traumatic brain injury (TBI)”, “tetraplegia” and “aphasia”.

Authors

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Introduction

The purpose of this study is to present a concise explanation of how eye-tracking communication devices (ETCD) operate; describe the device features, patient's specificities and multidisciplinary support that influence and may compromise technology effectiveness and efficiency.

Materials & Methods

The data were obtained from Pubmed database from 1990 to 2019, using keywords search combination of “eye-tracking”, “augmentative and alternative communication (AAC)”, “traumatic brain injury (TBI)”, “tetraplegia” and “aphasia”.

Results

The device features that influence patient's ability to use it are related to screen size, screen positioning structures and software. Software has a multitude of instruments and icons design that should be selected according to individual needs. Patient's specificities are related to personal communication disorders, comorbidities, age, scholarship and computer literacy. Communication disorders resulting from TBI are diverse, including cognitive (attention, memory), visual, linguistic or motor speech disorders. Patients who will benefit most from ETCD are those who have expressed a need to enhance their communication skills (Beukelman DR et al. Augment Altern Commun. 2007;23(3):230-42). The lack of technical support is the main cause of ACC suspension in TBI patients (Fager S et al. Augment Altern Commun. 2006;22(1):37-47).

Discussion

Conclusion

It is of prime importance to set up a training program that assures ETCD technical support and patient, family members and professionals education, specifically speech and language therapists. Further scientific and technological studies will be needed to improve individual communication dysfunctions and expectations.

References

Abstract: 267 - Date: 2019-06-30 22:53:40pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Correlation between Stroke Subtype and Level of Dysphagia

Keywords

Stroke; Dysphagia; GUSS; Bamford Classification

Authors

Filipa Vilabril (1); Bruno Guimarães (2); Jorge Rocha Melo (1); José Vilaça Costa (3); Adelaide Moutinho (4); Elza Pires (1); Lúcia Dias (1)

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Introduction

Dysphagia is a common complication of stroke. Reports of its frequency in the literature are highly variable and there's still a debate concerning the locations and the prognosis of strokes causing dysphagia. The aim of our study is to correlate the presence of dysphagia with the cerebral territory/volume involved.

Materials & Methods

A sample of 301 patients (168 females) admitted to a stroke unit was distributed according to the Bamford Stroke Classification. Dysphagia screening at admission was performed with Gugging Swallowing Screen (GUSS) (0 representing severe dysphagia and 20 no dysphagia). ANOVA (subsequent Bonferroni correction) was used to compare the level of dysphagia between patients with different subtypes of stroke.

Results

Patients diagnosed with TACI showed a higher level of dysphagia versus other groups (TACI vs PACI $11,80 \pm 6,78$ vs $18,74 \pm 2,47$, $p < 0,001$; TACI vs LACI $11,80 \pm 6,78$ vs $19,34 \pm 2,51$, $p < 0,001$; TACI vs POCI $11,80 \pm 6,78$ vs $16,06 \pm 6,48$, $p < 0,001$). Patients diagnosed with POCI showed a higher level of dysphagia versus patients diagnosed with LACI (POCI vs LACI $16,06 \pm 6,48$ vs $19,34 \pm 2,51$, $p = 0,012$). No differences were found between patients diagnosed with POCI vs PACI ($16,06 \pm 6,48$ vs $18,74 \pm 2,47$, $p = 0,128$) and between LACI and PACI ($19,34 \pm 2,51$ vs $18,74 \pm 2,47$, $p = 1$).

Discussion

Conclusion

The volume of neural tissue affected seems to correlate with the development of dysphagia and its severity, since TACI patients showed major propensity to developing dysphagia, and on contrary, lacunar strokes showed the lowest incidence this swallowing dysfunction.

References

Abstract: 268 - Date: 2019-06-30 23:00:39pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Effects of Posterior Tibial Nerve stimulation for faecal incontinence: systematic review.

Keywords

Authors

Patrícia Cruz*1; Sara Amaral*1; Margarida Ribeiro1; Raquel Araújo1; Diogo Moniz Costa1; Rui Brito1; Carolina Moreira1. * Equitable contribution

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Introduction

Introduction:\n\nFecal incontinence occurs in 2-20% of the adult population and mostly affects women over the age of 65. Neurostimulation is the first choice treatment after failed with the conservative way. Posterior tibial nerve stimulation (PNS) is a non-invasive technique of peripheral neuromodulation and has two methods: Percutaneous (PTNS) and Transcutaneous (TTNS).\n\nObjectives: To know, through a bibliographic review, the outcomes of posterior tibial nerve stimulation in faecal incontinence therapies.\n\n

Materials & Methods

Material and methods: Bibliographic search using the search engines: Pubmed, Medline. Inclusion criteria: 1) meta-analyses, systematic reviews and reviews; 2) Language: Portuguese, English and Spanish; 3) in humans; 4) Last 10 years.

Results

Results:\r\nFrom all the included studies, with 745 subjects, 8 were TTNS, 8 PTNS and 1 of both. The average age was 53 years old. 89% were female and 11% male. Both methods of PNS were well tolerated and safe. 11 studies shows a statistically significant decrease in fecal incontinence episodes. PNS showed similar improvements in bowel function, although PTNS had fewer weekly fecal incontinence episodes. Quality of life improved after stimulation in all studies.\r\n

Discussion

Conclusion

Conclusions:\r\nThe limited number of available studies leaves the true role for PNS unclear. The efficacy of transcutaneous way remains even more untested.\r\nThe heterogeneity of follow-up regimes for PNS makes it difficult to assess exactly the long-term effects. Further work needs to be done on follow-up of patients who benefit with that to accurately assess the duration of efficacy.\r\n

References

Abstract: 269 - Date: 2019-06-30 23:05:52pm

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

THE ROLE OF PHYSICAL REHABILITATION MEDICINE IN THE EVALUATION OF THE MOTOR FUNCTION IN PARKINSON PATIENTS

Keywords

Motor Function, Parkinson, Rehabilitation, FIM scale

Authors

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Introduction

Parkinson's Disease (PD) is one of most disabling disorders of the central nervous system, and normally is characterized by the impairment of the motor function. Indeed, the assessment of motor function is essential to determine the level of independence of his

patients. This study evaluated if there is differences in motor function according to the type PD: akinetic-rigid (AR) or tremor dominant (T).

Materials & Methods

Patients with PD were classified according to the type in akinetic-rigid or tremor dominant. Subsequently the patients were assessed towards the motor function, according to FIM scale. Independent samples t-test was used to compare the motor function in both group of patients.

Results

A sample of 51 patients (26 females) was evaluated. No differences were found regarding the age of the participants at the date of evaluation (AR vs T: $73,79 \pm 10,61$ vs $74,56 \pm 9,79$, $p=0,675$) and regarding disease evolution period (age of diagnostic AR vs T: $62,07 \pm 11,07$ vs $68,33 \pm 10,62$, $p=0,519$). The patients with tremor dominant PD showed better motor function compared to the akinetic-rigid PD ($70,86 \pm 18,70$ vs $74,94 \pm 10,75$, $p=0,014$).

Discussion

Conclusion

The primary manifestations of Parkinson's disease are abnormalities of movement, including movement slowness, difficulties with gait and balance, and tremor. Akinetic-rigid PD showed worst motor function when compared with tremor dominant PD. An earlier assessment of this subtype is necessary in order in implement a rehabilitation program.

References

Abstract: 270 - Date: 2019-06-30 23:26:46pm

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Topic of Summary

PRM in geriatric conditions

Title of Summary

Rehabilitation and Exercise in Osteoporosis

Keywords

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Introduction

Osteoporosis is a major health problem. Increased bone fragility can lead to fractures, resulting in considerable reduction of quality of life and functionality. The purpose of this review is to evaluate current evidence regarding rehabilitation and exercise in the management of patients with osteoporosis.

Materials & Methods

We conducted a literature review, including articles published between January 2008 and April 2019, using Medline and Cochrane Library databases.

Results

Current evidence suggests that bone responds positively to impact activities and resistance training. There is growing evidence that exercise is beneficial following hip fracture, with higher-intensity programmes showing promising outcomes. Furthermore, the improvement of muscle strength, mobility and balance, minimises the risk of falls. This is more relevant for patients with limited functional capacity. It is also important to address issues of comorbidity and safety, as well as maintaining a balanced diet and appropriate calcium and vitamin D intake.

Discussion

Conclusion

Specific exercise and rehabilitation guidelines and protocols for bone health are being developed. Individual exercise and rehabilitation prescription must take into account bone health status, co-morbidities, and clinical risk factors for falls and fractures. Post osteoporotic fracture care is also important and may imply the use of different interventions. However, more work is needed to determine optimal exercise components and rehabilitation modalities for these patients.

