During follow-up, she was hospitalized several times for lung infections. At the age of 7, she had a flexion of hips and knees, an equine feet and a dorsal kyphosis. It is paired with a corset seat and a stand-up collar.

Case 2.– A 12-years-old girl has a SMA type2 diagnosed due to a muscle weakness. On examination, she showed a motor control deficit predominantly on the bullpen and the peroneal, a sural triceps retraction and tibialis posterior cavus, she stepped and fell frequently. She received a physical rehabilitation and a switchgear type of ankle-foot orthosis. She no longer falls, and noticed an improvement in his walk.

Case 3.– A 12-years-old patient has a SMA type2 diagnosed due to frequent falls. On examination, he had a weakness belts. In muscle testing, it was 4 in the upper limb, and 3+ in the lower limbs. He received regular physical rehabilitation. The evolution was marked by the appearance of scoliosis that required a corset (type Garchois).

Discussion.– The SMA is classified in 4 types. In the type II, the muscular hypotonia is frequent and is associated with flaccid paralysis and muscle atrophy. Management of the orthopedic deformities of the lower limbs and the spine is based on a functional rehabilitation and a suitable apparatus.

http://dx.doi.org/10.1016/j.rehab.2013.07.548

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Epidemiological profile of polio patients in consultation of Physical Medicine


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Keywords: Polio; Sequelae; Functional outcome; Rehabilitation

Objective.– To determine the epidemiological characteristics of patients with poliomyelitis followed in outpatient rehabilitation.

Patients and methods.– A descriptive retrospective study spread over 11 years from 2002 to 2013, including patients with sequelae of poliomyelitis who consulted the department of functional rehabilitation. The variables analyzed are epidemiological, clinical and developmental order.

Results.– Twenty-two patients (11 men and 11 women) with an average age of 47 years, 50% had a right monoplegia, 27.7% a left monoplegia and 22, 7% diplegia. The average age of reaching polio was 4 years. The motive for consultation in 86.4% was associated with the effects of polio with 40.9% renew their equipment, 22.7% gait, 9.1% unequal length of the lower limb, 4,5% scoliosis, 4,5% plantar durillon and 9,1% NCB. 27,3% had used a surgical treatment for their polio sequelae with 9.1% arthrodesis, 4, 5% double arthrodesis and 4.5% elongation of the lower limb. All cases have been taken in rehabilitation; with a program adapted to their motive for consultation; with recourse to equipment and technical assistance for 95.5% of cases: 40.9% soles, 27.7% major aid walking, 18.8% cruropedal orthesis, 18.8% cane, 9,1% levator toes splints, 4.5% lumbar belt. Clinical improvement was observed in 36.4% of cases.

Discussion.– Late deterioration of patients with a history of polio is often multifactorial. It must be prevented by appropriate medical monitoring, relevant information and appropriate action to minimize sequelae and complications such as post-polio syndrome.

http://dx.doi.org/10.1016/j.rehab.2013.07.549