It is the intention of the legislator that the general practitioner plays a pivotal role in patient management, in order to ensure access to quality and safe care, in accordance with guidelines and best practices, for the entire community and in relation with medical or social facilities. On a daily basis, the main issues that arise for the general practitioner are: – the initial understanding of disability to improve overall patient care; – prepare and discuss the return home with the multidisciplinary professional team in accordance with family or caregivers; – adapt the patient’s overall needs (housing, equipment, participants, social and labor rights...) within the familial, social and occupational environment; – ensure prevention and follow-up for disability-related complications.

Considering the impact of a full knowledge of the community and care environment, it is important to ensure optimal coordination between the general practitioner and other caregivers sharing the responsibility of full healthcare for disabled patients returning home.

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CO40-002-e

Evaluation of cooperation between general practitioners and physical medicine and rehabilitation specialists
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Keywords: General practitioner; Medical cooperation; Physical medicine and rehabilitation

Introduction.– GPs (which coordinates care) and PRMs (which provides healthcare solutions) have a key role in the disabled patient’s management. The study aims to assess the cooperation between the two specialties to identify the way it can be improved, in order to bring better care to disabled patients.

Method.– Telephone survey of 222 Parisians GPs.

Results.–
– PMR specialist isn’t known by GPs;
– 57% GPs do not have PMRs in their network;
– PMR field of competence is poorly known by GPs;
– Quality exchange with PMRs: among the 94 MG with a PMR specialist in their network, exchange with the PMR was qualified as good for 58%; and poor or inexistent for 42% GPs.

To improve cooperation between both specialties, GPs suggest PRM specialty should be better known (activity, field of competence), so that GPs would more refer to PMRs.

Conclusion.– The GP is the first choice partner for disabled patients. The PMRs is the specialist with the knowledge and skills that bring them therapeutic solutions. However, PMRs is not known and not used by GPs. That’s why patients see their chances of being directed to a P 3RM greatly diminished.

To improve cooperation between GPs and PMRs and optimize the path care of patients with disabilities, GPs must be aware of the existence and activity of the PMRs.

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Perception and manual wheelchair prescription multiple sclerosis by general practitioners in the North of France
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Keywords: Multiple sclerosis; Manual wheelchair; General practitioners

Background.– Manual wheelchair (MW) has a negative image in multiple sclerosis (MS) synonymous for patients with a worsening of the disease. It loses all its goal of mobility assistance. General practitioners (GPs) through its involvement in medical, social and family life, remain the first contact in its prescription.

Objective.– Identify the behavior of GPs in north of France about mobility assessment, prescription, follow up and MW feeling in MS population.

Method.– Datas are collected from a questionnaire sent to 960 MG involved in the monitoring of MS patients joining the MS network in North of France (G-SEP).

Results.– Three hundred and one questionnaires were filled out. Among the GPs, 74.4% considered themselves able to assess loss of mobility related to MS. Eighty-five percent of GPs believed they have a role in prescribing MW in MS patients. 19.9% of GPs provide trials prior to MW prescription. A cushion to prevent pressure sores is prescribed by only 9.5% of GPs. Among them, 34.9% use expert medical advice. Young GPs were more “fear of what other” for their
patients ($P = 0.028$). GPs whose patients do not have MW are worry about “loss of independence” related to MW use ($P = 0.03$).

**Discussion and conclusion.**-- Studies of mobility devices in MS remain rare while loss of mobility status is the main concern of patients [1,2]. Our investigation further identified GPs prescribing behavior and pointing for possible improvement areas. A guide to assist them in prescribing could lead to educate and orient their practice.

**Results.**-- Three sources of dissatisfaction were identified: the difficulty of gathering information about pain support, that will be simple and of easy access to all caregivers; the difficulty of relaying such information; the lack of information of the patients concerning pain mechanisms and adjustment of treatments.

Thus, it appears important to improve the information and painful patient’s role in the collection and transmission of it. It could enhance professional practices in the fight against pain, essential to a well-conducted rehabilitation.

**Further reading**


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**CO40-007-e**

**Study of the counseling role of the Physical Medicine and Rehabilitation (PMR) specialist with patients initiating claims for damages on personal injury, analysis of 20 cases**

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**Keywords:** Expertise; Injury; Compensation; Rehabilitation.

**Objective.**-- We have analyzed the virtues of breaking down barriers between the healthcare and legal sectors while studying the rehabilitation of the wounded. 

**Population and method.**-- We have analyzed the records of 20 patients whom we are counseling on the compensation proceedings.

This is a total cross-section of the concerned population. We have studied the following:-- gender and age of the accidented patient;-- type and date of accident;-- mode of accountability;-- mode of trigger of the legal action;-- intervention of the PMR counsel, appreciation of his/her competences;-- intervention of the specialised lawyer, appreciation of his/her competences;-- estimation of the patient’s fate in case of no remedy;-- financing of the competences;-- record updates.

**Results.**-- The analysis demonstrates the importance of the Medical Rehabilitation Specialist in the initiation, establishment and monitoring of indemnity claims for injury records, but also his/her decisive contribution in the forensic assessment of the handicap.

The financial aspect that is often rebuked by the medical profession must be seen in its true dimension as a rehabilitation opportunity rather than a finality.

**Discussion.**-- The Medical Rehabilitation Specialist may be reluctant to commit for relational, professional or contractual reasons. The existence of a compensation perspective questions him/her on the scope of his/her mission.

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