References

Abstract: 271 - Date: 2019-06-30 23:29:47pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Low back pain in elderly patients: update 2019

Keywords

Low back pain; elderly; quality of life; osteoporosis; polymedication.

Authors

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Introduction

Low back pain in people over the age of 70 is mostly secondary to osteoporosis. Recurrences are not excluded. The purpose of our work is to provide the clinical profile of these patients and to study the factors that degrade their quality of life.

Materials & Methods

Retrospective observational study from 2012 to 2019, in elderly patients (≥ 70 years old), $n = 95$, who consult for low back pain or back pain. Measurement parameters: EVA-pain scale, type of pain; Quality of life score: SF36; Bone densitometer.

Results

Average age 76.6 years; a sex ratio = 0.36; 41 (43%) patients with lumbar spine pain and 51 patients (53.1%) with sciatica. 46 patients with osteoporosis (48.4%). 9 patients with neuropathic pain and 84 with nociceptive pain. 22 patients (23.1%) have at least two defects (HTA and NIDDM) and more than 45 patients (47.3%) are taking poly drugs. The average pain at first visit is estimated at 72 mm; SF36 Physical = 27.94 and SF36 mental = 32.37. Our series of geriatric patients (age ≥ 70 years), spinal pain coincides with the existence of osteoporosis and the presence of comorbidity (and polymedication related to an abusive prescription).

Discussion

Conclusion

The quality of life of seniors is significantly degraded, when low back pain grafts the difficult experience of those who have comorbidities and in particular treated with various medications with sometimes heavy side effects. We recommend early multidisciplinary management and rational use of all types of medication, to preserve a better quality of life.

References

Abstract: 272 - Date: 2019-07-01 22:18:17pm

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Topic of Summary

Orthotics and prosthesis in PRM

Title of Summary

Total hip arthroplasty: what impact on quality of life? About 104 cases

Keywords

Total hip arthroplasty ; Disability ; Quality of life ; Rehabilitation

Authors

BOUTALJA Hasnaa ; MDARBI Sanaa ; LMIDMANI Fatima ; EL FATIMI Abdellatif

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Introduction

The purpose of this work is to assess the quality of life after rehabilitation of a series of total hip arthroplasty and to compare them to literature

Materials & Methods

A retrospective study involving 104 cases of total hip arthroplasty (including 20 bilateral) performed on 91 patients followed in the physical and rehabilitation medicine department in the postoperative outcome. The evaluation was performed preoperatively, at 6 weeks and 3 months postoperatively, it consisted of an assessment of pain, active and passive joint mobility, function index Postel-Merle of Aubigné (PMA) and quality of life by Western Ontario and McMaster Universities Arthritis Index (WOMAC)

Results

It is about 56 women and 33 men, mean age 47.23 years(20–75 years). The visual analog scale (VAS) score pain decreased from 67/100 to 12/100, six months after surgery. The score for Postel-Merle d'Aubigné varied from 7.2 to 14.8. The WOMAC score for quality of life was significantly improved from 89 to 36. This improvement seems well correlated with decreased pain and improved score of PMA

Discussion**Conclusion**

Our results confirm the reduction of disability of hip disease after total hip arthroplasty which impacts positively on the quality of life of patients

References

Abstract: 273 - Date: 2019-07-01 22:33:10pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Functional results of surgery neurogenicheterotopic ossification in patients with severe traumatic brain injury: About 22 cases

Keywords

Neurogenic heterotopic ossifications; Severe traumatic brain injury; Functional surgery

Authors

BOUTALJA Hasnaa ; KYAL Nada ; LMIDMANI Fatima ; EL FATIMI Abdellatif

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Department of Physical Medicine and Rehabilitation ; University Hospital of Casablanca ; Morocco

Introduction

The aim of this study is to determine functional outcomes of patients undergoing surgery for heterotopic ossifications

Materials & Methods

This is a retrospective study of 22 patients with severe brain injury followed for neurogenic heterotopic ossifications between April 2018 and May 2019. Patients were evaluated before and after surgery with an epidemiologic profil, a range of movement and a functional assessment

Results

There were 22 patients with 24 operated joints. The majority of patients were male with 17 men and five women; the average age was 31.5years (19–44 years). The median duration of coma was 84.5 days (19–150 days) Preoperative mobility: for the hip: 31°(0°–65°), to the elbow 28°(0°–80°), the knee 45°(10°–80°). The functional assessment: walking and not sitting in ten patients, not hand-back in nine patients, not hand-neck in eight patients and hand-mouth not in nine patients. All patients received a functional rehabilitation based on continuous passive motion in addition to functional work and surgery excision of heterotopic ossifications. There was a significantly increased mobility after surgical treatment, with a gain of average mobility of 34°at the hip, 51°elbow and 46°at the knee

Discussion**Conclusion**

Neurogenic heterotopic ossifications constitute a disability in addition to various motor deficits, sensory or cognitive patient with severe brain injury. Surgery followed by appropriate rehabilitation has the goal of reducing pain and improving function

References

Abstract: 275 - Date: 2019-07-03 15:08:29pm

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Topic of Summary

PRM and oncologic patients

Title of Summary

The assessment of health-related quality of life, fatigue and psychiatric conditions and the effect of being ambulatory, using walking aids or being bedridden: An exploratory cross-sectional study in the end-stage cancer patients

Keywords

Cancer, End-stage, Palliative care, Rehabilitation

Authors

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Marmara University Faculty of Medicine, Department of Physical Medicine and Rehabilitation; Marmara University Faculty of Medicine, Department of Clinical Oncology; Marmara University Faculty of Medicine; Sureyyapasa Chest Diseases and Thoracic Surgery Training and Research Hospital, Palliative Care Unit

Introduction

To investigate the differences in the needs of end-stage cancer patients, that can move independently, using walking aids (WAs), or are bedridden; also, to determine the effects of these different physical skills on the patients' current quality of life (QoL), fatigue, and psychiatric conditions.

Materials & Methods

The study is an exploratory prospective cross-sectional study design, which was carried out in two hospitals. The study included 99 cancer patients in the end-stage. Patients functional status of the patients was evaluated in 3 groups: as bedridden, mobile with assistance (using a wheelchair or walking aids), and independent (under the supervision and fully independent). They were conscious for understanding and answering the survey questions. A core-cancer-specific questionnaire-integrating system for assessing the health-related QOL (EORTC-QLQ C15-PAL), Piper Fatigue Scale (PFS) and Hospital Anxiety-Depression scale were assessed.

Results

The median age was 60 (31-83). Cancer types were as follows: Gastrointestinal cancers(45.5%), lung cancer (38.4%), breast cancer (4%), genitourinary system cancers (4%), and the others (8%).Forty-two percent of the patients were completely bedridden, 42.2% were using WAs, and 15.2% were ambulatory independently. The EORTC QLQ-C15-PAL physical ($p=0.000$) and emotional function values($p=0.029$) differed among mobilization status. There was a significant difference among the mobilization in terms of behavioural values in PFS($p=0.006$). Depression rate in the ambulatory group was lower than the bedridden and using WAs($p_1=0.011$; $p_2=0.004$).

Discussion

Conclusion

The mobilization affects the QoL, fatigue level and emotional status positively in the end-stage cancer patients. These patients should be assessed comprehensively, and the treatment plan should be performed carefully with a multidisciplinary approach.

References

None

Abstract: 280 - Date: 2019-07-07 07:16:22am

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Denosumab is effective among patients with postmenopausal osteoporosis regardless of prior fracture status

Keywords

denosumab; fractures; osteoporosis; osteoporotic fractures

Authors

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Introduction

The primary objective of the current study was to evaluate the efficacy of denosumab among patients with postmenopausal osteoporosis. Secondary aim was to assess the influence of previous fracture status and senility on drug efficiency.

Materials & Methods

The study had a retrospective observational design approved by the local ethics committee. Postmenopausal osteoporosis patients who had at least 12-months' experience of denosumab treatment were included in the study. Data regarding the demographic variables, disease duration, fracture status, baseline and post-treatment T-scores for the lumbar and femoral sites were extracted from the medical records. Any reported adverse events and/or new fractures within the 12-month duration of denosumab treatment were noted. Study outcomes included the delta changes in central T-scores (spine and hip) and the number of subsequent fractures following the initiation of treatment.

Results

The present study included 123 postmenopausal osteoporosis patients with a mean age of 67.6 ± 9.5 years. Baseline median values for L1-L4 spine and femoral neck T-scores were -3.4 and -2.4 , respectively. After 12-month treatment with denosumab, significant improvement was observed in spine and femoral neck T-scores ($p < 0.001$, for both). Regarding the improvement in L1-L4 spine and femoral neck T-score, no statistically significant difference was observed between patients with and without prior fractures ($p > 0.05$ for both). Delta changes of T-scores in senile and non-senile women also showed similarity ($p > 0.05$ for both lumbar and femoral sites).

