using plaster. The development of digital technologies by scanner has many benefits [1].

Methods.– Digitization by the fast scan is tested for creation of face and neck transparent orthosis (20) in 14 burned patients. Evaluation of the procedure: duration, patient/operator benefits. Clinical evaluation of the equipment: efficiency, implementation delay.

Results.– The scan digitization is quick and easy. No pain or stress, are reported by patients. Skin pressure by orthosis is good. The deadline for implementation of orthosis is related to the time of scar tissue epithelialization.

Conclusion.– CT scanning has many advantages for the creation of transparent orthosis after burns, to the patient and the operator.

Reference

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CO38-006-e

Burned hand: Is there a relationship between cutaneous sensory loss and functional ability?

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Keywords: Burns; Hand cutaneous; Sensibility; Function

Background.– Burned hand outcome is related to skin contracture, fingers deformities or amputations. Cutaneous sensitivity loss is often reported after burns. Somatosensory loss is common in neurological diseases, with negative consequences for motor control hand [1]. What about for burned patients? Methods.– Twelve burned patients and 13 controlled subjects were included: – pressure, discriminative, thermal and pain sensibilities were tested; – hand impairment was tested using Box and Block Test, Purdue Pegboard Test, grip strength; – the two groups were compared and a correlation data analysis examined the relationship between sensibility and hand tests.

Results.– Cutaneous sensory disturbances and decreased functional hand performances were objectified in patients compared with controls. A significant correlation was found between pressure sensibility and functional hand evaluation by the Box and Block Test and the Purdue Pegboard Test.

Conclusions.– Cutaneous sensory impairment affect burned hand ability. These findings suggest the central neurological impact of cutaneous sensory disorders, for motor control of the hand in burned patients.

Reference

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CO38-007-e

Nutritional care for elderly burned patients in rehabilitation units

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Keywords: Burn; Malnutrition; Elderly

The care of malnutrition is a major issue for elderly patients with burns. In order to assess the severity and evolutivity of patients’ malnutrition treated in our unit in 2012, we conducted a retrospective study on 149 patients by comparing other 60 years to their younger counterparts. Patients at risk of malnutrition were identified by using the Nutritional Risk Index (NRI) based on albumin and weight loss at two times: the admission and the departure of the unit.

We found an increase of severe malnutrition risk with age. The mean NRI at the entrance is evaluated at 81.02 coinciding with high risk of malnutrition and decrease at mean of 10% to the output, corresponding to middle risk of malnutrition.

Malnutrition care includes impact assessment of fragility and complications occurred in intensive care unit. . . It leads to an individualized care plan with high protein diet and adapts to any deficiencies and individual features. This study demonstrates the need for ongoing management of malnutrition in multi-disciplinarity and a need of relay output.

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CO38-008-e

Quality of life of the burn patient, between binding care and sequelae

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Keywords: Burns; Scars sequelae; Binding treatment; Quality of life

Objectives.– The burn patient expected to regain its previous body image without that the proposed care allow to do so, then they sound on the quality of life (QOL) by binding them more difficult to accept that all the patient fails to project into the future when the effects and QOL be improved [1].

Methods.– Comparison between QOL measured by the Burn Specific Health Scale and the real-life experience of the member patients of the Association des Brûlés de France collected by simple open retrospective non-directive questionnaire.

Results.– One hundred and sixty-five patients responded or 13.2%. The results are complementary: the burned patient QOL improved over time, with a certain fatalism about the effect on the daily lives of sequelae (psychological, social, scarring or in combination) that will never disappear completely.

Discussion.– These results justify to have a validated burn QOL scale in French, without spending additional investigations. Anyway, the quality of life will always be burned marked by the persistence of effects that are expressed in everyday life.

Reference

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CO38-009-e

Ethics and rehabilitation of the burn patient: How far to respect the principle of autonomy?

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Objectives.– The management of burn patients in a specialized rehabilitation unit should allow it to rebuild to regain his family, social and professional place. He expects to return to his previous body image but the proposed care, rehabilitation sessions, custom-made pressure (compression of scars about 30 to 35 mmHg during 23 h/24 for 18 or even 24 months), are all the more difficult to accept that they cannot restore as before the same prior condition, creating an ethical tension [1].

Methods and results.– The difficulty of care indeed takes place in this balance between the compliance in the care and their refusal: how far should we accept the respect for the principle of autonomy which returns the free patient to choose the care? And how the health care team accepts this autonomy of the patient?

Discussion.– These difficulties require a constant ethical interrogation to improve the adhesion of the burn patient and their caregivers to these bind-
ing treatments, the beneficial effects of which on the long-term being difficult to dread by the patients.

