established. The public audition conclusions, guidelines and a scope report, have been published by the French National Authority for Health [1,2].

Objectives.-- To promote these conclusions among professionals, as well as in the general public.

Method.-- Two websites have been created by the “École de l’Image des Gobelins”. The first one (www.bebesecone.com) aims at explaining why babies cry at helping adults to cope with crying. The second one www.syn-dromedubebesecoue.com aims at helping professionals to acquire better knowledge about the SBS (causal mechanisms, initial symptoms, risk factors, investigations needed, lesions, differential diagnoses, diagnostic criteria) in order to better protect babies.

Results/conclusion.-- These websites should help promote good practices and explain that playing with a child is not the same than to shaking him/her and that games are not dangerous.

References

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P028-e

Descriptive analysis of the initiation activity handisport to children’s hospital of Saint-Denis de la Réunion

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Keywords: Disability; Disabled sports; Child; Patient education; Reunion Island

Objective.-- To show the interest of the disabled sports initiation, as a therapeutic activity and physical education in a pediatric MPR services and in partnership with the regional disabled sports. We want to share our experience of the group “Hand/Hép”.

Materials/patients.-- We include 4 to 10 children hospitalized in pediatric MPR session. The pathologies involved are numerous: cerebral palsy (or followed by postoperative), severe burn, neuromuscular diseases, traumatic brain injury, paraplegia, quadriplegia, Strumpell Lorrain, juvenile chronic polyarthriitis, amputation of member, osteogenesis imperfect. The animations performed are selected according to the possibilities of the group of children and therefore their pathology.

Methods.-- Inclusion is proposed by therapists from the hospital, validated by doctors with the consent of families. The introduction to the practice is carried on handisportive 2 h weekly rehabilitation. Two sports are practiced on sessions 4 to 5 sessions. An evaluation is conducted to see the gains in the sessions. A correspondence with the paramedical personnel from the sport but also volunteers from clubs affiliated to the general public.

Results.-- The collection activity takes place between May 2010 and February 2012. The total number of sessions is 37. The sports practiced are: boccia, course engine, blowpipe, vortex, wrestling, judo, table tennis, basketball, athletics, rifle laser, wheelchair rugby, climbing. We explain our method of assessment children’s progress, depending on the sport, as they learn the sport. Some children have perpetuated their use the publication will include a short presentation and Sports Illustrated.

Discussion.-- We want to show the interest to make known to the young Handisport with disabilities, its benefits and values. We discuss the protocols in place to sustain the activity of therapeutic education, which is part of the renewal of the founding link between PMR and practice handisportive, more broadly, partnerships between the hospital and community life.

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P029-e

Etiology of atypical Volkmann’s syndrome: restraint by traditional jibira about 5 cases

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Keywords: Volkmann syndrome; Jibira treatment; Rehabilitation

Objective.-- Put the item on the particularity of Volkmann’s syndrome secondary to treatment with jibira and his rehabilitation treatment.

Materials and methods.-- This is a retrospective study of five children with a syndrome Volkmann after jibira collected in the department of physical medicine, university hospital Ibn Rochd, Casablanca on 1st April 2010 to 1st December 2011.

Results.-- The average age was 10.22 years, all our patients are male rural, status suffered a closed fracture of two bones of the forearm after a fall, traditionally dealt bandage by a traditional healer (jibira), a complicated syndrome resulting Volkmann within an average of 2 months to a flexion contracture of the wrist and fingers. Answer by epitrochlear muscle disinsertion in four cases and necrosectomy in one case and then sent for rehabilitation. The examination for admission is stiff polyarticular wrist and hand in 5 patients, VAS pain in 4 to 8 and 9 in one case, the total disability assessed by the DASH in average to 90.77. The patients received a daily rehabilitation under regional anesthesia for the first two weeks. After three months the recovery of range of motion and muscle strength was evident, VAS pain increased to 3 in 4 and 5 in one case, total disability from 55% in average. The patient still ongoing rehabilitation.

Discussion.-- In our context, the Volkmann’s syndrome is a complication, still current, the traditional restraint of upper limb fractures. Once installed, the effects are sources of partial or total permanent disability. Rehabilitation is essential and a great contribution to get a functional and sensitive hand. Collaboration between the surgeon and the physiatrist and the public awareness about the dangers of jibira is essential and highly recommended.