Discussion

Conclusion

Twelve-month denosumab treatment is associated with densitometric improvement in patients with postmenopausal osteoporosis. Drug efficacy is regardless of senility and previous fracture status.

References

Abstract: 283 - Date: 2019-07-07 20:54:34pm

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Topic of Summary

Cardiovascular and pulmonary prevention and rehabilitation

Title of Summary

The impact of the first phase of cardiac rehabilitation in patients undergoing cardiac surgery

Keywords

Cardiac Rehabilitation, Functional Capacity, Aorto-coronary-bypass surgery, Valve surgery

Authors

S. Nejkov; V. Bokan-Mirkovič; M. Vukovič; T. Matejevič; Z. Škarič-Karanikič; M. Pejčovic; B. Kraljevič

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Introduction

The aim of the paper is to show the importance of first phase of cardiac rehabilitation (CR) on functional capacity (FC), the length of stay (LS) in the intensive care unit (ICU) and duration of total hospitalization (DH) in patients undergoing cardiac surgery.

Materials & Methods

The study included 34 (21 man and 13 women) patients, who were prepared for going to aorto-coronary-bypass surgery (CABG) and aortic and mitral valve surgery (VS)) divided into two groups: A (CABG) and B (VS). Rehabilitation consisted of preoperative and postoperative CR. To evaluate FC, we used a two-minute walk test (2MWT) and sit-to-stand test, performed at the last day of hospitalization. LS in the ICU and DH data were taken from medical documentation in both groups. We used EZR statistical software in the statistical analysis.

Results

All patients completed the scheduled rehabilitation. There were no significant differences in demographic characteristics between groups (sex, age, BMI, or smoking status). Analysis of

mean values between groups of 2MWT ($p=0,005$), sit-to-stand test, ($p=0,022$) and for DH ($p=0.002$) showed significant differences. We didn't find significant difference for mean values of LS in the ICU between groups ($2,54 \pm 0,90$ vs $3,05 \pm 1,07$ days). In group A significant correlations occurred between the DH and duration of preoperative rehabilitation ($r=0,885$ $p=0,0001$).

Discussion

Conclusion

This study showed that the impact of first phase of CR significantly improves functional capacity abilities after CABG surgery. Also the length of preoperative rehabilitation affects reduction of the hospital stay after CABG surgery.

References

Abstract: 284 - Date: 2019-07-09 11:17:41am

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Topic of Summary

Special therapeutic methods in PRM

Title of Summary

The role of Physical Medicine and Rehabilitation Physician in Lymphedema Rehabilitation

Keywords

PMR physician, lymphedema, lymphedema rehabilitation

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Introduction

Lymphedema is an incurable, debilitating and progressive condition, leading physical and psychosocial consequences for the patients, if left untreated. Improvements in early diagnosis and treatment of cancers have led a growing number of survivors, and the rates of treatment side effects; including the lymphedema, have increased in the last couple of decades. Lymphedema can also be seen as primary or secondary to other conditions (venous insufficiency, lipedema, trauma, infection) apart from cancer surgeries and/or radiation therapies. Multidisciplinary lymphedema rehabilitation which comprises particularly the complex decongestive therapy, is a gold standart conservative treatment strategy for patients with lymphedema. Lymphedema rehabilitation also consists the primary and secondary preventive strategies as well as self-care principles for the whole life of the patients.

Materials & Methods

The Physical Medicine and Rehabilitation (PMR) physician is responsible for the differential diagnosis and assessment of the patients in order to set up management and rehabilitation strategies.

Results

Therefore PMR specialist must have knowledge and education for the diagnosis of disease and complications; assessments, therapy and follow-up of the patients.

Discussion

Conclusion

In conclusion lymphedema is a chronic progressive condition which requires life-long multidisciplinary treatment and rehabilitation strategies under the supervision and responsibility of PMR specialists. The role of PMR specialists are important in clinical care that their global approach of this problem; by integrating disability, psychological dimensions and quality of life issues, provide the extensive management and rehabilitation of the patients with this chronic and suffering condition.

References

Abstract: 290 - Date: 2019-07-10 10:32:24am

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Carpal tunnel syndrome:an occupational disease

Keywords

carpal tunnel syndrome, occupation, rehabilitation

Authors

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Introduction

Carpal Tunnel Syndrome (CTS) is an important problem among various professions.

Materials & Methods

The prevalence of CTS among outpatients visited electromyography clinic of National Rehabilitation Center was studied. 450 subjects were examined with EMG based on clinical features for possible CTS, 317 women, age 24-79 years and 123 men, age 27-71 years.

Results

The prevalence of CTS was found to be 64% and 56% in women and men, respectively. Among 202 women, CTS subjects were categorized as follows unilateral and bilateral, respectively: working at home (41/62, 66% and 21/62, 33%, respectively, median age 54-79 years), computer professions (134/145, 92% and 11/145, 7%, m.a.:24-77), rural professions (10/12, 80% and 2/12, 1%, m.a.:62-77), cleaners (12/16, 75% and 4/16, 25%, m.a.:31-56) and hairdressers, workers etc (58/67, 8.5% and 9/67, 1.3%, m.a.:26-51). Among 70 men, workers in constructions etc. (41/62, 66% unilateral and 11/32,30%, bilateral, respectively, m.a.:27-63), computer professions (17 unilateral, m.a.:32-48) and pensioners (9, unilateral, m.a.:59-71), builders (9 unilateral, 3 bilateral, m.a.:59-68).

Discussion

Conclusion

Flexed or extended hand position had higher risk for CTS. Higher risk for CTS was found with higher exposure to computer work. Ergonomic considerations are important in facilitating proper positioning of hand while working.

References

Abstract: 292 - Date: 2019-07-10 15:28:36pm

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Topic of Summary

Advances in PRM diagnostics

Title of Summary

Assessment of the Impact of Loading Pressure in Diabetic Foot (Pilot study of the dorsal Foot pressure)

Keywords

Foot pressure, Dorsal foot pressure, Diabetic foot

Authors

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Introduction

Foot ulcers, the major adverse outcome of diabetic foot, were reported on both plantar and dorsal surfaces of diabetic feet, with a relatively higher prevalence of non-plantar ulcers. However, most studies and guidelines have so far focused on plantar pressure measurements and relief for ulcer prevention and treatment with no assessment of the dorsal surface of the foot. This pilot study aimed at investigating the peak walking in-shoe foot pressure on the dorsal surface of the foot in comparison with plantar foot pressure.

Materials & Methods

Simultaneous in-shoe pressure on dorsal and plantar surfaces of right foot were investigated using Pedar Insole measurement system, among 13 healthy volunteers within participants' own comfortable shoes and a provided fitting orthopaedic shoes which is frequently prescribed to patients with diabetes.

Results

Though, a significant difference in in-shoe peak pressure was detected on dorsal surface ($p < 0.001$), no significant difference found on plantar surface ($p = 0.252$). Furthermore, removing one of the extra insoles supplied with the orthopaedic shoes revealed some significant reduction in peak pressure on dorsal surface ($p = 0.046$) with a significant increase in plantar pressure ($p < 0.001$) when compared to full insole orthopaedic shoes. Same relation with significant differences observed between participants' own shoes and the orthopaedic shoes minus one insole on both dorsal ($p < 0.001$) and plantar ($p = 0.003$) surfaces.

Discussion

Conclusion

Although, orthopaedic footwear can significantly reduce dorsal pressure, plantar pressure measurement is an essential prerequisite to adjust insole requirements in-order to reduce plantar pressure. Dorsal pressure measurement and its effect investigation can provide a reliable tool for assessment of diabetic foot.

References

Abstract: 294 - Date: 2019-07-11 08:00:35am

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Topic of Summary

Community medicine and associative networks in handicap

Title of Summary

Impact of economic crisis on rehabilitation

Keywords

economic crisis, rehabilitation, disability

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Introduction

In 2010, Greece entered a deep, structural and multi-faceted crisis. We investigated the impact of economic crisis on rehabilitation services for disabled subjects in a National Rehabilitation Center.

Materials & Methods

We studied approximately 600 patients (age>16 years) per year that have been hospitalized over the last 3 years. We recorded problems per patient that cause difficulty in the completion of the rehabilitation and especially problems after their discharge.

Results

More than 40% have no health insurance (vs. 10% before 2010) and cannot afford assistive devices, 20% were unable to return home, 15% are unable to participate in outpatient rehabilitation program after their discharge.

