after placing a novel femoral implant that permits distal weight bearing of the residuum within a socket, adapted for distal load bearing.

**Material and methods** Thirty TF amputees with an amputee history of more than 12 months received an all-inside femoral implant, comprised of a femoral stem and a polyethylene spacer that allows distal load of the residuum within an adapted socket. The post-intervention follow-up period was 14 months. The applied rehabilitation schedule was our standard one, and no hardware changes were allowed during the follow-up period of 14 months, except for the adapted socket. Functionality was evaluated using the standard 2-minute walk test (2MWT) and the physiological cost index (PCI).

**Results** To date 19 patients (8 trauma, 8 vascular and 3 tumour patients) have finished the follow-up period. Prior to the implant placement the mean 2MWT covered distance was 103.16 m (SD = 33.03), and at 14 months was 124.95 m (SD = 39.22), (P = 0.00); an increase of 21.1%. The initial mean Visual Analogue Pain (VAS) score was 2.26 (SD = 2.76) and at 14 months 0.42 (SD = 0.77), (P < 0.005), a reduction of 81.4%. The PCI reduction (D heart rate/walking speed) was not statistically significant (P < 0.596). The observed increase of oxygen consumption in the vascular group (+ 20.15%) also indicates an additional beneficial general health improvement for this type of patients.

**Discussion/Conclusion** The results of the present study show significant improvements in walking speed, pain reduction, hours of prosthesis use and general health status at 14 months after having received a femoral distal load implant in patients of different etiology.

**Keywords** Transfemoral amputation; Femoral implant; Distal charge

**Disclosure of interest** The author declares that he has no competing interest.

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**C00261**

**Anomalies of the residual limb of the amputations of ballistic origin of lower limbs arising during the military crisis in Ivory Coast: Difficulty of coverage in equipment in the Center of Physical Rehabilitation “Vivre Debout”**

Koffi Benjamin Manou 1, 2, Ndoula Espérance Kounkou 1, Romaric Toe 1, Awo Dorcas Akadje 1, Cisse Ali 1, Amosso Daniel Alloh 1, Manse Béatrice Nandjui 1

1 CHU Yopougon, Médecine Physique et Réadaptation, Abidjan 22, Côte d’Ivoire
2 Université FHB d’Abidjan Cocody, UFR Sciences Médicales, Abidjan, Côte d’Ivoire

* Corresponding author.

E-mail address: benmanou@yahoo.fr (K.B. Manou)

**Objective** The quality of the residual limb of the amputations in the consequences of a ballistic trauma often was compromised and limits the success of a good equipment for a satisfactory locomotive function.

The objective of the study is to describe the various anomalies of the residual limb and their difficulty of equipment of the traumatic amputations by bal

**Patients and methods** A descriptive retrospective study concerned patients amputated of lower limbs in the consequences of a ballistic trauma during the military crisis in Ivory Coast from 2010 to 2012 and dealt in the center of equipment “Vivre Debout” in the Teacher Hospital of Yopougon.

**Results** A total of 245 patients amputated of lower limbs identified over the period among which 87 of the traumatic origin (31.51%). On 87 traumatic amputees, 39 were the fact of a gunshot wound (44.82%).

The average age of the patients was of 31.96 years with extremes of 12 years and 69 years for the greater part men with a sex ratio of 9.1.

The seat of the amputations was transfemoral in 57.1% of the cases.

We noted 32 cases of anomaly of the stub (82.14%) to type of disorder trophique (25 cases), of anomaly of length (15 cases) of orthopaedic disorders to type of steepness of hip and the knee 19 cases and 5 cases of névromes painful.

Thirty-five patients were able to be sailed with 34 cases of prescription of preliminary physiotherapy but 15 cases presented a cutaneous pathology bound to the maladjustment of the prosthesis.

**Discussion/Conclusion** Gunshot wounds in the armed conflicts are the fact of balls of big calibre with a decay of the limb. The surgical treatment being often made in emergency conditions has for priority objective the rescue of the life of the patient. This does not still bring the often junior surgeon to make a useful stub for a future equipment adapted to a locomotive quality function.

In conclusion, the residual limb of the ballistic amputees is the frequent seat of anomalies of stub with as consequence of the difficulties of equipment.

**Keywords** Amputation; Ballistic accident; Prosthesis; Residual limb

**Disclosure of interest** The authors declare that they have no competing interest.

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**P001**

**Podiatric complications during a premature aging syndrome: Rare case**

Siham Zahi 1, Laila Mahir, Soumia Meftah, Fatima Lmidmani, Abdellatif El fatimi

Ibn Rochd, MPR, Casablanca, Morocco

* Corresponding author.

E-mail address: zasi1986@hotmail.com (S. Zahi)

**Objective** Premature aging syndromes are very rare and most often hereditary. Initially purely descriptive entities, these syndromes are now much better understood genetically and pathophysiologically and can now be classified according to the mechanisms involved. They often manifest as a pigmented skin dry, atrophic and sclerotic. There is no treatment for these conditions apart from that of their complications (frequent ulceration).

**Observations** Forty-five years of patient follow-up in dermatology for premature aging syndrome, addressed in our service for podiatric care.

Podiatric examination: shiny thin skin, sclerotic and pigmented; valgus big toe bilateral irreducible with claw toes; hyperkeratosis at the heads of the metatarsals and the outer edge of the metatarsal head of the big toe.

Optical podoscope: bilateralcalcaneal varus more marked on the left; grade hollow foot 3 left and flat foot grade 1 right and no support on the toes left.

Static electronic podoscope: hyper-based at the forefoot: metatarsal heads bilaterally and in the left heel.

