Interest of a self-care program associating trancutaneous electrical nerve stimulation and mirror visual feedback in the treatment of ankle complex regional pain syndrome (CRPS-1)

J. Baglione-Streliski, V. Schollhammer, C. Ecoffey, P. Rault, I. Bonan

Service de médecine physique et de réadaptation, centre hospitalier universitaire, boulevard de Bulgarie, 35000 Rennes, France
Polyclinique de l’Atlantique, Consultation de la Douleur, Nantes, France
Service d’anesthésie et de réanimation 2, CHU, Rennes, France
Centre d’évaluation et de traitement de la douleur, CHU, Rennes, France
Service de médecine physique et de réadaptation, CHU, Rennes, France

*Corresponding author.

Keywords: Complex regional pain syndrome; Self-care program; Transcutaneous electrical nerve stimulation; Mirror visual feedback

Background.— Taking care of CRPS-1 is not consensual and often invasive. We assessed a multidisciplinary, not invasive protocol, based on the therapeutic education of the patient.

Objectives.— To determine the benefit of trancutaneous electrical nerve stimulation (TENS) and mirror visual feedback (MVF), managed by patients themselves, in ankle CRPS-1.

Methods.— We realized a forward-looking and multicentric assessment. The patients (n=26), included on a duration of 3 months, presented a CRPS-1 of ankle, in agreement with the criteria of the IASP with a contributive bone scintigraphy. Our main assessment criterion was built around the therapeutic objective fixed with the patient and modelled according to the Single Goal Attainment Scaling (s-GAS). Other criteria were: gate duration, Wade test, single leg stance load,VAS, clinical data.

Results.— After 6 months, 20 patients had reached the fixed objectives. Sixty-nine percent of them (n=18) found an improvement of the locomotion. Conclusions.— Literature evoke 68% of healing of the CRPS-1 at 11 months, invasive program included. In this assessment, self-care program of patients educated to TENS and MVF, displayed 65% (n=17) of healing at 3 months and 77% (n=20) at 6 months.

Further reading

Keywords: Complex regional pain syndrome; Self-care program; Transcutaneous electrical nerve stimulation; Mirror visual feedback

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Construct validity of the French version of the PRWE (Patient Rated Wrist Evaluation) with the French version of the DASH (Disabilities Arm Shoulder and Hand) is good to very good in a population of patients with wrist injuries in an inpatient rehabilitation unit

E. Chryssochou, R. Hilfinger, O. Deriaz, F. Luthi, M. Konzelmann

*Service de réadaptation de l’appareil locomoteur, clinique romande de réadaptation suvacare, avenue du Grand-Champsec-90, 1950 Sion, Switzerland

**Service de recherche, clinique romande de réadaptation suvacare, Sion, Switzerland

*Service de réadaptation de l’appareil locomoteur, clinique romande de réadaptation suvacare, Sion, Switzerland

*Corresponding author.

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Objective.— The Patient-Rated Wrist Evaluation is a specific questionnaire for the wrist [1]. It consists of 15 questions with a total score of 100. It was recently translated into French [2]. However, its validity has not been tested in this language. The Disabilities Arm Shoulder and Hand (DASH), with well-established psychometric properties, is considered as the reference questionnaire for the evaluation of upper extremities. The objective of this study is to measure the construct validity of the PRWE-F with the DASH-F in patients with wrist pathology.

Patients and methods.— Fifty-one patients (40 m, 11 w, mean age 42 years), 25 fractures of the radius and 26 lesions of the carpus.

Questionnaires PRWE-F and DASH-F at entry and at discharge (0 to 100).

Correlation DASH/PRWE at entry: r=0.799 (95% CI 0.671 to 0.881), P<0.0001. Correlation DASH/PRWE at discharge: r=0.847 (95% CI: 0.745 to 0.910), P<0.0001.

Discussion.— The construct validity of the two instruments indicates that they measure the same concept. Our correlation between DASH-F and PRWE-F, going from 0.799 to 0.847, are comparable to those published in different languages (0.71 to 0.84) [3,4]. The questionnaires PRWE-F can thus be used in rehabilitation patients presenting with wrist pathologies; it is comparable to the DASH but described by MacDermid [1] to be more specific. Compared to the DASH it has the advantage of consisting of two dimensions. Its construct validity is excellent. This questionnaire should be evaluated in other populations, and it should be compared with hand questionnaires more specific than the DASH.

References