Discussion**Conclusion**

High costs, low proximity and long waiting lists are among the main barriers in accessing rehabilitation

References

Abstract: 300 - Date: 2019-07-11 15:58:51pm

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Topic of Summary

Title of Summary

MOST FREQUENT DEFORMITIES AND CONDITIONS IN CHILDREN- DIAGNOSTIC AND TREATMENT APPROACHES

Keywords

Deformities; Diagnostics; Treatment; Children

Authors

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Introduction

We aimed to analyze diagnostic dilemmas and treatment approaches of most frequent deformities and conditions in pediatric population.

Materials & Methods

In this study cases of different most frequent deformities and pathological conditions in pediatric population were presented. In the analysis of treatment results we stressed the importance of protocols, diagnostic methods and treatment modes with regards to type, degree and age of children with deformity and/or post-traumatic complication. Comparative analysis and correlations were done between findings from our and international centers.

Results

During the infants period patients are mostly referred with congenital anomalies and traumatic lesions. The best results and correction of deformities are possible when referred to early and specific physical treatment. In adolescence the most important is timely recognition of spine deformities for the purpose of optimal maximal correction until the end of the growth, depending on the type and degree of deformity. Managing the complications onset in post-traumatic conditions along with continuous rehabilitation it is possible to achieve best optimal functional recovery. Specific part of pediatric rehabilitation is planning and adaptation of physical treatment along with age, pathology and treatment response.

Discussion

Conclusion

Timely referral to rehabilitation doctor, age of patients and adequate choice of rehabilitation modalities and modules are significant predictors for best optimal treatment outcome in pediatric population. Multicentric collaboration along with education of up-to -date diagnostic and treatment protocols are significant for optimal decision making strategies in clinical care settings.

References

Abstract: 303 - Date: 2019-07-12 21:11:07pm

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY FOLLOWED BY INTRA-LESION INJECTIONS OF SODIUM THIOSULPHATE IN PATIENT WITH UNUSUAL COMBINATION OF LIMITED SYSTEMIC SCLEROSIS WITH DYSTROPHIC SKIN CALCIFICATIONS AND PSORIATIC ARTHRITIS: A CASE REPORT

Keywords

systemic sclerosis, extracorporeal shock wave lithotripsy, sodium thiosulphate

Authors

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Introduction

Treatment of dystrophic skin calcification (DC) in systemic sclerosis (SSc) patients is difficult. From 2005 to 2018 some case reports of successful treatment with extracorporeal shock wave lithotripsy (ESWL) and intra-lesion injections of sodium thiosulphate were published.

Materials & Methods

We report the case of a 63 years female patient with rare combination of limited SSc, DC, psoriatic arthritis, and hyperuricemia.

Results

Patient had Rodnan skin scor 7/51. On both knees had fistulas from where the small stones calcification and white, cream-like material spontaneously went out. She had normal serum phosphorous, calcium and vitamin D level. Rheumatoid factor was negative. Anti-centromere antibody was positive. She had late nailfold videocapillaroscopy pattern. X-ray showed diffuse subcutaneous calcification on knees, left elbow and fingertips. DXA showed osteopenia (T-score of total hip was -1.6, and spine -0.2). Therapy with methotrexate (15 mg/weekly), calcium channel blocker (20mg once a day), febusostat (80 mg once a day), vitamin D, pain relief medication, and surgical skin incision with drainage was unhelpful. ESWL (6 sessions at weekly intervals in both knee regions, then a 6 weeks pause interval and again 6 ESWL sessions at weekly intervals), followed intra-lesional injections of sodium thiosulphate(150 mg/ml, once and a week for 4 weeks) showed positive results. We found healing of the ulcers, functional improvement, and partial radiographic regression of calcinosis. Visual analog scale pain scores (range 0-10) decreased from 10 to 2.

Discussion

Conclusion

ESWL followed by injections of sodium thiosulphate presents potentially useful combination of agents in treatment of DC in SSc patients.\r\n\r\n

References

Abstract: 305 - Date: 2019-07-13 16:58:37pm

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Topic of Summary

Orthotics and prosthesis in PRM

Title of Summary

Impact of instrumental assessment on prescription of a first prosthesis for a complex vascular amputee

Keywords

Prostheses; Amputee; Gait Analysis; Weight-Bearing

Authors

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Introduction

To show the utility of a gait laboratory evaluation for optimization of prosthesis prescription in patients with poor vascularization of the contralateral limb.

Materials & Methods

We report a case-study of a 35 years old male, with a history of type 1 diabetes (19 years evolution and poor control), hypertension, smoker, ischaemic heart disease, diabetic gastroparesis and previous right foot osteomyelitis. Presented 8 months after left transtibial amputation (K1 on amputee scale), faint right dorsalis pedis pulse and external right foot hyperkeratosis, complicated with local abscess. Who was admitted to our center for a prosthetic rehabilitation programme. Before prescription of the prosthesis, the patient was evaluated in the gait laboratory wearing a transtibial endoskeletal prosthesis with a patellar tendon bearing rigid socket and two different types of feet: carbon and dynamic SACH - baropodometry, kinematics, kinetics and video, for each prosthetic foot.

Results

The carbon foot showed a better weight bearing symmetry = right 348,58N; left 312,83N (dynamic SAHC foot = right 379,19N; left 282,24N), while still inputting a heavier load to the right lower limb. Mean velocity was also better with carbon foot (1,16m/s vs 0.95m/s).

Discussion

Conclusion

The prosthesis prescribed had a carbon foot. We also prescribed a full-contact insole for the right foot, according to the rationale that symmetry and lower load on the spared limb might minimize the risk of ischemia and help prevent or delay ulcers or even a future contralateral amputation. At discharge, the patient was independent in all activities, including gait and tolerated the prosthesis for more than 12h/day.

References

Abstract: 307 - Date: 2019-07-13 17:39:27pm

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Topic of Summary

Rehabilitation services in Mediterranean countries and Africa

Title of Summary

Quality of care in outpatient Physical Medicine and Rehabilitation Department: A population-based study

Keywords

quality of care, satisfaction, Physical Medicine and Rehabilitation

Authors

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Introduction

Objective
Professional practices evaluation aims to improve continuously the quality and safety of patient care. In this context, the aim of the current study was to evaluate quality of care in an outpatient Physical Medicine and Rehabilitation (PMR) Department.

Materials & Methods

A self-administered questionnaire was created and given to patients consulting in the outpatient PMR Department. The questionnaire included multiple-choice questions and free-response questions covering the following items: accessibility, responsiveness, effectiveness,

and satisfaction. The survey was conducted over a six-month period (January-June 2019).
\r\n\r\n

Results

A total of 346 patients filled out the questionnaire. Their median age was 48 years [37.7-58]. Although the majority found the questionnaire easy to use, a few needed help to fill it out. The majority of patients (71.4%) were satisfied or very satisfied from the care provided. Overall satisfaction was mainly associated with satisfaction upon the effort provided by the healthcare team (OR= 6.9 ; p<0.001), with clinical improvement judged by the patient himself (OR=4.39 ; p<0.001), with good reception by physiatrists (OR=4.22 ; p=0.024) and with a short waiting time before undergoing rehabilitation session (OR=4.44 ; p=0.013)\r\n\r\n

Discussion

Conclusion

The self-administered questionnaire seems to be appropriate for assessing quality of care. Answers obtained helped to know where the health care system was functioning correctly, and to identify the weakness points needing to be improved.\r\n\r\n

References

this work was conducted in accordance with current ethical standards and regulations in biomedical research\r\n

Abstract: 310 - Date: 2019-07-14 14:36:20pm

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

DIGITAL AND BERG BALANCE EVALUATION

Keywords

BALANCE EVALUATION, BERG TEST

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Introduction

TO DEMONSTRATE THE RELIABILITY OF BERG BALANCE TEST

Materials & Methods

A COMPARATIVE STUDY FOR 25 SUBJECTS OF BOTH GENDERS, BETWEEN DIGITAL AND BERG BALANCE TESTS, AND ANALYSIS OF THEIR OUTCOME DATA

Results

1) GLOBAL STUDY REVEALED THAT 55% OF THE POPULATION HAVE MEDIUM OR HIGH DIFFERENCE PERCENTAGE (35%) IN GENDERS COMPARISON THE MEDIUM AND HIGH DIFFERENCE PERCENTAGE IN FEMALES IS HIGHER (35 %) MORE THAN MALES (MAY BE DUE TO DIFFERENT CENTER OF GRAVITY LOCATION AND NATURAL MUSCLES WEAKNESS)

Discussion

Conclusion

1) FEMALE SUBJECTS IN BERG TEST ARE MORE SUSCEPTIBLE TO HAVE INACCURATE RESULTS IN COMPARISON WITH MALE SUBJECTS 2) DIGITAL BODY BALANCE EVALUATION IS MORE RELIABLE AND REPRODUCTIVE THAN BERG TEST

References

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Abstract: 313 - Date: 2019-07-14 17:50:04pm

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Topic of Summary

Rehabilitation services in Mediterranean countries and Africa

Title of Summary

A prospective study of morbidity care in rehabilitation unit in Sousse, Tunisia

Keywords

rehabilitation unit; morbidity; care associated infections

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Introduction

To describe morbidity in a rehabilitation unit and identify its associated factors.