Further reading

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P030-e

A very special case of very serious injury due to meatoplasty, which shows the importance of cooperation between the rehabilitation doctor and a specialised lawyer

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Keywords: Expertise; Injury; Compensation; Rehabilitation

Objective.-- The field of injury has begun quite haphazardly in Reunion and Mayotte Islands. The lack of a competent association of patients has given way to a free rein in practices that leave the wounded in situations of deleterious inequality. Vigilance or the involvement of the rehabilitation colleagues is a must.
Materials and methods—We present the extraordinary case of one, suffering from multiple disabilities following a meatoptery and whose older sister, who has him under her charge, still has hopes, 17 years after the fact, for compensation for an apparently obvious damage. We have of course anonymized our whole presentation as per the seriousness of the presented facts. 

Results—The analysis shows: That the contribution of the rehabilitation doctor is just as important in the fair evaluation of the damage and the indispensable compensations as they are essential in recognizing the principle of compensation. That specialization of the lawyer is required to, firstly, meet the procedural requirements of expertise, on the other hand, reduce the asymmetry between the casualty and predominant insurance companies (technical staff, financial resources devoted to their defense). That cooperation between the doctor and the lawyer is required to respond appropriately to forensic hazards (questionable neutrality of the expert, exempting corporatism, orientating conclusions on biases contrary to medical ethics).

Discussion—Is this type of case a prerogative of the French overseas departments? Is the fact that being an MPR referent of a child an obstacle to this approach?

Conclusion—The necessary means to an accomplished rehabilitation often exceed the possibilities offered by the social protection and national solidarity. The involvement of the MPR in the indemnity issue can bring out a powerful rehabilitation leverage. 

Pour en savoir plus

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Further reading

P032-e
Care of the 16–25 age-group in an education center for children with motor disabilities
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Keywords: 16–25 age group; Life project; Amendment Creton; SOFMER Recommendations; MDPH

The education center for children with motor disabilities (CEM) of Montrodat was provided with a special authority approval. Since its opening in 1968, it has been allowed to welcome in-patients suffering from motor disabilities until they were 25. As a result, it prides itself on a significant experience in the care of the 16 25 age-group. The enforcement of the laws of 2005 (about the equality of rights and life chances, participation and citizenship of disabled people), 2007 (which reformed systems of legal protection), and 2009 “hospital, patients, health-care and territories”, modified the approach and support of the 16–25 age group. The CEM of Montrodat fitted its offers to those changes: – restructuration of transition steps within 16 and 25; – specialization of life units in homogeneous age; and life-project, groups; – late housing for youngsters coming from common facilities, after they have reached 16 years old; – welcome of young patients who had been hospitalized for years.

Further reading


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P031-e
Evaluation and management of motor disability of congenital origin and the role of consanguinuity in the region of Tlemcen
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Keywords: Motor disability; Tlemcen; Consanguinity; MIF

Introduction—The Tlemcen region is known to be an area of high consanguinity. We were interested in the effects of consanguinity in the apparition of debilitating congenital diseases.

Materials and methods—A cross-sectional prospective descriptive study was conducted from January 2005 to December 2006 and included subjects with a congenital disability.

Objectives—To describe the clinical aspects of congenital impairments, identify risk factors and the impact of consanguinity and assess functional independence, using the scale MIF and MIF Mômes.

Results and discussion—Sixty subjects with congenital motor disabilities, recruited during the period 2005–2006 participated in this study. The average age was 11.5 ± 10.5 years with a mean age of 14.3 years for females versus 9.3 for boys (p = 0.05). Muscular dystrophies are the most disabling diseases, and logically oriented towards the concept of consanguinity; orphan diseases are characterized by their rarity. Consanguinity was found in 61.7% of cases; it was present in two-thirds of neuromuscular diseases and orphan diseases. These handicaps were distributed as follows: 33 neuromuscular diseases (55% of the cohort), 12 orphan diseases (20%), and 14 birth defects (23.3%). Mean MIF was 53% (79% in patients with neuromuscular disease). Functional rehabilitation was provided present at all stages of the therapeutic programme. Consanguinity-related disability is severe, with an important psychological and economic impact.

Conclusion—Consanguinity is a predictive risk factor for motor disability. The primary prevention is genetic counseling.

Further reading

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P033-e
Osteoporosis and cerebral palsy: Diagnosis and treatment
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Keywords: Low bone mineral density; Cerebral palsy; Osteoporosis

Further reading

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Osteoporosis diagnosis is suggested by spontaneous fracture(s) or is made when a very mild trauma occurred, or on systematic X-ray radiographs, or because of diffuse and chronic bone pain.