Increased; (2) impact of the advertisement. For parents, the concept of psychic "syndromic". Later, it was before a developmental disorder diagnosis will be early. It does not take much to freeze the child, enclose it in a narrow frame collaboration is essential to better inform parents. At birth the revelation comes and therefore the announcement may be different. Prenatally: a multidisciplinary Several points are worth noting here: (1) the time of the discovery of disability, investment pediatrician alongside children with a disability and their families. A diagnosis is fundamentally in an ethical approach to the principle of truth and structures? Which protocols? Children with cerebral palsy (CP) have many associated problems. Disabilities due to the motility involvement are often the first symptoms. Voluntary movements of these children are expressed in motor patterns leading to muscle imbalance around joints. Deformities can be installed with growth. On the neuro-orthopaedic level we can accompany children appropriately at an early age and the main objectives of the orthopaedic management are to optimize functions and prevent deformity. Depending on the severity of the disease, objectives vary and must be integrated into the long-term management of the children. Orthopaedic surgery is an integral part of this support and it should not be considered a failure of rehabilitation. Orthopaedic management in specialized surgical teams are known and validated internationally. Despite their critical role, perioperative rehabilitation approaches vary on a national and international level. Using a literature review and a European survey, we present perioperative approaches for children with cerebral palsy. Children with cerebral palsy (CP) have many associated problems. Disabilities due to the motility involvement are often the first symptoms. Voluntary movements of these children are expressed in motor patterns leading to muscle imbalance around joints. Deformities can be installed with growth. On the neuro-orthopaedic level we can accompany children appropriately at an early age and the main objectives of the orthopaedic management are to optimize functions and prevent deformity. Depending on the severity of the disease, objectives vary and must be integrated into the long-term management of the children. Orthopaedic surgery is an integral part of this support and it should not be considered a failure of rehabilitation. Orthopaedic management in specialized surgical teams are known and validated internationally. Despite their critical role, perioperative rehabilitation approaches vary on a national and international level. Using a literature review and a European survey, we present perioperative approaches for children with cerebral palsy.

Oral communications

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Validation of the efficiency of walking ankle-foot orthoses with GAITRite® walkway in children with cerebral palsy
A. Fontaine>, M. Thétio, F. Meurin, E. Durand, V. Quentin, V. Achache
Hôpitaux de Saint-Maurice, Saint-Maurice, France
*Corresponding author.

Keywords: Cerebral palsy; Ankle-foot orthoses; GAITRite®; Spatio-temporal parameters; Gait Variability Index

Introduction.– Cerebral palsy is a frequent cause of disability in children, leading to heavy financial charges for society. Walking AFOs represent a consequent part of expensive items used for CP children, but clinical recommendations are only based on working experience. The purpose of this study was to evaluate the efficiency of walking AFOs in children with CP.

Material and method.– Thirty-one children with CP (20 diplegics, 11 hemi-plegics) were recorded on the GAITRite® walkway, barefoot (BF) then with AFOs. Spatio-temporal parameters and Gait Variability Index (GVI) were analysed.

Results.– Wearing AFOs increased walking velocity and stride length, and decreased cadence. In the diplegic group, wearing AFOs was responsible of increased velocity, and increased percentage of single limb support. Only rigid AFOs had a significant effect on their velocity. GVI increased for GMF-CS I children, velocity increased for GMF-CS II and III children.

Discussion.– Results showed different effects of AFOs according to topography of the disability and the GMF-CS. They underlined the importance of wearing walking AFOs, especially for diplegic children, and those whose motor impairment is the most severe.

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