and debilitating, especially with unsuitable boot, which can cause ulcers, that are difficult to heal, because of the disease, and therefore compromising walking for these patients.

Appropriate care, involving: dermatologist, MPR and the orthotist is desirable and aims to preserve as long as possible and comfortable walking.

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

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PO02
Fitting with an electronic knee for a schizophrenic patient with bilateral amputation of lower limbs: What's the point?

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Objective The replacement of a mechanical knee with prosthetic class I foot fitting by an electronic knee with prosthetic class II foot was proposed to a 54-year-old schizophrenic patient, active, with right femoral and left tibial traumatic amputation. This fitting evolution was assessed both quantitatively and qualitatively.

Observations/Method Compared evaluation of electronic knee with prosthetic class II foot versus mechanical polycentric knee with prosthetic class I foot (fitting unchanged moreover) in:

– functional abilities and quality of life using standardized scores (Functional Ambulation Classification, Houghton, Functional Independence Measurement, BA-BA, MOS-SF36), satisfaction VAS, walking perimeter, stair climbing abilities, crutches use;
– walking and balance analysis using GAITRITE system, stabilometric platform, Get up and Go test.

Results Functional abilities: walking perimeter was increased by approximately 2 km; walking outdoors was now performed with a single crutch; walking indoors without crutches was made possible on short perimeter, leaving both hands free for everyday or leisure tasks; walking downstairs was realized in a continuous sequence of steps.

Quantified analysis of gait and balance: spatiotemporal parameters recorded on GAITRITE with 1 single crutch improved (speed, cadence, step length and support time), no improvement with 2 crutches. No improvement in static balance recorded on stabilometric platform. Get up and Go test improved (14.85 s vs. 19.77 s with mechanical knee).

Standardized scores: improvement of Houghton’s score (10/12 vs. 6/12), of FAC score (7/8 vs. 6/8), of B.A-BA (15/20 vs. 13.6/20).

Slightly modified FIM score (123/126 vs. 120/126), yet there is an improvement of the SF36-MOS for physical scores (55.8/100 vs. 43.1/100) as well as mental scores (64.3/100 vs. 47.1/100). Global satisfaction improved (90/100 mm vs. 32/100 mm) using the VAS.

Discussion/Conclusion This new fitting allowed an objective improvement of walk and quality of life. Compliance for the new femoral prosthesis is total although this schizophrenic patient was not spontaneously asking for prosthetic improvement initially. This is pleading for a systematic information of active patients, even non-demanding ones but regularly followed and evaluated, on fitting techniques evolution that might improve their daily lives.

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

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PO03
Lumbar support and nonspecific low back pain: Evidence for daily practice

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Objective We aimed to evaluate the place of lumbar support in the management of nonspecific low back pain.

Material and methods We conducted a systematic review with the following databases: Pubmed, Cochrane Library, Science Direct and Pedro. The search strategy used the keywords low back pain; lumbar orthosis; lumbar belt; back support; lumbar support; lumbar brace.

To be included, studies needed to have one or more keywords selected. The search was limited to French and English articles. The major exclusion criterion was studies included rigid orthotics of the trunk. High Authority of health statement was used to check the quality of reporting. Data were also analyzed according to stages of the disease (acute, subacute, and chronic) and in prevention (primary and secondary).

Results We included 28 studies. Quality assessment was heterogeneous.

The systematic review showed no official recommendations for lumbar support prescription among the general population. Lumbar support was effective on function, pain, and relative time intervals for dispensing medication with subacute low back pain. It was also effective with probability of low back pain recurrence in secondary prevention. Orthosis’ benefits were not highlighted probably due to the lack of observance, which was a limiting factor. It is a bias because observance was not systematically studied in the literature. To our knowledge, there is no meta-analysis because evaluation criteria are heterogeneous.

Discussion/Conclusion To date, there is no proof to prescribe lumbar support in the management of low back pain general population. An individual prescription would be discussed for subacute low back pain or in secondary prevention.

Further studies with a higher quality assessment are necessary in order to identify phenotypes of patients’ responders to lumbar support. The function would be preferred as a main assessment criterion.

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PO05
One handed intermittent self-urinary catheterism with an adaptive equipment: Case report of an amputee patient suffering from multiple sclerosis

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Objective Intermittent self-catheterization is the gold standard for patients with central neurologic bladder. It allows to reduce all urinary tract complications and to improve the quality of life.