Materials & Methods

A descriptive prospective study, in a period of 12 months, from January to December 2015, including patients hospitalized in our rehabilitation unit in Sahloul Hospital. Patients who died within 24 hours after admission are excluded.

Results

231 patients were included in this study; mean aged 44 years old [7- 87]. SEX ratio was: 1, 35. The most frequent reasons for admission were traumatic pathologies in 31% and rheumatic diseases in 26% of cases. Most common complication was the care associated infections in 60 patients (26%). Urinary tract infection was the most frequent site in 71,6% of cases than infection of surgical site in 6,6% . Studying factors that could influence the occurrence of such complications we noticed significant differences in patients with co morbidity (diabetes, hypertension), patients with bedsore; and those who had urinary or blood catheterize and long period of hospitalization. After a logistic regression we only find that those complications are associated to a period a long period of hospitalization OR 27,43%.

Discussion

Conclusion

Rehabilitations units are not excluded from morbidity, this can be explicated by clinical features of our patients (operative wound, urinary catheterization...) Studying those factors is necessary, to identify and prevent those complications.

References

rehabilitation; statistics

Abstract: 315 - Date: 2019-07-14 22:21:23pm

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Topic of Summary

Pain management in PRM

Title of Summary

localized Neuropathic pain after total knee arthroplasty

Keywords

Authors

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Introduction

Persistent postsurgical pain is a frequent and disabling complication. With multifactorial etiology, it frequently presents a neuropathic component related to intraoperative nerve injuries or alterations in the modulation of pain by central sensitization. Prevalence 10-50%. After knee arthroplasties, 20% of patients present pain, in the absence of infection, mechanical disorders or complex regional syndrome. In both anteromedial and medial approaches used in total or unicompartmental knee replacements respectively, infrapatellar branches of the saphenous nerve can be affected causing localized neuropathic pain (LNP) in the anterior aspect of the knee and proximal tibia. Identifying the LNP requires a meticulous and detailed medical history. The questionnaires DN4 and Diagnostic Tool, facilitate their diagnosis. The initial therapeutic use of topical agents, such as capsaicin 8%, is recommended for its effectiveness, safety and tolerability in multi-pathological and geriatric patients.

Materials & Methods

An 83-year-old male referred to the Rehabilitation Service after two-compartment left knee prosthetic surgery 3 months ago. Walk with walker. Scar attached, with allodynia and anteromedial face hyperalgesia. Muscular balance 4/5. Extension -20°, flexion 80°. EVA 8/10. DN4 7/10. Diagnostic Tool 4/4. Normal knee radiographs and clinical analysis. Treatment was started with 8% capsaicin patches, achieving pain control and allowing the performance of the ambulatory rehabilitation treatment.

Results

5 months later: EVA 0, articulation range 0-100°, autonomous ambulation.

Discussion

Conclusion

In pain after knee joint replacement, it is necessary to diagnose and treat the nociceptive and neuropathic component in order to achieve adequate functional recovery. Preference should be given to local measures in polymedicated or senile patients with LNP. The capsaicin patch is a good therapeutic option.

References

Abstract: 317 - Date: 2019-07-14 22:58:37pm

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Topic of Summary

Orthotics and prosthesis in PRM

Title of Summary

Amputation, Rotationplasty and Prosthetic management in children: a case report

Keywords

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Introduction

The usual treatment of Ewing's Sarcoma was the demolition surgery. After the appearance of adjuvant chemotherapy, the survival of these patients increases, and with it, the number of school age children affected with high growth potential. Hence, reconstructive surgeries are proposed instead of conventional amputations due to greater limb preservation and better functionality.

Materials & Methods

We describe the case of Ewing's sarcoma in a 9-year-old boy with a history of retinoblastoma. The tumor involved the entire length of the left femur. He also had a pulmonary metastasis. Given the incomplete response to neoadjuvant chemotherapy, we chose amputation, rotationplasty and fitting of the left lower limb and thoracoscopy to treat the lung injury. A bypass prosthesis was placed for the first 6 weeks, until there was healing, bone consolidation and absence of complications, followed by a definitive prosthesis for the next 4 months. After 1 year the patient was capable of independent walking with the use of the prosthesis, swimming with a fin adapted to the stump and was restarting activity on a bicycle.

Results

In the last clinical review, with 13 years, he is free of disease and continues periodic checks in our office for opportune adaptations of prosthesis according to his growth.

Discussion

Conclusion

This case highlights the various reconstructive options and the difficulties encountered in the management of these aggressive malignant processes. Rotationplasty surgery is a viable therapeutic option in young patients with Ewing's Sarcoma, which allows the child to participate again in premorbid daily and recreational activities.

References

Abstract: 320 - Date: 2019-07-15 01:49:18am

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

MOTOR DYSFUNCTION IN A CLINICAL SAMPLE OF AUTISTIC CHILDREN: A CROSS-SECTIONAL STUDY

Keywords

Motor dysfunction; Autism

Authors

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Introduction

Motor deficits are frequently reported by physicians and parents as being the main problems of concern. Although not included in the diagnostic criteria, vocal atypicalities are common in children with autism spectrum disorder (ASD) and these difficulties appear to be closely correlated with motor dysfunction. We aim to evaluate the motor impairment in a sample of autistic patients and its association with various domains of autism symptoms.

Materials & Methods

The study was conducted on 33 typical autistic children, whose age ranged from 7-9 years, with intelligence quotient > 60 and adequate receptive language. Two control groups were recruited: control 1 comprised 15 patients with mental retardation, control 2 comprised 6 healthy matched subjects. Stanford Binet – 5th edition: The Arabic version for assessment of intelligence was used. Childhood Autism Rating Scale (CARS) was used as a global rating of autism. Language was assessed using the Arabic Language Test (Kotby 1995). All the 54 participants were subjected to detailed neurological examination, hand prehension and praxis assessment.

Results

According to CARS, most of our patients (72.2%) were classified into mild to moderate autism. Peculiarities of speech, distal motor weakness, dyspraxia, positive cerebellar signs and impaired prehension were significantly higher in autistic patients ($P < 0.05$). Patients with distal weakness, positive cerebellar signs and impaired prehension showed significantly worse CARS scores and worse language development than those without ($P < 0.05$).

Discussion

Conclusion

Motor dysfunction in autism is pronounced and is significantly associated with language peculiarities. Physical rehabilitation should be minded early

References

Abstract: 321 - Date: 2019-07-15 02:01:44am

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Topic of Summary

PRM in paediatric problems

Title of Summary

Passive Range-of-Motion Exercise and Bone Mineralization in Preterm Infants: A Randomized Controlled Trial

Keywords

metabolic bone disease physical activity bone mineral density preterm infant

Authors

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Introduction

To assess the effect of range-of-motion exercise program on bone mineralization and somatic growth of very low birth weight (VLBW) infants.

Materials & Methods

Study Design A total of 36 VLBW infants were randomized into 18 VLBW infants receiving range-of-motion exercise and 18 VLBW control infants receiving tactile stimulation for 4 weeks. Laboratory investigations were performed at baseline and postexercise and included serum calcium, serum phosphorus (s.PO4), magnesium, alkaline phosphatase (ALP), urinary calcium/phosphate ratio, and serum carboxyterminal cross-linked telopeptide of type 1 collagen (CTX). Dual-energy X-ray absorptiometry was performed at the end of the exercise protocol to measure bone mineral content, bone mineral density (BMD), bone area, lean mass, and fat mass.

Results

The weight and the rate of weight gain were significantly higher ($p < 0.001$) in the exercise group compared with controls postexercise. Also, higher s.PO₄, lower ALP, and lower urinary calcium/phosphate ratio were observed postexercise in the exercise group ($p = 0.001$, $p = 0.005$, and $p = 0.04$, respectively) whereas, serum CTX showed no difference between the two groups ($p = 0.254$). Postexercise BMD significantly improved in the exercise group ($p < 0.001$) compared with controls.

Discussion

Conclusion

Although the sample size was small, we may be able to suggest favorable effects of range-of-motion exercise versus tactile stimulation on bone metabolism, BMD, and short-term growth in VLBW infants.

