Methods.– Ten young subjects (18.8 ± 1.8 years, mean ± SD) and 18 old subjects (74.1 ± 7.2 years) were recruited from community. Subjects stood barefoot on a force platform and were asked to sway as little as possible. The task was executed in four experimental sessions: before, just after (post0), after 2 minutes (post2) and after 4 minutes (post4) a twenty-minute massage of the neck realized by physiotherapist. Centre of feet pressure (COP) displacements were recorded using a force platform.

Results.– Results demonstrated a significant improvement after massage for both groups. For elderly subjects, length of CP displacement was reduced significantly at post0 and post2, but not at post4. For young subjects, post0, post2 and post4 showed an improvement of CP control.

Discussion.– These results emphasize the positive impact of a single session of massage applied to the neck on balance in young and in elderly subjects. They also reflect the role of cervical spine in control of balance while standing.


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Randomised controlled single-blind trial comparing two rehabilitation programs in Parkinson’s disease at a moderate stage: Methodology
S. Joudoux a,* , T. Santiago a , E. Hutin b , N. Bayle b , J.M. Gracies b

a Service de médecine physique et de réadaptation, hôpital Albert-Chenevier, 40, rue de Mesly, 94000 Créteil, France
b Service de médecine physique et de réadaptation, laboratoire d’analyse et de restauration du mouvement, groupe hospitalier Henri-Mondor, Paris-Est, Créteil, France
*Corresponding author.

Keywords: Parkinson’s disease; Asymmetric motor training; Physiotherapy; Randomised controlled single-blind trial

Introduction.– Parkinson’s disease (PD) is a highly prevalent disorder past 65 years of age, causing major motor deficiencies. Physical treatment is underused compared to chemical and surgical therapies. The present study compared immediate and late symptomatic changes after two different rehabilitation programs.

Methods.– Fifty patients with mild to moderate PD (Hoehn and Yahr 2 to 3) are participating in 3 weekly 1-hour home rehabilitation sessions for 8 weeks. Patients have been randomised into 2 groups regarding the type of rehabilitation. Group 1: “Asymmetric motor training” program, designed to enhance only the agonist activity of the “body openers”, i.e. extension/supination/adduction/external rotation — which is more reduced than their antagonist activity of flexion/pronation/adduction/internal rotation in PD — aiming at rebalancing forces around joints; Group 2: “Broad” program, with standard techniques of passive and active joint mobilisations, balance and gait training, relaxation techniques and respiratory work.

Assessment is performed in the clinically defined OFF status (over 12 hours after the last levodopa intake). This includes UPDRS-III, GMT score (standing up from a supine position on the floor), rapid alternating movements, handwriting and spiralography (coefficient of symmetry), quality of life (PDQ-39), depression (GDS-15), video recording of 8 activities of daily living and biomechanical evaluations (gait parameters, extensor motor strength, spine posture and balance). UPDRS-III is also being assessed 1 hour after levodopa intake. These evaluations are performed before the rehabilitation period, at the end of the 8 weeks of rehabilitation and 3 months later.

Conclusions.– If the asymmetric motor training proves superior to the standard rehabilitation program, this will bring about controlled evidence for the future prescription of rehabilitation techniques in PD. However, whichever program proves more efficient, it is hypothesized that the present study will provide quantifications of symptomatic improvement, the magnitude of which may help renew interest for rehabilitation in PD, particularly in the early stages.

Further reading

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New “closed chain” techniques for rehabilitation of rotator cuff injuries
T. Stevenot
Kinésithérapie libéral, membre de la Société de réadaptation du Nord-Est (SoRNEst), 5, rue du Président-Kennedy, 08000 Charleville-mézières, France

Keywords: Cuff, Shoulder; Physiotherapy; Rehabilitation

Objective.– Evaluation of a manoeuvre to refocus glenohumeral active closed-chain and on an innovative machine.

Results.– In less than one minute: on 56 shoulders, flexion is increased by 11.4°, C-test by 9.7° and physiological abduction by 19.6°. On 42 shoulders, abduction in the frontal plane is increased by 15.1.

Discussion.– In this situation, cuff, long biceps and triceps create centripetal forces balance. The glenoid-humerus angle is greater than 90°. The compression in the humeral axis slides back down the humeral head until it presses on the glenoid depression located under the glenoid tubercle. The “adductor muscles” create a compression and an automatic medial rotation which, combined with sliding down, correct the medial rotation spin. The conflict is reduced. The active work in repeated tension and pressure on the machine helps strengthen and sustain the results.

Conclusion.– The manoeuvre complements or replaces the manual correction of offsets.

The machine allows centering, proprioceptive and muscle re-education. The conflict is reduced and Constant score is improved.

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A new heterogeneous scale to assess shoulder disorders: The Standardised Functional Index of Shoulder (FI2S).

Reliability, validity and responsiveness to change
A. Dupeyron a,* , A. Gelis b, P. Sablayrolles b, P.J. Bousquet c, M. Julia a, J. Péliisser a, P. Codine d, C. Hérissón b

a Fédération HU de MPR Montpellier-Nîmes et Movement to Health (M2H), centre hospitalier Carémeau, 30029 Nîmes, France
b Fédération HU de MPR Montpellier-Nîmes et Movement to Health (M2H), Montpellier, France

∗ Corresponding author.

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