CO36-004-e
Spastic distortion in flexion of the elbow after stroke: Anatomic localization of the motor nerve branch of the brachialis
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Keywords: Brachialis muscle; Motor nerve block; Elbow flexion; Spasticity; Hemiplegic

Background. – The aim of this study is to identify the anatomical surface landmarks of the brachialis motor nerve for fresh adult cadaver upper limbs (n = 20).

Methods. – Four measurements were taken of the position of the brachial motor branch from the median epicondyle to the coracoid process (d0); to the exit point of the brachialis motor branch from the musculocutaneous trunk (d1); to the entry point of the brachialis motor branch into the muscle (d2) and “r” the depth of the nerve.

Results. – The brachial nerve of 6 men and 4 females (age range 68 to 84y) were identified. The mean of distances were: d1 (155 ± 10.5 mm); d2 (102 ± 17.9 mm) and r (28.8 ± 4.84 mm). The ratio between d2 and d0 (d2/d0) was (34.1% ± 0.05%) and the course of the branch that could be blocked specifically (d1–d2) (53 ± 13.7 mm). In practice, this represents a landmark skin through a hand above the medial epicondyle, just behind the biceps brachii belly.

Conclusions. – This localization of the brachialis motor nerve should help in the performance of nerve blocks to assess the role of each elbow flexor in the spastic flexion distortion of hemiplegic patients.

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Spasticity care in the elderly: Retrospective analysis in a physical medicine and rehabilitation department
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Keywords: Spasticity; Elderly; Botulinum toxin; Stroke

Background. – Study of clinical practice in spasticity care in the elderly in a PMR department.

Methods. – Retrospective study over 5 years (2009–2013) of patients over 80 referred to a PMR department for disabling spasticity. Aetiologies of spasticity, clinical presentation, strategy of care and tolerance of treatment were reported.

Results. – Fifty-nine patients (mean age 83.7) were reported. 59% presented with spastic hemiplegia. Spasticity was caused by stroke (59%), hereditary spastic paraplegia (10%), multiple sclerosis (8%), amyotrophic or primitive lateral sclerosis (4%). Then, 57% patients were treated with botulinum toxin injections, 12% underwent surgery. The aim of the treatment was mostly functional improvement. Follow-up was 3 years for 15% of patients, 53% are still followed, 43% are dead or lost of view one year after the first visit.

Conclusions. – Treatment of spasticity is useful and well tolerated in elderly patients over 80. Therefore, they should be more largely referred to PMR units specialized in spasticity.

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Initial results from the international double-blind phase III study of Dysport® in the treatment of adults with upper limb spasticity