the secondary criteria were quality of life (according to the SF36 questionnaire), muscle performance (isokinetic strength, the motor function measure, and the Kendall manual muscle test (MMT), gait, pain, fatigue and biomarkers of tolerance and disease activity. 

Results At 12 months, the mean ± standard deviation HAQ-DI was significantly lower in the intervention group than in the control group (0.64 ± 0.53 vs. 1.36 ± 1.02, respectively; \( P = 0.026 \)). The intervention group also had better scores than the control group for some quality of life dimensions (SF36 General Health: 53.44 ± 8.73 vs. 36.57 ± 22.10, respectively; \( P = 0.038 \); SF36 role physical (63.89 ± 43.50 vs. 17.86 ± 37.40, respectively; \( P = 0.023 \)), the Kendall MMT score (85.89 ± 16.11 vs. 65.22 ± 31.50, respectively; \( P < 0.05 \)) and pain levels (5.0 ± 10.61 vs. 33.38 ± 35.68, respectively; \( P = 0.04 \)) at 12 months. Lastly, the programme was well tolerated by all the participants.

Discussion/Conclusion In patients suffering from polymyositis and dermatomyositis, the combination of a four-week standardized rehabilitation programme and a personalized, home-based, self-managed rehabilitation programme was well tolerated and had a positive medium-term functional impact.

Keywords Rehabilitation programme; Dermatomyositis; Polymyositis; Functional assessment; Quality of life.

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

http://dx.doi.org/10.1016/j.rehab.2016.07.187

CO021

2005–2015: Ten years clinical experience in treating DMD patients by corticosteroids in Lyon

Stéphanie Fontaine Carbonnel, Pascal Rippert, Isabelle Poirot, Dominique Gachet, Capucine de Lattre, Carole Vuillerot

Hospices civils de Lyon, escale-rééducation pédiatrique, Bron Cedex, France

Objective Since 2005, in France, corticosteroid therapy is now widely used in Duchenne muscular dystrophy (DMD). This treatment has changed our practice of pediatric rehabilitation teams. We describe here our 10-year clinical experience in treating DMD patients by CS according to international guidelines i.e. prednisone 0.75 mg/kg/day started from the plateau of motor function.

Materials/patients and methods We report the clinical data of 51 patients with DMD treated by corticosteroids from 2005 to 2015, at the Hospices civils de Lyon, escale-rééducation pédiatrique. The patients were treated with prednisone according to an international guideline i.e. prednisone 0.75 mg/kg/day started from the plateau of motor function. Premature stops were observed in 14 patients: 9 in the first 2 years, 5 after 2 years for side effects or inefficacy. No acute adrenal insufficiency was observed. During the first 2 years of treatment, MFM D1 score (standing position and transfers) remained stable. Then a slow decrease was observed after 2 years to be null at M72. MFM D3 score (distal motor function) is more preserved than D2 (axial and proximal motor function) and remained stable during the follow up for the great majority of patients. Eleven patients started corticosteroids after losing the ability to walk (mean age 9.1 ± 1.6 years), 7/11 had spinal fusion. Thirty-seven ambulant patients started, in this group, the mean age of losing ambulation was 11.3 ± 2.2 years and no patient had spinal surgery.

Results Most of the patients had severe intensity illness, only 10% were walking and 25% were with tracheostominal ventilation. The reasons of consultation where: positioning, choice or change of wheelchair, pain and prevention (rarely). The own wheelchair’s patient was powered wheelchair with seat adapted to the person type 2 in only 91 cases. 109 patients (84%) experienced pain in their wheelchair. In Duchenne muscular dystrophy patients, 44 (88%) were painful in there wheelchair. The topography of pain is frequently ischiatic. 19 patients (14%) had a pressure ulcer. All the patients examined have deformities. In Duchenne muscular dystrophy, pelvic obliquity and trunc tilt are frequently observed; in FSHD pelvic anterior tilt is frequent, and in steinert myotonic posterior tilt is frequent.

Discussion/Conclusion In our cohort, the posture in wheelchair is therefore essential, most precociously. The authors declare that they have no competing interest.

http://dx.doi.org/10.1016/j.rehab.2016.07.188

CO022

Seated postural in wheelchair in NMD

Nadine Pellegrini

Centre hospitalier du vexin, SSR neurologie, Magny-en-Vexin, France

E-mail address: nadine.pellegrini@wanadoo.fr

Objective To study seated postural control in neuromuscular dis-order.

Materials/patients and methods We conducted a retrospective observational cohort study of 130 neuromuscular adult patients having a positioning wheelchair consultation in Foundation of Garches. The assessment is done with the seated postural control measure for adults.

Results Most of the patients had severe intensity illness, only 10% were walking and 25% were with tracheostominal ventilation. The reasons of consultation where: positioning, choice or change of wheelchair, pain and prevention (rarely). The own wheelchair’s patient was powered wheelchair with seat adapted to the person type 2 in only 91 cases. 109 patients (84%) experienced pain in their wheelchair. In Duchenne muscular dystrophy patients, 44 (88%) were painful in there wheelchair. The topography of pain is frequently ischiatic. 19 patients (14%) had a pressure ulcer. All the patients examined have deformities. In Duchenne muscular dystrophy, pelvic obliquity and trunc tilt are frequently observed; in FSHD pelvic anterior tilt is frequent, and in steinert myotonic posterior tilt is frequent.

Discussion/Conclusion In order to improve the quality of life of this population, a study about the posture in wheelchair is therefore essential, most precociously.

Keywords Neuromuscular disorder; Wheelchair; Seating postural control; Pain; Pressure ulcer

http://dx.doi.org/10.1016/j.rehab.2016.07.189

CO023

Muscle activations during gait in children with Duchenne muscular dystrophy

Juliette Kopars1,∗, Mathieu Lempereur2, Sylvain Brochard1, Carole Vuillerot1, Vincent Tiffreau4, Jean-Marie Cuisset2, Yann Péron5, Fabien Leboeuf7, Raphaël Gross8, Ludovic Delporte9, Yannick Delpierre10

1 CHRU de Brest, pédiatrie, Brest, France
2 Laboratoire de traitement de l’information médicale LaTIM Inserm UMR 1101, Brest, France
3 L’Escale, CNRS UMR 5558, service central de rééducation pédiatrique, Lyon, France
4 CHU de Lille, service de médecine physique et de réadaptation, Lille, France
5 CHU de Lille, service de neurologie pédiatrique, Lille, France
6 Centre de référence maladies neuromusculaires Nantes-Angers, CHU de Nantes, Atlantic Gene Therapy Institute, Nantes, France

∗ Corresponding author.

E-mail address: stephanie.fontaine01@chu-Lyon.fr (S. Fontaine Carbonnel)

Objective Duchenne muscular dystrophy: Corticosteroid; MFM; Prednisone.

Discussion/Conclusion Increased appetite, irritability, cushioning faces are common but well tolerated by children in view of efficacy. Dose adjustments were discussed case by case if accelerated weight gain, sluggish growth in stature and behavioral disorders.

Keywords Duchenne muscular dystrophy: Corticosteroid; MFM; Prednisone

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

http://dx.doi.org/10.1016/j.rehab.2016.07.188