References

Abstract: 322 - Date: 2019-07-15 06:35:48am

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Rehabilitation outcomes after lengthening of femur with external fixation over intramedullary nail

Keywords

Authors

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Introduction

Highlight the rehabilitation outcomes of femoral lengthening using and external fixator over an intramedullary nail

Materials & Methods

Ten patients (16 femur) with a mean age of 20 years (range 15-25 y) undergone femoral lengthening with an external fixator on an intramedullary nail. After a lengthening of 0.75mm / day nail was blocked distally and the external fixator was removed when the desired length was reached. Progression of bone lengthening and consolidation were evaluated clinically and radiographically to calculate the External Fixator index and the Healing index. Also, problems, obstacles and complications associated with the procedure, according to the Paley classification were registered.

Results

Association between age ($p = 0.007$), treated pathology ($p < 0.001$) and Healing index were observed; the latter was not found to be influenced by the sex of the patient ($p = 0.676$). There were recorded 4 problems (infections), 3 obstacles in 3 cases and a complication in one case only. The comparison of achondroplastic patients treated with two different methods highlighted the importance of the intramedullary nail as allows a reduction of the External Fixator and Healing index ($p < 0.001$). Rapid return to full Knee movement was observed at six months after frame's removal ($p < 0.001$).

Discussion

Conclusion

external circular fixator over an intramedullary nail is a safe and reliable method and offers important advantages in terms of timing, comfort and functional recovery compared to the standard method. Also, allows intensive rehabilitation in a short time avoiding joint stiffness, permitting fast functional recovery without complications on the regenerated.

References

Abstract: 326 - Date: 2019-07-15 08:40:58am

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Topic of Summary

PRM in orthopaedics and musculoskeletal disorders

Title of Summary

Physiotherapy as non-pharmacological treatment in patient with ankylosing spondylitis in the Institute „Dr Simo Milosevic“ Igalo- Montenegro

Keywords

ankylosing spondylitis, physical therapy, Institute Igalo

Authors

Obradovic M; Slavic V; Glisic J; Mitrovic D; Delic M

Affiliations

Introduction

To investigate the effect of physiotherapy as non-pharmacological therapy in patients with AS depending on whether its pharmacological treatment involves biological therapy or not.

Materials & Methods

Total of 74 patients who fullfield ACR criteria for AS were on 4 week rehabilitation and physical treatment in Instutute Igalo. Depending on their pharmacological treatment they were grouped into two groups: (I) treated with biological therapy (BT group, n=34) and (II) with no biological therapy (non-BT group, n=40). \r\nApplied physical therapy have entailed a combination of active (mobilising and strengthening exersise in gym and swimming pool, breathing exercises and brisk walking) and passive (peloid application,jacuzzi,massage-manual and underwater and electrotherapy) procedures.The participans were evaluated clinically before and after rehabilitation period (week 0 and 4).The treatment response were measured by occiput-wall distance (OWD) , Schober test (ST) and respiratory index (RI). \r\n

Results

Analyzed groups did not differ according to mean values of applied physical therapy. However patients of BT group have significantly frequent active therapy ($p < 0.001$) while those from non-BT group have significantly frequent passive therapy ($p < 0.001$). After 4 week of physical treatment there were significant improvement in the analyzed groups by average values of OWD (BT group $p < 0,03$, non BT group $p < 0,04$), ST (BT group $p < 0,001$, non-BT group $p < 0,01$) and RI (BT group $p < 0,001$, non-BT $p < 0,01$).

Discussion

Conclusion

Active physical therapy modalities are dominant in rehabilitation patient with AS and combined with applied biological therapy significantly improved respiratory index and spine mobility in general.

References

Abstract: 333 - Date: 2019-07-15 14:55:09pm

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Topic of Summary

PRM in paediatric problems

Title of Summary

Childhood disability in Morocco

Keywords

Childhood, disability, Morocco, prevalence

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Introduction

This research aims to describe the epidemiological profile of the child's disability in Morocco

Materials & Methods

A descriptive cross-sectional multicenter study was conducted from March 2015 to May 2018. 559 children with different causes of disability were included in our study.

Results

The average age of our population is of average age of 9 +/- 4.98. The male sex is predominant in 60%.
The causes of childhood disability are dominated by cerebral palsy (33.1%), followed by trisomy (15.2%), mental retardation (14.3%) and autism (13.8%).
The most common types of disability are motor impairment (49.2%), intellectual disability (30.6%), cognitive impairment (15.2%), sensory impairment (4.3%) and lastly polyhandicap (0.7%).

Discussion

Conclusion

it is urgent to develop the rehabilitation services specialized in the pediatric rehabilitation in the different networks and levels of care of the Moroccan health system with the creation of poles of excellence by type of disability and disease the most currents.

References

Abstract: 336 - Date: 2019-07-15 18:27:00pm

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Topic of Summary

Cardiovascular and pulmonary prevention and rehabilitation

Title of Summary

Does age influences stroke severity and functional evolution in acute phase?

Keywords

age, stroke severity, functional evolution, acute phase

Authors

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Introduction

The population is getting older, consequentially the patients with cerebrovascular pathology are rising. The aim of this paper was to understand if there is a correlation between patient age, stroke severity and functional evolution in acute phase.

Materials & Methods

Observational prospective study which included the stroke patients admitted in an acute care hospital in May to July 2018. The data was collected through the patient's informatic file, direct evaluation or caregiver's interview. The variables analyzed included age (categorized in the following groups: < 75, 75-84 and >85 years old), functional status (classified with motor Function Independence Measure [FIM] and Barthel scales applied previously to the admission, during hospitalization and at discharge) and severity of stroke (classified according to the former scales in mild, moderate and severe). Statistic treatment of data was processed by IBM SPSS version 22.0.

Results

In the referred period, 34 patients were admitted with stroke. Their mean age was $75,9 \pm 10,3$ years. Severe stroke patients had more advanced age than mild stroke patients ($82 \pm 7,6$ vs. $70 \pm 11,3$ years old) ($p=0.006$). Older patients (>85) had the greatest functional loss after stroke in Barthel scale ($62,5 \pm 40$ to $21,2 \pm 20,1$) ($p=0.043$). At discharge, no statistically significant differences were observed in functional evolution between age groups.

Discussion

Conclusion

According to our results, age may influence stroke severity and functionality loss in acute phase, however it does not have an impact in functional evolution in the acute phase.

References

Abstract: 338 - Date: 2019-07-15 19:17:05pm

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Topic of Summary

Community medicine and associative networks in handicap

Title of Summary

Neuromuscular diseases, Tunisian specificity

Keywords

neuromuscular diseases, disability, PRM

Authors

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Introduction

Myopathies are clinically and genetically heterogeneous diseases, they still have a high prevalence in Tunisia by the persistence of the high frequency of consanguineous marriages. But the treatment is still insufficient.

Materials & Methods

The "Tunisian myopathy", discovered by Pr Mongi Ben Hamida, is a gamma sarcoglycanopathy LGMD2C located on chromosome 1, affects both girls and boys, with an early onset, a clinical picture as DMD in children with normal intellect, a disorder of the articulated dental, cardiac involvement less frequent and less severe than with MD. Medical management in recent decades has benefited from early corticotherapy protocols, functional rehabilitation and respiratory rehabilitation programs as well as various devices.

Results

In the Department of PRM a monthly pluridisciplinary consultations over 10 years, the essential problem remains in a late consultation at PRM (16,7years), half non-walking, all had neuro-orthopedic disorders including equine ankle in 70% of cases. Many reasons were identified: the lack of multidisciplinary comprehensive care centers, the remoteness of rehabilitation centers, the lack of mobile rehabilitation device/ rehabilitation networks.

Discussion**Conclusion**

Early management including fitting, physiotherapy, occupational therapy, as well as therapeutic education of the patient and his family (postures) can prevent their onset, slow their evolution and preserve the quality of life in neuromuscular diseases.

References

Abstract: 339 - Date: 2019-07-15 19:22:41pm

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Topic of Summary

Pain management in PRM

Title of Summary

Pain and disability in posttraumatic hand rehabilitation

Keywords

pain, disability, occupational therapy, rehabilitation

Authors

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Introduction

Occupational therapy (OT) in the context of the rehabilitation team must take into account the pain level to improve the physical disability.

Materials & Methods

A prospective, two-year observational study was performed on a group of 230 patients who experienced various peripheral nerve injuries in the upper limb. Patients were admitted to National Institute for Rehabilitation, Bucharest, between 2014 and 2016. Patients were evaluated at four times: at the time of initiation of the unit, two weeks, three months, six months. Throughout the four evaluations, the global muscular strength was measured using the Jamar and the Pinch dynamometer for different type of prehension. The VAS scale was used to evaluate the pain, and for sensitivity the patients were evaluated with Semmes Weinstein monofilaments. Functionality was evaluated using the Quick Dash questionnaire.

