CO33-003–EN

**Contribution of an educational program in “sexuality and affectivity” at the cerebral paralyzed adolescent**

C. Benzoussan a, b, E. Baçao b, T. Jodry c, Y. Mohammad d

a Psychomotricienne, IEM Madeleine-Fockenberghe, 2, avenue Robert-Schuman, 95500 Gonesse, France
b Ergothérapeute, IEM Madeleine-Fockenberghe, 95500 Gonesse, France
c Chef de service paramédical, IEM Madeleine-Fockenberghe, 95500 Gonesse, France
d Médecin chef, MPR, IEM Madeleine-Fockenberghe, 95500 Gonesse, France

*Corresponding author.

**Keywords:** Cerebral palsy; Sexuality; Adolescent; Affective life; Handicap

**Objective.**– To assess the contribution of an educational program on “sexuality and affectivity” for the cerebral palsied adolescent.

**Population and methods.**– Seventeen adolescents participated in an educational program on affective and sexual life in 2009/2010. Population was composed of 7 quadriplegics, 4 diplegics, 3 hemiplegics and 1 cerebellar syndrome. The age ranged from 14 to 17 years. The program was elaborated and led by an interdisciplinary team: educational, paramedical and specialized medical team.

**Results.**– At the end of the program, the experiences were in agreement with the objectives in 70% of answers: 6% of items were in the course of acquisition, 10% were not acquired and 15% of the answers were not exploitable.

**Further readings**


CO33-005–EN

**Achondroplasia in physical medicine and rehabilitation: A case report**

A. Anselmetti a, b,∗, M.C. D’anjoub c, C. Leonte b, V. Gautheron b

a Médecine physique et de réadaptation neurologique, CHU de Nantes, 84, rue Saint-Jacques, 44093 Nantes cedex 1, France
b CHU de Saint-Étienne, Saint-Étienne, France

∗Corresponding author.

**Keywords:** Achondroplasia; Constriction of the foramen magnum; Spinal cord compression

Achondroplasia is the most frequent form of chondrodysplasia with a prevalence of one child in every 15,000. Mutation of FGF3 gene, growth hormone fibroblastic receptor, expressed in temporary cartilage, is detected in achondroplasia by molecular analysis. Child with achondroplasia is characterized by short limbs, macrocephaly, and hyperlordosis. Neurological complications may appear due to narrow vertebral canal.

In our center, 3 children suffer from achondroplasia. Diagnosis was confirmed by molecular analysis. All three of us have disproportionate short stature and delayed motor milestones. In two cases, a craniocebral junction compression with neurological impact was treated by neurosurgery. Orthopaedic complications and respiratory complications encountered.

Medical care in achondroplasia may be organized by expert centers. Physical medicine and rehabilitation is useful for multidisciplinary coordination and to lead specific rehabilitation.


CO33-006–EN

**Goal Management Training for the rehabilitation of executive functions after traumatic brain injury: A pilot study**


Service de rééducation et de réadaptation fonctionnelle, centre national hospitalier et universitaire, 04 BP 808 Cadjéhou-Cotonou, 04 BP 808 Cotonou, Bénin

*Corresponding author.

**Keywords:** Disability; Education; Child; Rehabilitation; Benin

Schooling of disabled children (key issue of social integration) is a challenge for communities and governments.

**Objective.**– To analyze problems of education of disabled children in Benin.

**Method.**– This study involved a descriptive and analytical retrospective collection from October 2004 to December 2009 and a prospective cross sectional study from January to July 2010. It included 450 disabled children followed in community-based rehabilitation centers, in Benin (in the Zou department) and attending regular schools.

**Results.**– Handicap was predominantly motor (70.9%), auditory (17.6%), mental (5.6%) and visual (1.6%). Main etiologies found were perinatal encephalopathy (fetal suffering by neonatal anoxia, prematurity, cerebral malaria), polyomyelitis sequelae and iatrogenic sciatica nerve injuries. Schooling of these handicapped children came up against difficulties; integration and accessibility to the school, educational (understanding, memory, graphics, reading, calculation) at 19 to 28% of the cases, disruptions of the school results (34.7% tolerable results, 33.3% weak results), irregularity in class (47.4%), numerous repetitions (more than two times at 33.3% of children), stop of education (15.1%). Factors influencing the school success of these children were the type of deficiency (deficient motor has more good results), therapeutic burden (good results for 47% of children readadapted and 17.2% of non readadapted with P = 0.000) and regularity (weak results for 79.3% of stragglers and 90% of the irregulars with P = 0.000), 24.7% of these children would have done better in a specialized school.

**Conclusion.**– Schooling of disabled children stumbles upon the rocks of all orders in Benin. So it is urgent to establish an ambitious national policy for children with disabilities.

**Further readings**
