vention durably ameliorated pain and quality of life (effect was maintained 2 weeks after intervention).

**Discussion/Conclusion**  Prism adaptation, which is inexpensive and non-invasive, seems to be a promising tool to use in addition to usual methods to alleviate pain in therapeutic failure situations for CRPS patients. Indeed, our results suggest a sustainable improvement of pain and quality of life. Moreover, these results overturn the neglect-like theory and provide wide physiopathological data on spatial references’ modifications.

As for spatial neglect, understanding the therapeutic effects of prism adaptation deserves further investigations.

**Keywords**  CRPS; Pain; Spatial neglect; Body representation; Reference frame; Motor neglect; Prism adaptation

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

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**CO0108**

**Prevalence and risk factors associated with low back pain among hospital staff in a university hospital in Lebanon**

Khalil Ghoussoub*, Alain El Asmar, Gaby Kreichati, Sawma Wakim, Mayla Bakhache, Maria Baz, Zakha Naoum

* Corresponding author.

E-mail address: kgsoub@hotmail.com (K. Ghoussoub)

**Objective**  Our study aims to assess the prevalence and risk factors of low back pain occurred in health care workers in a Lebanese Hospital, and the impact of gestural and postural education in prevention.

**Material/Patients and methods**  A transversal survey with retrospective data collection was conducted at the University Hospital Center Hôtel-Dieu de France (HDF) Beirut in November 2015. It was based on a questionnaire of 29 items exploring the demographic, anthropometric and social data subjects and data for low back pain: duration, trigger back pain, risk factors, low back pain history, and the role of staff training to handling.

The processing of the information collected was performed using SPSS software to Version 22. The statistical analysis included descriptive and univariate analysis.

**Results**  A total of 537 responses of 570 (94%), 75% female, mean age 34 years (18 to 64), overweight 46%, smoking 31%, sports 33%. Seniority at the workplace 10 years (1–40), Prevalence of low back pain 54%. Trigger: lifting force 72.5%, 21% wrong move, fall 6%. Work stopping 14.5% (average 5 days). Physiotherapy 16.5%. Back surgery 4.5%. Training on the handling 307 (63%) of which 226 (72%) improved their posture at work.

The risk factors identified were female gender (× 19): P: 0.01%, past history of lumberagio (× 3.2): P: 0.0000, the lifting force (× 4): P: 0.047% and the non-participation in handling training (× 1.5): P: 0.12%.

**Discussion/Conclusion**  The prevalence of 54% of low back pain in UHC is very high compared to international studies. It is necessary to generalize the concept of primary prevention of back pain and postural and gestural education in university courses and hospitals in Lebanon, and to ensure a sufficient number of nursing staff and proper equipment to aid handling.

**Keywords**  Back pain; Health care workers; Prevention

**Disclosure of interest**  The authors have not supplied their declaration of competing interest.

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**CO0109**

**Body image assessment in population with chronic low back pain and evolution after a functional restoration program**

Mathilde Berger1, Alessandro Farné2, Karen Reilly2, Emmanuelle Chaléat-Valayer1,∗

1 CMCR des Massues Croix Rouge Française, MPR, Lyon, France
2 Inserm U1028, CNRS UMR5292, Université Claude-Bernard Lyon 1, Bron, France

* Corresponding author.

E-mail address: chaleat-valayer.e@cmcr-massues.com (E. Chaléat-Valayer)

**Objective/Introduction**  The body image refers to the conscious representation of our own body. It can be modulated by various sensory manipulations and can also be disturbed in people with chronic pain [1,2].

**Objective**  The objective of this study is to assess the body image of people with chronic low back pain (CLBP) and its evolution after a functional restoration program (FRP).

**Material/Patients and methods**  Prospective and single-center study, carried out on a population of people with CLBP receiving a FRP lasting four weeks. The body image of participants was assessed with different measures: tactile acuity, tactile localization, graphical representation of the back, Fremantle Back Awareness Questionnaire (FreBAQ). Secondary outcomes were collected: pain (VAS), fear-avoidance beliefs (FABQ), kinesiophobia (TMSPA).

Participants were assessed three times, four weeks before the beginning of the FRP, at the start of the functional restoration program, at the end of the FRP (control phase and test phase).

**Results**  Eleven patients were included. Before the FRP, evaluations have shown that lumbar tactile acuity of participants were deficient in their painful lumbar area compared to their non-painful thoracic area. The lumbar area was frequently abnormally represented on the graph (broadened, narrowed or deflected to one direction). After the functional restoration program, lumbar tactile acuity tended to improve. Profiles of graphical representation evolved variably.

**Discussion/Conclusion**  Results reflect the alteration of the body image of CLBP patients. This body image tends to evolve subsequently the FRP, although it remains disrupted. These data represent new research opportunities for the continuation of this experiment on an increasing number of subjects.

**Keywords**  Low back pain; Body image; Functional restoration program

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

**References**


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**CO0110**

**Internal obturator muscle: Proposition of a transforaminal way under ultrasound guidance for botulinum toxin injections**

Fabrice Michel1,∗, Arnaud Dupeyron2, Jean Jacques Labat3, Etienne Aleton1, Bernard Parratte1

1 CHU Jean-Minjoz, MPR, Besançon, France
2 CHU de Nîmes, MPR, Nîmes, France

* Corresponding author.

E-mail address: loskeletrehabil2014_73@jback.musculoskelet.14.27(4).643–73.

**Objective**  The objective of this study is to assess the body image of CLBP patients. This body image tends to evolve subsequently the FRP, although it remains disrupted. These data represent new research opportunities for the continuation of this experiment on an increasing number of subjects.

**Keywords**  Low back pain; Body image; Functional restoration program

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

**References**


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