Reference

Posters

P154-e
Intensive rehabilitation in a patient suffering from morphea profunda – results after treatment and 6-month follow-up
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Background.– Morphea profunda (MP) is a cutaneous disorder which often has a progressive course with physical and psychological implications. Hardening of the skin is followed by joint contractures and limited mobility. Current medication is directed to improve present symptoms as no successful curative systemic therapy has been proven until now. (Follow-up) data relating to MP and PRM are rare.

Methods.– First consultation of a patient (male, 50a) because of progression of the disease, including weakness and limited mobility. The patient accomplished a multidisciplinary therapy including physiotherapy, occupational therapy, therapeutic ultrasound, low level laser therapy and lymphatic drainage (duration: 20 weeks). Evaluation by clinical examination and handgrip measurements. QoL and ADL were surveyed using standardised questionnaires (DASH, DLQI, SF-36). Results after treatment: ROM increased in almost all examined joints and hand grip strength improved. DASH decreased by more than 50%, SF-36 improved by all scales and summary scores except Social Functioning and Bodily Pain. DQLI decreased.

Discussion.– We aim to demonstrate the supportive impact of an accompanying and structured physical medical treatment in a patient suffering from MP. Data of a 6-month follow-up will be presented.

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P155-e
Pressure ulcer and health care network in PACA region (South-East, France)
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Keywords: Pressure ulcers; City health network in PACA region

Objectives.– To describe pressure ulcer issue in PACA region; - network key role; - benefit of patients as well as city health authorities.

Methods:– incidence of spinal cord patient in PACA region according to 2007 SROS (healthcare regional organizational scheme);– incidence of pressure ulcer on spinal cord patient;– reason for readmission of spinal cord patient with pressure ulcer;– number of pressure ulcers followed by the network;– network organization.

Results.– This network still receives few requests for follow-up action from hospitals.

Discussion.– Pressure ulcers are still a serious issue for independent nurse due to complexity of the pathology – which needs overall patient’s care: nutritional follow-up, hygiene, local treatment, discharge, legislative framework – the small number of reference centres and also the decrease in the medical network. City hospital network may be a solution because it makes this pathology treatment easier – by providing advices, nutritional follow-up, dressing application instructions, support for caregiver from a IDEL.* supervisor holder of a wound healing DU.

Further reading
Medical tele-imaging overview in France and development prospects. www.has-sante.fr/portail/display.jsp?idsc_267736.

P156-e
Incidence of arm/lymphoedema in patients with sentinel-node-negative breast cancer
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Keywords: Lymphoedema; Breast cancer; Rehabilitation; School of lymphoedema

Background.– Our purpose is the analysis of the percentage of patients, who developed arm lymphoedema in patients with breast cancer who had a negative sentinel-node biopsy without additional axillary dissection after 3 years of this surgical procedure.

Methods.– Retrospective observational study involving 145 women with diagnosis of breast cancer, when negativity of the sentinel-lymph node biopsy was confirmed during 2009–2010. Variables (described below) were statistically analysed with SPSS20.

Results.– Median age: 60 years. Affected breast side: 58.6% left, 35.2% right, 6.2% both sides. Previous injuries: 5.2% scar, 2% others. Surgical incision: 73% axillary, 27% breast. Surgical complications: 0.8% seroma, 1.5% others. Following treatments: 1.4% neoadjuvant chemotherapy, 46.2% adjuvant chemotherapy, 3.4% radiation therapy, 71% hormonal therapy. Median number lymph node: 2 axillary, 0 extraxillary. Grade of lymphoedema: 75% I, 25% IIA. Developing lymphoedema and rehabilitation’s treatment: 8.4%. Treatment of lymphoedema: 28.5% shock therapy, 2.5% maintenance therapy. Attending to the school of lymphoedema: 7.6%.

Discussion.– We found the percentage of women with breast cancer who had sentinel-node biopsy and developed lymphoedema to be reasonably similar to that reported in the bibliography. Physicians in every patient with breast carcinoma (regardless of the biopsy result) should consider this complication. Prevention – through school of lymphoedema and health recommendations – and treatment strategies are necessary to avoid this complication.

Further reading

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P157-e
Long-term scrotal flap results for recurring ischial and perineal pressure ulcers in paraplegics
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Keywords: Pressure ulcers; Paraplegics

Objectives.– To report outcome of scrotal flap for recurring pressure ulcers in paraplegics.

Methods.– 2 cases of recurrent pressure ulcers in paraplegics were treated by scrotal flap.

Results.– Long-term follow-up 9 and 11 months showed complete healing of the pressure ulcers with no signs of recurrence.

Discussion.– Scrotal flap is a reliable option for the treatment of pressure ulcers in paraplegics.

Further reading
- Further reading
- Further reading

Footnote: * Independent Nurse holder of a State diploma.