CO32-001-e

Objects. – Volition designates all the self-regulatory mental processes which determine the goal that will be achieved, as well as when and how. It is an important but unknown dimension between motivation (intention) and the implementation of an action. Results from various studies clearly suggest that volitional competencies could play a role in chronic back pain (CLBP). Actually, there is no questionnaire allowing the assessment of volition in CLBP patients. Our objective is to develop and validate a questionnaire assessing volitional competencies in LBP patients in order to improve physical exercises in those patients and then to avoid chronicity.

Patients and method. – Items of pre-questionnaire were derived from a content analysis of semi-structured interviews (to identify facilitators and barriers to exercises) conducted with 30 CLBP patients and 8 healthcare professionals regularly involved in the management of LBP. To select the most relevant items, all of them were submitted to a panel of experts, following the Delphi method (with four rounds).

Results. – A first version of the Volitional Exercise Back Inventory (VEBI) was developed which contain 50 items related to motivation, confidence in the ability to perform physical exercises, confidence in the ability to create coping strategies, confidence to resume activity after a failure or setback and implementation intentions.

Discussion. – The next steps of our research will consist of exploratory factor analysis of the questionnaire and analysis of psychometric properties. Then, a confirmatory factor analysis will be done. It is expected that the VEVI will have a good construct validity and for some dimensions also convergent validity. This questionnaire will be helpful to identify patients who will not realize their physical exercises and will provide to healthcare professionals some strategies, confidence to resume activity after a failure or setback and ability to perform physical exercises, confidence in the ability to create coping strategies, confidence to resume activity after a failure or setback and implementation intentions.

Keywords: Volition; Chronic low back pain; Physical exercises; Questionnaire

E-mail address: celine.mathy@ulg.ac.be

References

http://dx.doi.org/10.1016/j.rehab.2013.07.279

CO32-002-e

French version of the SIGAM mobility scale: Cross-cultural translation. Educational presentation


a Pôle rééducation-réadaptation, CHU de Dijon, 23, rue Gaffarel, 21000 Dijon, France
b Prosthetics Department, Chapel Allerton Hospital, Chapeltown Road, Leeds, United Kingdom
c Inserm CIC-P 803, Inserm U1093 « cognition, action et plasticité sensorimotrice », plateforme d’investigation technologique, pôle rééducation-réadaptation, CHU de Dijon, Dijon, France
d Institut régional de réadaptation, faculté de médecine, université de Nancy, Nancy, France
e Département d’anglais, faculté de Dijon, Dijon, France

*Corresponding author.
E-mail address: charles.jsn@free.fr

Keywords: Cross-cultural adaptation; Lower-limb amputees; Questionnaire; Mobility

Purpose. – Many scales exist to evaluate lower-limb amputees. Most of them only focus on deficiency, and those analyzing functional abilities are too complex to be used in clinical routine [1,2]. The purpose of this study is to translate the SIGAM mobility scale in French. The SIGAM is a self-report questionnaire with 21 closed-ended questions, quickly completed, evaluating many functional abilities, and easy to analyze thanks a validated algorithm [3]. This scale has been promoted by the British Society of Rehabilitation Medicine because of its psychometrics properties.

Methods. – First part: The SIGAM mobility scale was translated into the French language by native French speakers, one of whom not working in medical setting. The translated text was reviewed by a panel of professionals (C.J., P.A., V.G.), in order to obtain a consensual version The back-translation performed by a native english speaker (P.B.) was reviewed by the original author (N.H.R.). Second part: validation: criterion validity, construct validity, internal consistency and reproducibility.

Results. – This first part has been successfully performed, and the final version approved by the initial author, allowing us to start the validation of its psychometrics properties.

Conclusions. – Given its psychometrics properties, the functional dimensions analyzed, the short completion time, and the easy analysis by validated algorithm, the cross-cultural adaptation of the SIGAM mobility scale could allow a best assessment of lower-limb amputees, and this tool may be used in international clinical trials.

http://dx.doi.org/10.1016/j.rehab.2013.07.280

CO32-003-e

Measuring complexity in neurological rehabilitation: The Oxford Case Complexity Assessment Measure (OCCAM)

O. Troisgros, Y. Bejot, P. Marquez Rodriguez, R. Shoaib, H. Ellis, D. Wade

a Service de rééducation, CHU de Dijon, 23, rue Gaffarel, 21000 Dijon, France
b Service de neurologie, CHU de Dijon, Dijon, France
c Oxford Centre for Enablement, United Kingdom
*Corresponding author.
E-mail address: odiletroisgros@yahoo.fr

Keywords: Complexity; Neuro-rehabilitation; Scale; Length of stay; Discharge location

Objective. – Only a few scales evaluating complexity are available, but what they really measure is controversial. We evaluated a newly developed 81-point scale based on a holistic biopsychosocial model of illness and healthcare: the Oxford Case Complexity Assessment Measure (OCCAM).

Methods. – Hundred and ten consecutive patients admitted to the neuro-rehabilitation unit of Oxford, UK, were prospectively enrolled from January to August 2012. Part 1: The OCCAM questionnaire, the Rehabilitation Complexity Score (RCS-E), the INTERMED scale, and a team judgment score (from 0 to 10) were administrated to establish OCCAM validity. Internal consistency of OCCAM was assessed. Part 2: inter-rater agreement of OCCAM was evaluated. Part 3: Test-retest correlation and test-retest agreement were performed. We evaluated the ability of OCCAM to predict length of stay (LOS) > 80 days and no home discharge using ROC curves and c-statistics.

Results. – Part 1: internal consistency was moderate for the overall OCCAM scale (Cronbach’s α coefficient 0.69). Item-total correlations were all moderate to high except for two items (pathology 0.26, time 0.23). Significant correlation was found between OCCAM and both INTERMED (p = 0.694, P < 0.001), RCS-E (p = 0.736, P < 0.001), and team judgment (p = 0.796, P < 0.001). Part 2: inter-rater agreement was excellent (Weighted k = 0.95, P < 0.001). Part 3: an excellent correlation between admission and discharge scores was observed (p = 0.917, P < 0.001). Test-retest agreement was good (intraclass correlation 0.507).
African adult norms of box & block test

D.D. Niama Natta a,*, E. Alagnide a, G. Stoquart b, T. Lejeune b, T. Kpadonou1

© 2018 Elsevier Masson SAS. All rights reserved. - Document downloaded on 21/11/2018. It is forbidden and illegal to distribute this document.