Musculoskeletal system

Oral communications

CO0230
Rehabilitation and auto-exercises protocol in patients with chronic lateral epicondylitis: 6 months follow-up
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Objective The chronic lateral epicondylitis is a common pathology with an economic impact. Actually, many costly therapies are prescribed without evidence of their effectiveness. Physical therapies seem to be neglected. However, they can correct actions at risk and involve the patient in his rehabilitation.

Material/patients and methods This study evaluated the effectiveness of a standardized 2 month rehabilitation program composed of: an outpatient group education session, 18 liberal physical therapy sessions with correction of the posture of the trunk and shoulder, eccentric strengthening of the supinator muscles and the wrist extensor muscles, stretching, and some self daily exercises (transverse friction massage and stretching) according to Pernot–Comtet protocol. Patients were evaluated at 3 and 6 months follow-up. Twenty-three patients aged from 18 to 65 years old, who had failed an initial treatment, without physiotherapy recently, had increased significantly at 3 months: 26.12 kg ± 10.5 initially versus 19.32 kg ± 8.94 initially (P = 0.017). The significant improvement of the score “Patient Rated Tennis Elbow Evaluation Functional Capacity” reflects a functional gain at 3 months (26.7 ± 10.5 initially versus 19.32 ± 14.46, P = 0.0035), maintained at 6 months (20.21 ± 14.25, P = 0.017). Half of the patients initially on sick leave restarted working at 6 months. The rate of active population has about tripled from 25% to 70%. An initial Pain Free Grip Test superior to 21 kg predicted to succeed in this protocol (sensibility 73%, sensitivity 83%).

Results In total, 71% of patients reported being restored by this protocol. At 3 months, the mean VAS decreased 6.2 ± 1.84 to 4.26 ± 2.68 and was maintained at 6 months (4 ± 2.84), P = 0.0005. The Pain Free Grip Test evaluated on Jamar dynamometer had increased significantly at 3 months: 26.12 kg ± 12.3 versus 21.29 kg ± 8.94 initially (P = 0.027). This effect was maintained at 6 months (24.3 kg ± 10.14, P = 0.17). The significant improvement of the score “Patient Rated Tennis Elbow Evaluation Functional Capacity” reflects a functional gain at 3 months (26.7 ± 10.5 initially versus 19.32 ± 14.46, P = 0.0035), maintained at 6 months (20.21 ± 14.25, P = 0.017). Half of the patients initially on sick leave restarted working at 6 months. The rate of active population has

Discussion–conclusion These results argue for efficiency of an appropriate physical therapy, which had no side effect. However, this pilot study should be confirmed by methodology with a higher level of evidence.

Keywords Chronic lateral epicondylitis; Physical therapy; Eccentric muscular strengthening; Self-exercises

Disclosure of interest The authors declare that they have no competing interest.

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CO0231
Translation and validation of the shoulder algo-functional score WOSI (Western Ontario Shoulder Instability Index): WOSI-Fr
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Objective The Western Ontario Shoulder Instability Index (WOSI) is a specific self-questionnaire which measures the functional impact during patients’ everyday life activities in order to evaluate the therapeutic care face to a chronic scapula-humeral instability. In his original version in English, it is valid, reliable and sensible to change. The goal of this study is to translate and culturally adapt the original algo-functional score WOSI in French and to evaluate metrological quality of this version with patients suffering of chronic instability after scapula-humeral luxation.

Material/patients and methods The WOSI has been translated and culturally adapted in French according to recommendations. Several groups were constituted (Non-operated group [NOG], Operated group [OG], TotG = NOG + OG, PPOG: chronic shoulder instability after scapula-humeral luxation).

Results In total, 71% of patients reported being restored by this protocol. At 3 months, the mean VAS decreased 6.2 ± 1.84 to 4.26 ± 2.68 and was maintained at 6 months (4 ± 2.84), P = 0.0005. The Pain Free Grip Test evaluated on Jamar dynamometer had increased significantly at 3 months: 26.12 kg ± 12.3 versus 21.29 kg ± 8.94 initially (P = 0.027). This effect was maintained at 6 months (24.3 kg ± 10.14, P = 0.17). The significant improvement of the score “Patient Rated Tennis Elbow Evaluation Functional Capacity” reflects a functional gain at 3 months (26.7 ± 10.5 initially versus 19.32 ± 14.46, P = 0.0035), maintained at 6 months (20.21 ± 14.25, P = 0.017). Half of the patients initially on sick leave restarted working at 6 months. The rate of active population has about tripled from 25% to 70%. An initial Pain Free Grip Test superior to 21 kg predicted to succeed in this protocol (sensibility 73%, sensitivity 83%).