CO17-007-e
Activity patterns among patients with chronic pain after orthopaedic trauma
C. Burrus (Dr) a,b, F. Luthi (Dr) b, B. Leger b, C. Favre c, R. Hilfiker c, P. Terrier b, P. Vuistiner c
a Service de réadaptation de l’appareil locomoteur, clinique romande de réadaptation Suvacare, 1950 Sion, Switzerland
b Institut de recherche en réadaptation, Clinique romande de réadaptation Suvacare, 1950 Sion
c Service de psychosomatique, Clinique romande de réadaptation Suvacare, 1950 Sion

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

Keywords
chronic pain; activity; participation; musculoskeletal

Objectives
Activity patterns influence the development and perpetuation of musculoskeletal pain. To date, three major patterns have been observed in particular on chronic low back pain patients: avoidance, pacing and persistence. Relationships between these behaviours and clinical outcomes remain inconclusive. Moreover, there is only few data on other chronic pain syndromes. Our aim was to identify activity patterns in patients with chronic pain after orthopaedic trauma and to describe relationships with pain, depressive symptomatology and disability.

Patients and methods
Participants were rehab orthopaedic trauma inpatients with chronic pain (mean duration: 9 months). Activity patterns classification was made at entry with the “Patterns of Activity Measure-Pain” (POAM-P) and the Tampa Scale for Kinesiophobia (TSK). Outcomes were assessed with the Brief Pain Inventory (BPI), the Hospital Anxiety and Depression Scale (HADS), the Spinal Function Sort (SFS: spinal and lower limb trauma) and the Hand Function Sort (HFS: upper limb trauma). Descriptive statistics and ANOVA were used.

Results
497 inpatients were included (mean age: 43 years; female: 22%). Patterns distribution was: 46% avoidance; 30% pacing and 24% persistence. Kinesiophobia (TSK ≥45 points) is much more marked in avoidance (71%). Nevertheless, 37% in pacing, 22% in persistence also have kinesiophobia which may suggest the existence of more than three patterns. Outcomes were always poor in avoidance, intermediate in pacing and better in persistence behaviour.

Discussion
The 3 main activity patterns were identified in rehab orthopaedic trauma inpatients. In this cross-sectional study, persistence behaviour was associated with better self-perceptions.

CO17-008-e
Relaxation and speaking session during physical medicine and rehabilitation stay in Gonesse hospital: A well-matched physiotherapist and psychologist couple
M.A. Nouvel, S. Poupaut, B. Orriere, A. Quesnot, P. Ribinik (Dr)
Service de médecine physique et de réadaptation, centre hospitalier de Gonesse, Gonesse, France

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

Objectives
To evaluate the cognitive behavioral impact of a relaxation session paired with a discussion group among painful patients and/or somatic tension bearers, volunteers, conducted at the same time by a physiotherapist and a psychologist.

Materials and methods
A 12-month prospective study. Deaf patients, patients with cognitive disorders, psychotic personalities, patients misunderstanding French were excluded. The weekly session consists of 30 minutes of relaxation and 20 minutes of talking then 10 minutes of analysis without the patient. Are evaluated pain and comfort before and after relaxation, and patient’s speech.

Results
92 patients were included in 2014; 76 with orthopedic disorders and 16 with nervous disorders. Score for pain decreases (average value: –1.3 standard deviation: 1.1) and the score for comfort increases (average value: +0.5 standard deviation: 1.3) but insignificantly. The cognitive impact is positive: feeling of belonging to the group, sharing experiences and personal feeling of efficiency.

Discussion
Although there is no quantitative significant improvement on pain and comfort, these sessions allow the patient to conceive his body experience, to use relaxation on average at the end of 3 sessions (50%) or beginning individual supportive psychotherapy (49%) and/or hypnosis sessions (17%). The main limit of this assessment is the non evaluation of anxiety.

Keywords
Physiotherapist; Psychologist; Relaxation; Discussion group; Pain; Comfort