The benefits of thermal spas have been recognized from early times. Balneotherapy is dependent on the chemical and mineral structure of water and certainly on the level of absorption.

Finding the optimal ratio between amount of these natural substances and general reactivity of the patient is the most important aspect of balneotherapy.

The balneotherapy has therapeutic applications for different illnesses and injuries and certainly contributes towards psychophyiscal relaxation of patients.

The healing properties of the deep thermal water at Ilidza has been recognized since the Romans and Turks. The same thermal spring and sulfur water with the temperature of 57.5 °C has been in use for at least 2000 years. According to the balneology classification this water is classified as hydro carbonate-sulfur-chloride-sodium type, with acid mineral level of 3400 m/L and the temperature of 58 °C.

The other components of this water are sulfate 573 m/L and sulfide 10.6 m/L. The radioactivity is 0.3–0.9 Bq/L, Ra 0.3 µL Uranium and there is 500 m/g/L of carbon dioxide. The sulfur water has beneficial effect on connective tissue, blood flow, metabolic processes, airways and skin. The sulfur water has a wide spectrum of therapeutic application from rheumatic, skin, chronic non-specific gynecological illnesses, metabolic disturbances to musculoskeletal and peripheral nervous system injuries, and heavy metal poisoning.

The balneology as we know today in this region has been established at the Institute for balneology in 1950. Institute has been located at Ilidza (1967–1992), but completely devastated during the war. In 2006, the reconstructed part of the Institute has been re-opened at Ilidza.

The large number of patients who have been successfully treated with balneotherapy at this Institute in the past is certainly the best evidence that we needed to further improve this service. There is a need for expansion of the current capacities in order to provide the level of care for our patients.

The future goals are to preserve the thermal and sulfur water resources with the regular analysis of water quality together with further development of tourist and hospital capacities near these resources.


P098–EN
Treatment of chronic low-back pain with postural sagittal brace (LORDACTIV)

J.-F. Salmochi, J.-C. de-Mauroy, P. Rougier, F. Munoz
Clinique du Parc-Lyon, médecine physique et réadaptation, 155, ter boulevard Stalingrad, 69006 Lyon, France
Université de Savoie, Le-Bourget-Du-Lac, France
*Corresponding author.

Keywords: Low-back pain; Orthesis; Posture; Lordosis; Sagittal balance

Introduction.—In common back pain, the need to limit discovertebral discomfort without restricts the patient’s activities leads to the development of braces targeted on the sagittal balance: trunk retroposition, limitation spinal flexion, maintaining lordosis without stress on facet joints. The four clinical studies and experiments presented here confirm the usefulness of this approach.

Objectives.—Clinical, radiological, and postural validation of a retroposition trunk brace with standing lordosis (LORDACTIV).

Methods—
Clinic.—One hundred and thirteen chronic low back pain patients with degenerative lumbar pain (56F/57H) average pain since 8 months, average age 42 years wearing the brace 8 h per day for 1 month.

Spinal measure.—Flexion of the spine and coxofemoral diseases in 39 lumbar degenerative with and without orthotics.

Posture.—Eleven degenerative disc diseases on force platform with and without orthosis.

Radiology.—Four cases with study of sagittal angular parameters with and without orthosis.

Results.—
Clinic.—Mean decrease of VAS in 4 weeks: 80%.

Spinal measure.—Average restriction of spinal flexion: 63%.

Posture.—Significant reduction of shifting the center of pressure in the antero-posterior axis, significant reduction in time to postural correction.

Radiographs.—Alignment of the sacred slope and lordosis with angle of incidence.

Discussion and conclusion.—These results confirm the importance of sagittal balance in degenerative lumbar disease, which requires a brace with priority action restricting spine bending and maintaining support of the lumbar lordosis, and this action is best achieved with the orthosis LORDACTIV, allowing continued activity, a fundamental element in the fight against the transition to chronicity.


P099–EN
Spinal pain and post poliomyelitis syndrome

Z. Boukara, M. Beljoua, O. Bensaber, S. Ammor, A. Talbi, S. Tou, A. Lahmou
Physical therapy and readaptation, CHU Sidi Bel-Abbès, 22000 Sidi Bel-Abbès, Algeria
Service of epidemiology, CHU Sidi Bel-Abbès, Algeria
*Corresponding author.

Keywords: Pain of rachis; Biometric factors; Post poliomyelitis factors

Introduction.—The incidence of post-polio syndrome is not well known, as well as the prognostic factors. We believe that 30–65% of old polioyelitis patients are concerned. Spinal pain is quite frequent and disabling for these patients. To better assist these patients, we have attempted to understand the relationships existing between spinal pain and socio biometric factors.

Materials and methods.—45 patients presenting with spinal pain related to poliomyelitis were recruited and followed in the PRM outpatient consultations. The results of the physical examination and complementary explorations were recorded. Variables examined including VAS, fatigue Borg scale, weight, height, and social variables were collected for the period 2009–2011. The objective was to search for significant correlations between spinal pain and biometric factors.