Results

The study found that participation in OT helped to increase muscle strength within the prehension, and to reduce pain in all four evaluated moments. At the same time, an improvement in sensitivity score was observed both in the touch and pressure sensitivity.

Discussion**Conclusion**

In a statistically significant percentage, with the reduction of pain and the intensification of the OT program, there were improvements in the daily activities. As barriers to the application of OT program, we encountered heavy reducible retractions of flexor tendons, significant stiffness in metacarpophalangeal and proximal interphalangeal joints under the timing of the rehabilitation program due to difficult scarring and residual edema or the presence of 15% of neuropathic pain (carpal tunnel syndrome or cubital neuritis).

References

Abstract: 342 - Date: 2019-07-15 20:16:37pm

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

The experience of a Tunisian department of rehabilitation in management of spasticity by Botulinum toxin and neuromotor block

Keywords

spasticity-Botulinum toxin

Authors

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Introduction

Present the experience of a Tunisian department of Physical Medicine and Rehabilitation in the management of spasticity by Botulinum Toxin (BT) and neuromotor block.

Materials & Methods

Descriptive and retrospective study conducted in a Tunisian department of Physical Medicine between May 2018 and May 2019, including patients who received BT injection or neuromotor block. For each patient : diagnosis, assessment of spasticity with Ashworth modified scale, site of injection and results after the injection (30 minutes for neuromotor block and 4 weeks for BT).

Results

We included 54 adults with sex ratio 0.9, middle age 35.2 years and 68 children with sex ratio 2.8, middle age 7.16 years. For adults : etiology was cerebral palsy in 26%. Tetraparesia in 40.7%. Score of spasticity 2.27. Neuromotor block was conducted in 63% with functional and neuro orthopedic improvement in 44.1%. BT was conducted in 38.8% with neuro orthopedic and functional improvement in 90.4% of cases. For children : etiology was cerebral palsy in 65%. Tetraparesia in 67.6%. Score of spasticity 2.1. BT injection was conducted in the past in 44.1% of cases. Neuromotor block in 7.3% and botulinic toxin in 97% followed by plaster in 13.6% and with neuro orthopedic and functional improvement in 50%.

Discussion

Conclusion

The management of spasticity is a great part of the activity in our department. Neuromotor block are generally conducted in adults to verify whether toxin may be effective or not. In children, multiple injections of toxin were conducted in early ages to prevent neuroorthopedic disorders and avoid or postpone surgery.

References

Abstract: 343 - Date: 2019-07-15 20:17:13pm

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Topic of Summary

Community medicine and associative networks in handicap

Title of Summary

(MENASCI) Middle East & North Africa Spinal Cord Injury Network

Keywords

MENASCI, Spinal Cord Injury (SCI), Network,

Authors

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Affiliations

Multi Rehab Centres and Universities in the MENA region

Introduction

To Establish SCI Network to promote cross regional exchange, learning, education, technical capacity development support and research in the field of SCI management.

Materials & Methods

Meeting between colleagues personally, by whatssApp and through emails discussed the possibility of establishing an SCI network in the region.

Results

The following countries have expressed an interest Jordan, Iraq, Egypt, Syria, KSA, Kwait, UAE & Morocco in becoming part of this Network which was launched during the last PAN ARAB PM&R congress which was held in AMMAN October 2017, then the first (MENASCI) meeting and workshops was held in March 2018 parallel to the 8th Annual Conference on Rehabilitation and Disability of Fez attended by 27 high level national and international scientific speakers and involvment of people with SCI in both organising moderating and

lecturing, more than 250 delegates attended from different regions of Morocco in addition to other countries including Jordan, Sudan, Kuwait, United Arab Emirates and Mali.

Discussion

Conclusion

We are confident that MENASCI will contribute to creating a space for cooperation and joint action with all actors in Region for a better life for all people with SCI. President's Cabinet and executive committees have been neglected, people with SCI were involved in a consumers committee, next steps for MENASCI will be the 2nd MENASCI Meeting and workshops in the UAE in February 2020. Within this timeframe we will also work towards formal ISCoS affiliation of MENASCI.

References

Abstract: 344 - Date: 2019-07-15 20:29:05pm

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Topic of Summary

Neurorehabilitation, spasticity

Title of Summary

What are the benefits of hydrokinesitherapy in Parkinson's disease?

Keywords

"hydrokinesitherapy", "PD" "land-based exercise"

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Introduction

Introduction: The Parkinson's disease(PD) is a neurodegenerative disease that leads to progressive loss of neurons in the substantia nigra, resulting in several dysfunctions with motor and non-motor symptoms.
Objective: What are the effects of aquatic exercise on disease severity and quality of life(QL) in people with PD? Does aquatic exercise have greater effects than other forms?

Materials & Methods

Pubmed search with the terms "hydrokinesitherapy", "PD" and "land-based exercise" published between 2012-2017. We included 15 articles.

Results

1 trial assessed the effect of aquatic exercise compared with control and found a significant improvement in the Unified Parkinson's Disease Rating (Scale Part III) in favour of aquatic exercise. 6 studies compared aquatic exercise with land-based exercise after intervention and the effect of aquatic exercise was superior to land-based exercise on the Berg Balance Scale (MD 2.7, 95% CI 1.6 to 3.9), the Falls Efficacy Scale (MD -4.0, 95% CI -6.1 to -1.8) and the 39-item Parkinson's Disease Questionnaire (MD -6.0, 95% CI -11.3 to -0.6). One study demonstrated the decreased basal plasma levels of inflammatory markers (MCP-1, IL-1 α and IL-1 β) in PD which were submitted to a supervised aquatic therapy program during 1 month, twice a week (60 min/session). In one study participants were randomly assigned to aquatic therapy or obstacle aquatic therapy. Both groups had improved primary outcomes after the training program. Obstacle aquatic therapy was significantly higher for the Freezing of Gait Questionnaire.

Discussion

Conclusion

Aquatic exercise improves impairments in people with PD significantly more than no intervention. It also has slightly to moderately greater benefits than land-based exercise on balance capacity, fear of falling, and QL.

References

Abstract: 345 - Date: 2019-07-15 20:59:38pm

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Topic of Summary

Cardiovascular and pulmonary prevention and rehabilitation

Title of Summary

IS IT POSSIBLE TO REMOVE COMPRESSION GARMENTS IN UPPER LIMB LYMPHEDEMA (ULL) SECONDARY TO BREAST CANCER TREATMENTS?

Keywords

Lymphedema, breast cancer

Authors

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Introduction

To assess the evolution / safety of removing compression garments in patients with ULL after breast cancer.

Materials & Methods

Retrospective observational study. Patients with post-mastectomy ULL, stable (content <2.5 cm, no complications last year), treated in our Unit, to whom we removed partially (maintained for activities that require effort) or fully the compression garments. We analyzed symptoms / consistency of lymphoedema / complications of 30 patients at diagnosis / remove of garments / end of follow-up at 25 months. Lymphedema classification: mild (2-3cm) / moderate (3-5cm) / severe (> 5cm) by circometry. We consider good evolution: stable edema (progression \leq 15 mm), content (<2.5cm), soft, without infections / symptomatic worsening after remove. Biostatistics Unit performed Stata analysis 15.1.

Results

We completed data on 28 patients. Lymphedema was mild in 23 cases and moderate in 5. Consistency of edema was soft in 23 patients. Initial average age was 62.3 years (40-84). Average time of evolution of lymphedema before removing the garment: 63 months. Garment removal was full in 12 cases and partial in 16. After 25 months, the edema progressed in 4 patients (14.3%), but remained moderate and soft. No complications appeared in any case. 14 patients could stop wearing the garment, 13 could use it only part time and 1 needed it full time.

Discussion

Conclusion

In 85.7% of cases, lymphedema remained stable, soft and uncomplicated after removing the compression garment. Research studies are needed to determine what types of lymphedema (and in what moment of their evolution) could benefit from the removal of compression garments.

References

Abstract: 346 - Date: 2019-07-15 21:55:48pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Rehabilitation of Peripheral Facial Paralysis - a Review

Keywords

Bell's palsy; Rehabilitation; physical therapy; electro-stimulation

Authors

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Introduction

Peripheral facial palsy is the most prevalent peripheral lesion of the cranial nerves. The most common cause is idiopathic (Bell's Palsy), responsible for 70% of cases, however it is always a diagnosis of exclusion. The facial nerve is responsible for the control of muscular facial expression, so its paralysis is not only an aesthetic issue, but implies functional consequences like eating, drinking, speaking difficulties, as well as difficulties in expressing feelings. Physical therapy is an important tool in approaching the patient with facial palsy, which can extend from initial education of the normal facial musculature and movements associated, until neuromuscular reeducation and synkinesis management. This review aims to gather the most relevant information from the last 20 years at the current time regarding facial palsy's rehabilitation.

