To induce this historical medicine subject in link with the revolution wars and the Empire we often cited the celebre surgeon Dominique Larrey. He was the organizer of the fast healthcare of those injured and early surgery. But, as regards equipment, rare are the authors who describe the prostheses of the amputees of thigh or leg. To illustrate our remarks, we evoke three characters: Maximilien Caffarelli of Falga and his wooden leg, Daumesnil which an example of prosthesis knowed and Uxbridge with his “Anglesey leg”. With these prosthesis, we found the technological principles still used fine 19th, beginning of the 20th century for mutilated Great War but also of the innovation.

http://dx.doi.org/10.1016/j.rehab.2013.07.075

CO03-003-e
The military Physical Medicine and Rehabilitation and the socio-medical action: Building multidisciplinary an integrative approach in favor of war wounded soldiers
J. Facione a,⁎, D. Rogez b, A. Stephan c, E. Lapeyre b
a HIA Legouest, service médecine physique et réadaptation, 27, avenue de Plantières, BP 90001, 57077 Metz cedex 3, France
b HIA Percy, service médecine physique et réadaptation, France
⁎Corresponding author.
E-mail address: julia.9916@hotmail.fr

Keywords: Military; Rehabilitation; War wounded
Introduction.– The French rehabilitation program provides a great support to the wounded soldiers by means of a structured and experienced organization of cares and aids. This organization is the result of many years of war mainly the both world wars. The conditions of the recent asymmetric conflict in Afghanistan and the number of wounded had improved this historical organization.

Results.– When a French soldier is injured in a conflict area, a chain of support is deployed; first with emergency measures, then with surgical therapy. Finally the soldier is repatriate. PMR is the ultimate link in the chain of medical support and the first link in the social and vocational rehabilitation. The PMR team, the soldier and his family work together in order to recover the soldier’s best abilities and maybe permit to return to his professional previous functions.

After a severe wound, the injured soldiers can count on the support of various national organizations that offer measures such as military disability pension, cell conversion or other social advantages.

In 2011, we created an original committee made up of physiatrists, psychiatrists and military command, combining their knowledge and know-how. This entity links the numerous actors and improves the existing processes, in order to prepare the individual reinstatement project and to make easier the long term follow up of each soldier. Furthermore, it allows finding funding for many projects (adapted sports, bionic prostheses…).

Conclusion.– The organization and delivery of French military rehabilitation program is based on the gratitude of the Homeland and the right to repair. Recently, an original concept was born to complete the current system and links the numerous actors and improves the existing processes, in order to recover the soldier’s best abilities and maybe permit to return to his professional previous functions.

Discussion.– In each case, mangled foot could have justified an initial amputation. For activities needing high physical performances, the conservative treatment does not represent a satisfying solution (pain, non optimal function recovery, duration of medical care, cost). On the other hand, studies of generic quality-of-life scores showed that physical outcome between amputation and limb reconstruction is more or less the same [1]. The latter, however, is psychologically more acceptable. To date, the lower – extremity injury – severity scores have not been evaluated in powerful cohorts [2], without distinction between standard damage and blast. Consequently, there is no consensus in the literature [3]. Specific functional scores need to be developed, adapted to both high physical performance and « deck slap » injured soldiers.

References

http://dx.doi.org/10.1016/j.rehab.2013.07.077

CO03-005-e
Difficulties in the prosthesis of the leg’s amputations of war’s injured, about 500 patients
N. Tareb ⁎, L. Omar, M. Senadja, S. Sebti, M. Rachedi
Hôpital militaire universitaire de Stouelli (HMUS) Said Ait Messaoudane, Stouelli, 46, chemin Mohamed Gacem, Elmoursadia, 16000 Algiers, Algeria
⁎Corresponding author.
E-mail address: nadji.tareb@yahoo.fr

Keywords: Leg’s amputation; War’s injured; Defective stumps; Traumas
Introduction.– The amputations leg’s prosthesis of wars injured which poses considerable challenges to patients are frequently in relation to the defective stumps resulting of amputations made at urgency and also to the frequency of the associated hurts.

Objective of the study.– The main objective of this study is to show the different problems of the defective leg’s stumps observed at the wars injured. They are generally due to the bad levels of amputations, to the osseous, nervous and infectious complications, as well as the presence of associated traumas. This influences largely the patient’s care by delaying the prosthesis and the walking.

Material and method.– The statistical study we proposed is retrospective and concerns 500 patients from 2006 to 2012 and presenting legs amputations post trauma ballistic.

Results.– The stumps of the wars injured are often defective in more than 70% of cases and mostly in relation with:

– circumstances of the amputation;
– bad surgical preparation.

The presence of associated hurts: traumas or fractures. The both often delay the patient’s prosthesis in more than 35% of cases.