PO08

Functional and socio-professional outcome of lower limb amputees: About 101 cases

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Objective The objective of this study was to assess the functional and socio-professional future of lower limb-amputated patients.

Patients and methods This is a 3-year- Perspective study of lower limb-amputated patients, followed at the Physical Medicine and Rehabilitation department of the University Hospital of Monastir. The data analyzed were epidemiological, clinical, functional [the index of locomotion (ICL), the score “Special interest group of the amputee physician” (SIGAM)] and socio-professionals.

Results We collected 101 patients with a mean age of 61.3 years with a male predominance (75.2%). Sixteen patients (15.8%) were initially braced and 58 (57.4%) had their device during the study period with an average delay of 10.08 months compared to surgery. Seventy-two patients had a job and only 8 amputees initially had a driving license. Forty-nine patients (48.5%) were initially able to do their own toilet against by 52 (51.5%) needing a third person to help them. After fitting, the rates have improved from 74.13% to 82.75 as well as the walking ability. For the device-fitted patients, ICL averaged 28.09. The average value of the non-ICL fitted patients initially increased from 25.89 to 31.25 (at least 6 months after being fitted). The SIGAM score assessment for all fitted patients showed that the most represented clinical grade was grade B for 20 patients (27.02%), followed by the degree F for 18 patients (24.32%). Forty-five patients (44.5%) had a professional outplacement and one remained able to drive after fitting.

Discussion/Conclusion The device acquisition is a significant change for patients on the functional and professional levels. It allows a significant improvement in various activities of daily life with greater autonomy.

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

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PO09

Quality of Life and psychological profile of the Tunisian lower limb amputees

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Objective Evaluate the quality of life and psychological state of the lower limb amputees.

Patients and methods Prospective study on the lower limb amputees followed at the Physical Medicine and Rehabilitation department of the University Hospital of Monastir. The variables analyzed were epidemiological, clinical with an assessment of the patients quality of life using the quality score of life “Short form 36” (SF_36) and a psychological evaluation by the score “Hospital Anxiety and Depression scale” (HAD).

Results Our population consisted of 101 patients, including 16 (15.8%) initially device-fitted and 58 (57.4) who had their devices during the study period. The mean age was 61.3 years with a male predominance (75.2%). The vascular etiology of amputation was the most frequent (37.6%). The most represented level of amputation was transtibial (73.3%).

The SF_36 physical component score was initially more affected than the mental component with an average score of 32.53 PCS and MCS average 36.84. These scores were significantly higher among patients initially fitted. For 74 device-fitted patients, we observed a statistically significant improvement after device MCS scores ($P=0.001$) and PCS ($P=0.002$), as well as all the elementary scores of the SF_36 score. This improvement was slightly higher for the mental component. The HAD-A score was 9.28 with the presence of anxiety symptoms in 47 patients (46.6%). The HAD-D score was 10.26. Forty-five patients (44.5%) had depressive symptoms. For the fitted patients there was a statistically significant difference between the HAD-A scores ($P=0.002$) and HAD-D ($P<0.001$) from the initial psychological state and those after being fitted.

Discussion/Conclusion The impairment of quality of life, anxiety and depression are very common among amputees. The device allows a statistically significant improvement of the HAD and the physical and mental components of the SF_36.

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

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Immediate in-brace correction with the new Lyon brace (ARTbrace): Results of 141 consecutive patients in accordance with SRS criteria for bracing studies

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Objective All recent studies confirm that the outcome of a conservative orthopaedic treatment depends on the compliance and the effectiveness of bracing measured by immediate-in-brace curve correction. There is a correlation between immediate in-brace correction and biomechanical effectiveness of brace treatment in adolescent idiopathic scoliosis. In a retrospective analysis of the immediate in-brace correction obtained from a consecutive series of patients treated by the major SOSORT teams, the conclusion was that an effective brace should be able to achieve 50% correction of the curve magnitude, immediately after application. The aim of this study is to provide a point of comparison between different braces and study the factors determining the reduction. Patients and methods/Study design This is a prospective controlled cohort observational study based on ongoing database including 544 patients with AIS treated with ARTbrace from May 2013 to November 2015. Only primary curves were selected, lumbar curves Lenke 5 are excluded as treated with the short GTB brace. The SRS criteria group consisted of 141 patients with 177 curves. Brace checking is performed 3–4 days after brace delivery with ultra-low dose EOS system.

Results All 141 patients were reviewed at the control: no drop out. The mean age was 12.92 years (SD = 1.39, range: 10–15). One hundred and twenty-five patients are female (88.7%). The average initial Cobb angle was 29.62° (SD = 4.6, range: 25–40°). The average in-brace correction (percent) was 72.5% (SD = 21.9, range: 29–140%). At the thoracic level (n = 98),

The average initial Cobb angle was 30.33° (SD = 4.6, range: 25–40°).
The average in-brace Cobb angle was 10.04° (SD = 7.1, range: −12 to 29°).

The average in-brace correction (percent) was 67.6% (SD = 21.2, range: 29–140%), significant (P = 0.000).

At the thoracolumbar and lumbar for double major level (n = 75),

The average initial Cobb angle was 28.61° (SD = 4.1, range: 20–40°).
The average in-brace Cobb angle was 6.36° (SD = 6.5, range: −9 to 25°).

The average in-brace correction (percent) was 78.8% (SD = 21.3, range: 40–136%), significant (P = 0.000).

Discussion/Conclusion For the BraIST study, average in-brace correction was 33% (n = 152, range: −48 to 100%). The in-brace correction obtained by the asymmetrical high rigid polycarbonate detorsion brace corrects at least two times more than conventional polyethylene braces. Disclosure of interest The authors declare that they have no competing interest.

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