positive if the pain disappeared during passive antero-lateral elevation with the arm in lateral rotation (RL+). RHD was performed in ambulatory setting for 2 months. Response to RHD was expressed as percentage of variation and responder meaning variation \( > 20\% \), using SPADI and Constant scores. 

Results 53 patients were included: age 59 \( \pm 11 \) yr, ratio F/M 37/16, pain duration 27 \( \pm 55 \) mo. Baseline clinical profiles were as follows: 36 patients Neer+, 17 Neer−, 20 LR+, 33 LR−. Neer test was not associated with outcomes after DHC. Conversely, LR+ patients had higher improvement than LR- patients (SPADI 43% vs.–15, \( \text{OR} 3.9 \ [1.2-13], P = 0.02 \); Constant 37 vs. 10, \( P = 0.01 \)). LR+ patients were more frequently responders to RHD (SPADI 67% vs. 28, OR: 5.1 \ [IC95: 1.5-17.8], P = 0.01; Constant 63 vs. 30, OR: 3.9 \ [1.2-13], P = 0.02). Baseline LR maneuver categorized responders and non-responders with following accuracy: 70\% \ [IC95: 57-83] for SPADI score and 67\% \ [54-80] for Constant score. Discussion This study demonstrates variability of response to DHC according to simple baseline clinical profiles. LR+ patients showed better response to DHC, LR maneuver may be a predictive test of response to RHD. It could be useful in therapeutic decision making in DRCD.

Keywords Dynamic humeral centering; Subacromial impingement; Rotator cuff disorders; Test of subacromial impingement; Prognosis

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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CO11-007-e Clinical and radiological results of arthroplasty in avascular necrosis of the femoral head: A study of 88 cases H. El Hyaoui (Dr)\( ^a,b \), H. Khourmiri (Dr)\( ^a \), H. Abouali (Dr)\( ^a \), A. Rafouai (Prof)\( ^a \), A. Messoudi (Prof)\( ^a \), M. Rafai (Prof)\( ^a \), A. Garch (Prof)\( ^b \), K. Belhaj (Dr)\( ^b \), A. Nait Khchot (Dr)\( ^b \), N. El Amrani (Dr)\( ^b \), F. Lmidmani (Prof)\( ^b \), A. El Fatimi (Prof)\( ^b \)

\( ^a \)Service de traumatologie-orthopédie, pavillon 32, centre hospitalier universitaire Ibn-Rochd, Casablanca, Morocco

\( ^b \)Service de médecine physique et de rééducation fonctionnelle, Centre hospitalier universitaire Ibn-Rochd, Casablanca, Morocco

Corresponding author.

E-mail address: hichamcem@hotmail.com (H. El Hyaoui)

Objectives The aim of this retrospective study was to evaluate the long-term clinical and radiological results in a continuous series of total hip arthroplasties performed for aseptic necrosis of the femoral head and discuss the therapeutic indications.

Patients and methods The series included 88 arthroplasties performed between January 1992 and December 2008 in 79 patients with a mean age of 43.5 years. Functional evaluation was made according to the Postel-Merle d'Aubigné (PMA) score. The preoperative PMA score averaged 8. According to the classification of Ficat and Arlet, 60 hips were classified as stage IV and 28 hips as stage III. The implants used were a total hip prosthesis in 90.9\% of cases; cemented in 55 cases, uncemented in 22 cases and hybrid in 3 cases. Bipolar hemiarthroplasty was made in 8 patients. Postoperative analysis and at follow-up was looking for local or systemic complications. Radiographic analysis radiolucent lines around the implants. Finally, the causes of re interventions were studied.

Results Functional and radiological results were established 5.1 years mean follow. The mean PMA score was of 15.8. Radiographic inspection showed that the loosening rate was 3.4\% of acetabular implants and 2.27\% of the stems. The rate of periarticular ossification was 9\%, of which 1.5\% were in stage 3 or 4 of Brooker's score.

Discussion-conclusion Some pathologies (haematological disorders, renal failure) have received considerable therapeutic progress resulting from both an increase in the life of patients and an increase in the prevalence of osteonecrosis of the femoral head. Necrosis may also be the result of the treatments themselves (corticosteroids, immunosuppressants, allografts). The results of arthroplasty in this indication are demonstrative in terms of level of activity and PMA score. The results of this series conclude that arthroplasty remains the treatment of choice for advanced stages of necrosis.

Keywords Arthroplasty; Avascular necrosis; Femoral head

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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CO17-001-e Comparison of epidemiological and clinical characteristics of shoulder musculoskeletal disorders between diabetic and non-diabetic populations H. Azanmasso (Dr)\( ^a \), E. Tchonda (Dr)\( ^b \), S. Zahi (Dr)\( ^b \), S. Lahrabi (Dr)\( ^b \), S. Tournier\( ^c \), V. Andresz (Dr)\( ^b \), J. Boivin (Dr)\( ^b \), A. El Fatimi (Prof)\( ^b \), G.T. Kpadonou (Prof)\( ^b \)

\( ^a \)Centre Hospitalier Nord Caraïbe, site du Carbet, Carbet, Martinique

\( ^b \)Service de Médecine Physique et Réadaptation Fonctionnelle du CHU Ibn Rochd de Casablanca, Morocco

\( ^c \)Centre Hospitalier Nord Caraïbe, site du Carbet, Martinique

Corresponding author.

E-mail address: aznower@yahoo.fr (H. Azanmasso)

Goal The non-traumatic shoulder pains are frequent. These diseases include preferentially tendinitis of the rotator cuff and retractile capsulitis described with diabetes. Our study aims to analyze musculoskeletal disorders by comparing the characteristics of these disorders between diabetics and non-diabetics patients.

Material and method It is a cross-sectional, descriptive, analytical study comparing diabetic (n = 34) and non-diabetic patients (n = 48) seen from January to December 2013 at the Department of Physical Medicine and Rehabilitation of University Hospital Ibn Rochd, Casablanca, Morocco.

Results The average age of our patients was 56.4 in diabetic vs. 54.1 years in non-diabetic patients, mostly women, 70.6\% vs. 81.3\% respectively. Pain was chronic in diabetic and acute in non-diabetic subjects. In both groups, the dominant member was significantly affected. Tendinitis of the rotator cuff was higher (65.2\%) in non-diabetic patients while partial ruptures, calcified tendinitis and apsulitis were predominant in the diabetic group. These disorders generated an important functional limitation.

Discussion-conclusion We conclude that musculoskeletal disorders of the shoulder evolve and spread differently in diabetic patients compared to non-diabetic persons with consequent restriction of capabilities and limitations of participation.

Keywords Musculoskeletal disorders; Shoulder; Diabetic patients; Non-diabetic subjects; Morocco

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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