Résultats.– L’âge moyen est de 52,9 ans, avec 18 femmes pour 78 hommes. L’IGS II moyen est 47 (11-104). Quatre-vingt-onze patients ont été réalimentés à j1 avec succès. Seul cinq patients ont présenté des échecs à j1, tous porteurs d’une sonde nasogastrique, porteurs de lésions neurologiques. Deux de ces patients n’ont pu être réalimenté à plus de quatre jours.

Conclusion.– Ce protocole de réalimentation pour les patients extubés présente des premiers résultats encourageants, qu’il convient de confirmer par une étude prospective.

E-mail address: atika.bejjar@hotmail.fr

Keywords: Neck pain; Sport; Myotensive technique

Objective.– Describe the contribution of myotensive technique in taking care of neck pain in athletes.

Patients and methods.– This is a prospective study involving 20 athletes followed in the Physical Medicine and functional rehabilitation Department (Sfax-Tunisia) for neck pain related to intervertebral disturbance during the year 2012. These athletes have received five sessions of Mitchell’s myotensive technique based on a better anatomical knowledge of the neck area. The pain assessment was performed before and 1 month from the beginning of rehabilitation.

Results.– After five sessions of specific rehabilitation such myotensive technique, we found an improvement in pain symptoms in 17 patients. The average score ofVAS initial pain was 5.65 ± 1.35. After one month, it was 1.7 ± 1.3 (statistically significant difference).

The average score of VAS functional impairment increased from 7 ± 1.3 to 2.5 ± 1.1 after one month the beginning of the myotensive technique.

Discussion.– In our study, we found the cellulo-téno-myalgic syndrom in all sportsmen.

Support calls to medical and physical treatment including particularly manual therapies. Which is a sportsmen’s treatment choice because their immediate efficacy; it reduces the intensity of neck pain and afford to go back early the sport [2].

In our study, we based on myotensive technique of Mitchell [1]. Other techniques myotensives were described in the literature [3].

The technique of strain counterstrain Jones and Myers.

REFERENCES

E-mail address: nadra.gd@gmail.com

Keywords: Bell’s palsy; Rehabilitation; Grading of House

Introduction.– Bell’s palsy has always been a source of disgrace linked to lesion of the seventh cranial nerve. Disfigurement is the major concern of patients suffering from (BP). A medical treatment associate to an early and appropriate rehabilitation is the most prescribed.

Materials and methods.– This is a retrospective study over a period of 14 years (1997-2011) on 168 patients sent for BP rehabilitation.

All patients underwent a facial examination and a Freyss testing at the beginning and at the end of treatment. Rehabilitation was started early associated to medical treatment. We followed our patients for 3 months. The treatment results was evaluated by the Grading of House.

Results.– It’s about 71 men and 97 women, mean age of 34 years. 58.3% of them consulted in the first 7 days. The paralysis was fifth grade in 54% of cases. After rehabilitation, recovery was partial in 22.6% and total in 70.8%.

Some sequelae were observed in 6% of patients. Female patients, younger than 60, who saw their physician at an early stage of the disease and patients with initial testing > 10/30 experienced better recovery.

Discussion.– Muscular testing of Freyss is an important tool to appreciate the severity and following of a BP. The management of the disease is based on early and appropriate rehabilitation. In most of cases we notice a good evolution, but many studies advanced that age is a poor prognostic factor, while gender does not influence the evolution which is different of our results.

Meanwhile, the importance of initial testing deficit and House grading were a prognostic element in both literature and our study. BP is frequent and needs an early and appropriate rehabilitation management which affect the evolution of the disease.