**C0024**

**Arthrogryposis multiplex congenita in an adult patient cohort: What are the limitations in activities in daily life?**

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**Objective**

Arthrogryposis multiplex congenita (AMC) is a clinical diagnosis characterized by the presence of at least two joint contractures at birth. Causes of AMC are numerous involving CNS, neuromuscular system, connective and bone tissue. This study is the first to describe disability patterns of a cohort of adults with AMC.

**Materials/patients and methods**

Thirty-nine patients (age 33.8 ± 11.5 years; 23 females) underwent between 2010 and 2016 a 4 day evaluation in the PMR ward during the multidisciplinary consultations for AMC at the Reference Centre of Congenital Anomalies in Grenoble: 25 with amniaplasia, 8 with distal arthrogryposis (DA), and 6 with other atypical diseases. All underwent the following functional assessments: functional independence measure (FIM) scale, functional ambulance classification (FAC) modified, six-minute walk test (SMWT), and a battery of functional tests for the upper limb (reaching, grasping, and pinches).

**Results**

Most patients suffering from AMC had modified independence, with an average FIM = 113.8 ± 12.3 (min = 71, max = 126, median = 117). Nearly all subjects had satisfactory Cognitive-FIM (34.9, min = 33, max = 35), while motor items of the FIM were altered (motor-FIM = 78.4, min = 36, max = 91) especially bathing (5.9), upper body dressing (5.7), lower body dressing (5.3), toileting (5.4) and stairs (5.3). Regarding mobility limitation, the mean FAC score was 6.1/8. Only 34 patients could complete SMWT, with a limited mean distance: 338.6 ± 134 m (min = 100 m, max = 700 m). Walking was a major activity limitation for many patients, 28 patients needed to walk slowly on plain ground with surveillance or technical aids, 3 patients couldn’t walk. Regarding the upper limb, they could achieve 11.0 ± 5.5 of 16 tasks testing reaching movements (min = 1, max = 16), and 17.9 ± 6.8 of 22 tasks testing bilateral fine hand and finger movements (min = 0, max = 22). Activity limitations tended to be less severe in patients with DA.

**Discussion/Conclusion**

Despite obvious disabilities, most persons with AMC can live independently with few technical aids and compensations. Rehabilitation options were proposed accordingly, and patients’ satisfaction for this expert evaluation was high.

**Keywords**

Arthrogryposis multiplex congenita; Activities in daily life; Functional independance mesure; Walk

**Disclosure of interest**

The authors declare that they have no competing interest.

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**C0025**

**Post-polio syndrome in Algeria: epidemiological profile and risk factors**

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**Objective**

The post-polio syndrome (PPS), clinical entity that occurs at least 15 years of stability after acute polio results in specific symptoms. If its pathophysiology remains unsolved its functional impact is considerable. The objectives are two folds, establish the epidemiological profile and search the harmful elements for its prevention.

**Materials/patients and methods**

Prospective descriptive study, from 2010 to 2013, about 104 former polio victims. The tools: pain-scale, fatigue-scale of Borg and a preset plug for data collection, including historical elements of polio and diagnostic criteria of Halsted. The analysis was done on SPSS.

**Results**

The prevalence of PPS is 46%. The average age of patients-SPP is 41.4 years. This syndrome is due to fatigue, muscle pain and/or joint, new muscle weakness in healthy or those already affected muscles, and intolerance to cold. The occurrences of risk factors for post polio syndrome are obesity (BMI ≥ 30 kg/m²) and age over 4 years in the acute phase of polio.

**Discussion/Conclusion**

In our study, the prevalence of PPS is 46%, a result close to a Swedish study but different from that reported by a French study (23%). The average age is 40 years, whereas it is more advanced in the other series. Age AAP achieving average is between 1 to 2 years with a frequency of 68.75%, results similar to those of the Norwegian team. Sex is not a risk factor for PPS, is it a selection bias?