Materials & Methods

Relevant articles published on MEDLINE - Pubmed database; Cochrane Database of Systematic Reviews and the Cochrane Central Register of Controlled Trials from 1990 until May 2019 were included.

Results

The measures of the rehabilitation program under consideration in the authors' review include techniques of kinesiotherapy, neuromuscular reeducation, thermotherapy, massage, electrotherapy, laser therapy and application of botulinum toxin. The scientific evidence of the psychological therapy management of bell's palsy is heterogeneous and still limited.

Discussion

Conclusion

Although these therapeutic measures have been widely used over the years as an attempt to normalize facial musculature functionality, accelerate recovery and decrease the likelihood of sequelae, clinical indications are quite contradictory and further trials are needed to assess the clear effects of each therapeutic model.

References

Abstract: 347 - Date: 2019-07-15 22:35:02pm

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Topic of Summary

Pain management in PRM

Title of Summary

Radial extracorporeal shockwave therapy in pain of chronic rotator cuff tendinopathy

Keywords

radial extracorporeal shockwave therapy, pain, tendinopathy, physical and rehabilitation medicine

Authors

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Introduction

Several studies have demonstrated the effects of extracorporeal shockwave therapy (ESWT) in musculoskeletal injuries. The benefits achieved seem largely associated to focused ESWT modality. This study aims to assess the efficacy of radial pulse therapy (rESWT) particularly in pain relief of patients suffering from chronic rotator cuff tendinopathy.

Materials & Methods

Observational prospective study of a cohort of patients with chronic rotator cuff tendinopathy, who exclusively underwent 5 sessions of rESWT. The treatment was composed of 2000 pulses per session, once a week, 1,6 to 3,6bar of energy (as high as tolerated) and 15Hz frequency. Pain was assessed by the Numeric Rating Scale (NRS); pain pharmacotherapy necessity was quantified before and after rESWT; satisfaction with the treatment was reviewed.

Results

From a total of 13 patients included in the study, 12 (92,3%) referred lower pain intensity after rESWT. The mean NRS for pain after treatment showed a significant reduction from $6,85 \pm 1,1$ to $3,62 \pm 2,2$ ($p < 0,001$). Furthermore, 69,2% of the patients no longer needed analgesics in a daily basis switching to a PRN scheme or none at all. For the question: "Are you satisfied and better after treatment?", 92,3% of the patients answered positively. No side effects were documented.

Discussion

Conclusion

Although most studies show focused ESWT benefits in shoulder tendinopathy, rESWT are emerging as an effective conservative treatment. Our study demonstrated that rESWT is safe and effective for both reduction of pain and number of pain medication needed.

References

Abstract: 349 - Date: 2019-07-15 22:51:53pm

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Urinary disfunction in traumatic brain injury - a retrospective study

Keywords

traumatic brain injury, urodynamics, neurogenic bladder

Authors

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Introduction

Lower urinary tract symptoms (LUTS) are common in traumatic brain injury (TBI) patients. Possible causes are primary traumatic lesions and midbrain dysfunction. Cognitive impairment may also play a role. Overactive bladder is the most frequent urinary disturbance described after TBI. The aim of this study is to investigate and characterize urinary dysfunction in TBI patients, using urodynamic findings.

Materials & Methods

We conducted a retrospective study, collecting data from 42 patients with TBI (34 males) admitted to our rehabilitation unit during a 4 year period, who underwent urodynamic testing. Exclusion criteria were presence of another neurological lesion or disease, history of LUTS and urologic surgery previous to the lesion. Information about the urinary symptoms, severity of the lesion, value of Functional Independence Measure (FIM) and neuropsychological dysfunction was collected. Mann-Whitney Test was used.

Results

All but 3 patients had severe TBI. Mean age was 39.8 years. Urinary symptoms were present in 50% (n=21) of patients and 28.6% (n=12) had history of urinary tract infection. Detrusor hyperactivity was detected in 57% (n=24) of patients. Sphincter dyssynergia was present in 35.7% (n=15). There was a positive correlation between the value of FIM and presence of sphincter dyssynergia (p=0.007).

Discussion

Conclusion

Urinary dysfunction in TBI patients should not go unnoticed, as it has an impact on these patient's quality of life and may lead to serious complications. Moreover, we found a significant prevalence of sphincter dyssynergia, not frequently described in this population, which warrants further investigation.

References

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Topic of Summary

Special body function problems e.g. spasticity, urinary system, sexuality, dysphagia, speech disorders and others

Title of Summary

Management of Bell's palsy under the umbrella of recommendations

Keywords

Bell's palsy; investigation; treatment, rehabilitation; synkinesis

Authors

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Introduction

Bell's palsy accounts for 80% of facial palsies. Facial paralysis is traumatic because it affects the expressiveness of the face, the very identity of the patient. To say that it is necessarily a facial paralysis has frigidous without preliminary explorations (brain MRI studying all the facial nerve) is a double error

Materials & Methods

Medication and rehabilitation management is based on recommendations based on meta-analyses and randomized studies.

Results

Preliminary assessment of a patient with Bell palsy should include physical examination, to rule out other causes of facial weakness, and a grading of severity of weakness, to determine further treatment.

Discussion

Conclusion

for a better functional recovery, follow the correct protocol in functional rehabilitation by avoiding forcing and electrostimulation. Functional rehabilitation is essential in speech therapy or physiotherapy

References

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Topic of Summary

Pain management in PRM

Title of Summary

Acupuncture versus Homeopathy as a Complementary Therapy in Patients with Knee Osteoarthritis

Keywords

Homeopathy Acupuncture Osteoarthritis

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Introduction

To assess the efficacy of Acupuncture compared to Homeopathy and usual conservative treatment (analgesics and physiotherapy) in patients with knee osteoarthritis.

Materials & Methods

75 patients with painful knee osteoarthritis [ACR] criteria and Kellgren-Lawrence score of 2) were included. Participants were randomly divided into three groups. Group I (Acupuncture group): 25 patients receiving acupuncture twice weekly for 6 weeks. Group II (Homeopathy group): 25 patients receiving oral doses of homeopathic remedies for osteoarthritis (Arnica Montana, Ruta graveolans and Rhus toxicodendron). Group III (Control group): 25 patients who continued only on their pre-study medications and physiotherapy. Pain intensity on visual analog scale (VAS), the Health Assessment Questionnaire (HAQ) score and the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) score were recorded for each patient before the beginning of treatment, and at the end of the sessions.

Results

Group I showed :significant pain improvement ; significant improvement in knee function on the total WOMAC score; significant decrease in knee swelling and significant increase in patient quality of life assessed by the HAQ score in comparison to other groups ($p<0.05$) . Group II showed significant improvement in the total WOMAC score, significant reduction in the number of tender points, significant decrease in the number of patients receiving analgesics in comparison to the control group (group III) ($p<0.05$).

Discussion

Conclusion

Both Acupuncture and Homeopathy are effective in reducing pain and improving function, yet, acupuncture is apparently superior and more effective than homeopathy in treating knee osteoarthritis.

References

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Topic of Summary

PRM Education research and management in the mediterranean countries

Title of Summary

Personality Profile in Relation to Food Addiction Among a Sample of Egyptian Females

Keywords

food addiction, obesity,

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Introduction

Negative emotions are one of the most important triggers of self-regulation failure. Some people when get upset they comfort themselves with food, alcohol, or drugs. We aimed to

study the associations of food addiction with personality traits, investigating, the hypothesis of managing obesity as an addictive disorder .

Materials & Methods

Our case-control study included 200 females (100 obese and 100 non obese controls) with age range of 18 to 40 years. They were furtherly divided into 2 groups; food addict 108 females and nonfood addict 92 females according to Yale food addiction scale score, Those having any neuropsychiatric disorders were excluded. Patients were assessed using: General Health Questionnaire, Temperament and Character Inventory, Barratt impulsiveness scale, Negative Affect Repair Questionnaire.

Results

Food addicts used significantly more calming distracting strategies to control their negative emotions than nonfood addicts ($P=0.0001$). Although nonfood addicts used more cognitive and behavioral strategies ($P<0.001$), food addicts were significantly more impulsive ($P=0.0001$) and more novelty seekers, more harm avoidant, less self-directed and less cooperative, than the nonfood addict ($P=0.021$, $P=0.009$, $P=0.001$, $P=0.012$), respectively. Comparison between Obese and Non Obese only showed significance as regards Negative affect regulation questionnaire (NARQ) parameters where obese rated lower scores

Discussion

Conclusion

Food addiction is not necessarily associated with obesity, as food addicts could be non obese. Negative mood regulation and impulsivity have important effect on food addiction in obese and non obese females. Psychiatric assessment in management of overweight and obese subjects is mandatory.

References