CO11-003-e
Bracing for osteoarthritis
J. Beaudreuil (Prof)
Hôpital Lariboisière, Paris, France
E-mail address: johann.beaudreuil@lrb.aphp.fr

Bracing for osteoarthritis involves the use of splint, tapes, sleeves, and unloading knee braces. It is part of recommended nonpharmacological treatments for thumb base and knee osteoarthritis. Evidence of splint effectiveness in patients with thumb base osteoarthritis is now provided. Splints for thumb base osteoarthritis improve pain and disability. Weaker evidence appears for knee bracing including taping, sleeves and unloading braces. Observance and safety results are to be considered before using unloading knee braces for knee osteoarthritis. Whatever it is, bracing has to be checked by a health professional to insure the suitability of the device. Patients using bracing should also be educated. Patient education includes knowledge of the aims and modalities of the treatment, and encouragement to contact the therapist if need of adjustment, side effect or question about the device.

Keywords Osteoarthritis; Braces
Disclosure of interest The author has not supplied his/her declaration of conflict of interest.

http://dx.doi.org/10.1016/j.rehab.2015.07.085

CO11-004-e
Evidence-based medicine in the diagnosis and management of hand osteoarthritis
F. Dincer (Prof)
Dept of Physical & Rehabilitation Medicine, Ankara, Turkey
E-mail address: fitnatdincer@gmail.com

Objective To outline the Diagnosis and Management of HOA depending essentially on the recent Evidence-Based Recommendations (EBR) and literature.
Method EBR for the Diagnosis of HOA, according to: risk factors, clinical, subsets, differential diagnosis, images and laboratory tests, is mentioned in details with Levels of Evidence. Also EBR for the Management of HOA developed through three Delphi rounds, according to: general, non-pharmacological, pharmacological, invasive, surgical, with levels of evidence is given through the lecture.
Results The results of 3 Delphi rounds, for Diagnosis: 108, for Management of HOA: 309 literature depending on Evidence-Based Medicine and Hierarchy with Levels of Evidence is presented.
Conclusion Pain relief, restoration of function remain the primary treatment objectives. These are best achieved by a combination of pharmacological & nonpharmacological treatment especially by application of PRM procedures. Surgery remains the last resort for restoration of function if all else fails.

Keywords Evidence-based; Hand osteoarthritis
Disclosure of interest The author has not supplied his/her declaration of conflict of interest.
Further reading

http://dx.doi.org/10.1016/j.rehab.2015.07.086

CO11-005-e
Effectiveness of physiotherapeutic interventions for adhesive capsulitis of the shoulder
A. Nesrine (Dr)*, S. Jemni (Dr), S. Frioui (Dr), A. Nouira (Dr), R. Moncer (Dr), A. Zaoui (Dr)
CHU, Sousse, Tunisia
*Corresponding author.
E-mail address: soumaf1975@yahoo.fr (A. Nesrine)

Introduction Adhesive capsulitis, also termed ‘frozen shoulder’, is a common cause of shoulder pain which is estimated to affect between 2% and 5% of the population. Many treatments have been advocated for the management of adhesive capsulitis and physiotherapeutic techniques were among the most common. The aim of this study was to determine the efficacy of physical treatments in adhesive capsulitis of the shoulder.

Material and methods It was a retrospective descriptive study which included 114 patients (66 females, 48 males; mean age: 54 years). Patients were evaluated on the first, second, third and sixth months. Analogue visual scale (AVS) was used to measure pain and shoulder range of motion was determined using a goniometer.

Results Dominant side was affected in 60 patients (52.6%). At the beginning of treatment, the mean flexion was 100° (50°–130°), the mean abduction was 70° (50°–130°) and the mean external rotation was 10° (0°–35°). After 6 months of physical treatments, the mean flexion was 145° (70°–180°), the mean abduction was 120° (50°–180°) and the mean external rotation was 45° (10°–90°). All patients described an improvement in pain, 60 patients maintained a slight residual pain.

Conclusion The findings of this study suggest that physiotherapeutic interventions are beneficial in the treatment of adhesive capsulitis in terms of improving shoulder disability, pain and range of movement.

Keywords Adhesive capsulitis; Physical treatment
Disclosure of interest The authors have not supplied their declaration of conflict of interest.

http://dx.doi.org/10.1016/j.rehab.2015.07.087

CO11-006-e
Neer maneuver associated with a counteretest in lateral rotation: A predictive test of response to dynamic humeral centering
C. Lefèvre (Dr)†, S. Lasbleiz (Dr)†, N. Quintero (Dr)†, A. Yelnik (Prof)‡, T. Bardin (Prof)‡, P. Orcel (Prof)‡, J. Beaudreuil (Dr)†,*
†Service de Rhumatologie, Hôpital Lariboisière-Fernand Widal, Paris, France
‡Service de Médecine Physique et de Réadaptation, Hôpital Lariboisière-Fernand Widal
*Corresponding author.
E-mail address: johann.beaudreuil@lrb.aphp.fr (J. Beaudreuil)

Objective Dynamic humeral centering (DHC) is a physiotherapy modality that aims at preventing subacromial impingement. Clinical tests of subacromial impingement may be predictive of response to DHC in degenerative rotator cuff disorders (DRCD). The objective of the study was to assess the predictive value of Neer test and a counteretest by passive antero-lateral elevation, the arm in lateral rotation (LR), with response to DHC as reference.

Patients and method Patients suffering from DRCD were prospectively included. Neer and RL tests were performed before RHD. Neer test was positive if painful (Neer +). LR maneuver was