motor scale. Other validated scales were used like the motor activity log or the frecheny arm test. In addition, we used a system of 3D movement analysis in order to study the effects of the rehabilitation program on the reorganisation of the motor control.

Results.– The score on the Fugl-Meyer motor scale was improved so as in the other tests. We noted an improvement of the Fugl-Meyer score of 14% in the group which benefitted of the rehabilitation program carrying out automatic motovity whereas the improvement of the Fugl-Meyer score was 5% in the control group.

Discussion.– It seems that the stimulation of the automatic motovity leads to an improvement of the gripping ability of the patient with hemiplegia. An explanation may lie in the decrease of attentional abilities attract. We can make the hypothesis that stimulating automatic motovity could increase the activation of sensory-motor loops during action or stimulate the recovery of automatic components of action regulation.

This is a preliminary result. This trial has to be continued for 2 years in order to include 32 hemiplegic patients so as to improve the statistical power of the results.


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Functional independence measure (FIM) in 2011

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Keywords: FIM; Functional independence measure; Burden of care; Database; IFRH

Aim.– Current use of FIM in France.

Material.– Questionnaire on the SOFMER website for French PMR practitioner. Questions are about: (1) daily use of the FIM in facilities, (2) its use in patient files, (3) training users, (4) interpretation of results, (5) medico-economic consequences, (6) assessment of the care burden, (7) patients’ follow-up, (8) clinical research, (9) language tool between professionals, (10) potential interest in the constitution of a French national database. A last question would consist in the criticisms of the FIM tool in order to cancel it and replace it by creating a brand new one.

The results will be explained on the Sofmer Meeting in Nantes. Since the FIM was inserted in France 20 years ago [1], it has been given the status of Gold Standard. Most of MPR teams use it as a tool of interdisciplinary communication to refer to the index of disabled people and the burden of cares. Yet, an international copyright owned by UDSMR in Buffalo (US) curtails scientific publications.

Conclusion.– The Federative Institute of Research on Disability suggests to develop a national data base based on information collected by PMR teams/facilities using the FIM. Its aim is to create the first part of a platform of tools for clinical assessment, to be used by PMR and social professionals (comparative data based on groups of patients and pathologies . . . [2]) and to enable international collaborations.

References


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Participation assessment according to ICF: Preliminary results of the assessment grid of activity and participation (G-MAP)

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Keywords: ICF; Participation; Assessment; Traumatic brain injury; Schizophrenia

Community participation is a major challenge for most disabled patients. However, current assessments of participation lack a theoretical base, making assessment problematic. The ICF taxonomy (WHO, 2000) of activity limitation and participation restriction provides an interesting framework.

Aims.– The present study aims at developing a new, ICF-derived assessment tool of participation restriction in two populations suffering from psychic or cognitive disability: schizophrenia and traumatic brain injury.

Methods.– Items have been selected from international literature, clinicians and proxy opinions. A