Our action was the prescription of custom orthopedic shoes, preceded by a preliminary preparation of the skin.

**Discussion/Conclusion** Aging syndrome is a very rare disease that has many complications. The impact on the feet is very annoying.
and debilitating, especially with unsuitable boot, which can cause ulcers, that are difficult to heal, because of the disease, and therefore compromising walking for these patients.

Appropriate care, involving: dermatologist, MPR and the orthotist is desirable and aims to preserve as long as possible and comfortable walking.

Disclosure of interest The authors declare that they have no competing interest.

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PO02
Fitting with an electronic knee for a schizophrenic patient with bilateral amputation of lower limbs: What’s the point?
Thibaut Mirlicourtois1,3, Tche Hong Loqueneau3, Pierre Yves Chagnon1, Thomas Rondepierre3,∗
∗Corresponding author.
CHU de Saint-Étienne, Médecine Physique Réadaptation, Saint-Étienne, France
1 Centre Hospitalier de Roanne, MPR, Roanne, France
3 Corresponding author.
E-mail address: thibaut.mirlicourtois@gmail.com (T. Mirlicourtois)

Objective The replacement of a mechanical knee with prosthetic class I foot fitting by an electronic knee with prosthetic class II foot was proposed to a 54-years-old schizophrenic patient, active, with right femoral and left tibial traumatic amputation. This fitting evolution was assessed both quantitatively and qualitatively.

Observations/Method Compared evaluation of electronic knee with prosthetic class II foot versus mechanical polycentric knee with prosthetic class I foot (fitting unchanged moreover):
– functional abilities and quality of life using standardized scores (Functional Ambulation Classification, Houghton, Functional Independence Measurement, BA-BA, MOS-SF36), satisfaction VAS, walking perimeter, stair climbing abilities, crutches use:
– walking and balance analysis using GAITRITE system, stabilometric platform, Get up and Go test.

Results Functional abilities: walking perimeter was increased by approximately 2 km; walking outdoors was now performed with a single crutch; walking indoors without crutches was made possible on short perimeter, leaving both hands free for everyday or leisure tasks; walking downstairs was realized in a continuous sequence of steps.

Quantified analysis of gait and balance: spatiotemporal parameters recorded on GAITRITE with 1 single crutch improved (speed, cadence, step length and support time), no improvement with 2 crutches. No improvement in static balance recorded on stabilometric platform. Get up and Go test improved (14.85 s vs. 19.77 s with mechanical knee).

Standardized scores: improvement of Houghton’s score (10/12 vs. 6/12), of FAC score (7/8 vs. 6/8), of BA-BA (15/20 vs. 13.6/20). Slightly modified FIM score (123/126 vs. 120/126), yet there is an improvement of the SF36-MOS for physical scores (55.8/100 vs. 43.1/100) as well as mental scores (64.3/100 vs. 47.1/100). Global satisfaction improved (90/100 mm vs. 32/100 mm) using the VAS.

Discussion/Conclusion This new fitting allowed an objective improvement of walk and quality of life. Compliance for the new femoral prosthesis is total although this schizophrenic patient was not spontaneously asking for prosthetic improvement initially. This is pleading for a systematic information of active patients, even non-demanding ones but regularly followed and evaluated, on fitting techniques evolution that might improve their daily lives.

Disclosure of interest The authors declare that they have no competing interest.

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PO03
Lumbar support and nonspecific low back pain: Evidence for daily practice
Charlotte Lanthers∗, Laura Routveultain, Bruno Pereira, Emmanuel Couderye
CHU Gabriel-Montpied, MPR, Clermont-Ferrand, France
∗Corresponding author.
E-mail address: lanhers.charlotte@gmail.com (C. Lanthers)

Objective We aimed to evaluate the place of lumbar support in the management of nonspecific low back pain.

Material and methods We conducted a systematic review with the following databases: Pubmed, Cochrane Library, Science Direct and Pedro. The search strategy used the keywords low back pain; lumbar orthosis; lumbar belt; back support; lumbar support; lumbar brace.

To be included, studies needed to have one or more keywords selected. The search was limited to French and English articles. The major exclusion criterion was studies included rigid orthotics of the trunk. High Authority of health statement was used to check the quality of reporting. Data were also analyzed according to stages of the disease (acute, subacute, and chronic) and in prevention (primary and secondary).

Results We included 28 studies. Quality assessment was heterogeneous. The systematic review showed no official recommendations for lumbar support prescription among the general population. Lumbar support was effective on function, pain, and relative time intervals for dispensing medication with subacute low back pain. It was also effective with probability of low back pain recurrence in secondary prevention. Orthosis’ benefits were not highlighted probably due to the lack of observance, which was a limiting factor. It is a bias because observance was not systematically studied in the literature. To our knowledge, there is no meta-analysis because evaluation criteria are heterogeneous.

Discussion/Conclusion To date, there is no proof to prescribe lumbar support in the management of low back pain general population. An individual prescription would be discussed for subacute low back pain or in secondary prevention. Further studies with a higher quality assessment are necessary in order to identify phenotypes of patients’ responders to lumbar support. The function would be preferred as a main assessment criterion.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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PO05
One handed intermittent self-urinary catheterism with an adaptive equipment: Case report of an amputee patient suffering from multiple sclerosis
Helene Dessort∗, Evelyne Castel-Lacanal, Xavier De Boissezon, Philippe Marque
CHU de Toulouse, MPR, Pôle Neurosciences, Toulouse, France
∗Corresponding author.
E-mail address: hdessort@gmail.com (H. Dessort)

Objective Intermittent self-catheterization is the gold standard for patients with central neurologic bladder. It allows to reduce all urinary tract complications and to improve the quality of life.