Une fois la CPM est lancé, il est nécessaire d’utiliser l’amplitude complète du
mouvement aux raideurs suite à des traumatismes, même minimes, d’où l’intérêt
d’une rééducation précoce et adaptée basée sur une mobilisation passive continue
(CPM) par arthromoteur. Il s’agit d’une étude prospective portant sur 12 patients
suivis en rééducation pour raideurs post-traumatiques du coude.

Mots clés : Mobilisation passive continue ; Rééducation ; Coudes ; Traumatisme
Introduction.– Le coudé est une articulation complexe, très mobile exposée faci-
lement aux raideurs suite à des traumatismes, même minimes, d’où l’intérêt
d’une rééducation précoce et adaptée basée sur une mobilisation passive continue
(CPM) par arthromoteur. Il s’agit d’une étude prospective portant sur 12 patients
suivis en rééducation pour raideurs post-traumatiques du coude.

Résultats.– L’âge moyen des patients est de : 28 ans (14–47). La sex-ratio a
montré une prédominance masculine : H/F = 4, la main dominante = droite, La
gravité de la raideur en flexion-extension (3 très graves, 4 graves, 3 modérées
et 2 minimes), en pronou-supination (1 très grave, 3 graves, 3 modérée et
5 minimes).

ROM avant rééducation (flexion-extension = 37,4°/prono-supination = 86,8°). ROM
après rééducation (flexion-extension = 82,8°/prono-supination = 123,7°). Discussion et Conclusion.– L’arthromoteur est une attelle motorisée qui permet
une mobilisation passive continue, lente et non douloureuse mieux tolérée que
les mobilisations manuelles. La CPM devrait commencer dès que possible après
un traumatisme ou une chirurgie, idéalement dans la salle de réveil. CPM est
les mobilisations manuelles. La CPM devrait commencer dès que possible après
un traumatisme ou une chirurgie, idéalement dans la salle de réveil. CPM est

Pour en savoir plus

MPR programme pour améliorer la qualité de vie des patients avec syndrome de Barré-Lieou
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Lumbar orthosis prescription in Moroccan patients with chronic low back pain
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Keywords: Lumbar orthosis; Chronic low back pain; Frequency
Objective.– To establish the frequency of prescription of lumbar orthosis in
patients with chronic low back pain (LBP) and to identify the principal physio-
therapy techniques used.

Patients and methods.– We conducted a survey of 100 chronic LBP patients
seen as outpatients. The survey was conducted over a period of four months
(March–June 2010). Patients were asked to complete a pre-established ques-
tionnaire including personal information, information related to LBP and conse-
quences of LBP in prescribing physiotherapy. We determined factors associ-
ated with this prescription.

Results.– One hundred patients with chronic LBP were included. Female repre-
sented 63%. Ninety-four percent lived in urban areas. The median duration of
LBP was 48 months (range 3–276). In all, 34.8% of the patients had been
prescribed physiotherapy. The techniques used were massage (100%), streng-
thening (85.7%), physical agents (62.1%), stretching (14.3%), proprioceptive
work (7.1%) and aerobic work (28.6%). The average number of sessions pres-
cibed was 16 ± 11.25. The median frequency of sessions was 2 sessions per
week. A home self-programme was continued in 42.9%. Prescribers were rheu-
matologists (88%), orthopedists (4%) and other specialties in 8% of cases.
The median duration of symptoms at the first prescription of physiotherapy was 6
months (range: 3–36 months). The physiotherapy prescription was associated
with body mass index (P = 0.04) and history of lumbar surgery (P = 0.04).

Discussion.– The prescription of physiotherapy is not usual in Moroccan patients
with chronic LBP. Only a third of our patients had already had physical therapy
before their consultation. Massage is an essential and systematic practice among
Moroccan physical therapists.


Lumbar orthosis prescription in Moroccan patients with
chronic low back pain
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Keywords: Lumbar orthosis; Chronic low back pain; Frequency
Objective.– To establish the frequency of prescription of lumbar orthosis in
patients with chronic low back pain and to identify factors associated with this
prescription.

Patients and methods.– We conducted a survey of 100 patients with chronic low
back pain seen as outpatients. The survey was conducted over a period of four
months (March–June 2010). Patients were asked to complete a pre-established ques-
tionnaire including personal information, information related to low back
pain and consequences of low back pain on lumbar orthosis prescription. We
also determined factors associated with this prescription.

Results.– One hundred patients with chronic low back pain were included. The
mean age was 49.53 ± 12 years. In all, 56.8% of the patients (36 women, 18
men) had been prescribed a lumbar orthosis. This prescription was associated
with age (P = 0.029), number of children (P = 0.01) and lack of social insurance
(P = 0.015). After multivariate analysis, there remained a correlation between
the prescription of corsets and the availability of social insurance (OR = 0.299,
P = 0.01). Sex, living in an urban or rural area, familial history of low back pain
disease duration were not associated with this prescription.

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Discussion.– Lumbar orthosis is commonly prescribed in Moroccans patients with chronic low back pain.


P076–EN

Continuous passive motion: What interest in trauma of the elbow

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Keywords: Continuous passive motion; Rehabilitation; Elbow; Traumatic

Introduction.– The elbow joint is a complex, highly mobile, easily exposed stiffness after trauma, even minimal, hence the importance of early rehabilitation and adapted based on a continuous passive motion (CPM) per arthromoteur. This is a prospective study of 12 patients followed in rehabilitation for post-traumatic elbow stiffness.

Results.– The average age of patients was: 28 years (14–47). The sex ratio showed a male: M/F=4= right hand dominant, the severity of the stiffness in flexion-extension (3 very serious, 4 serious, and 3 moderate 2 minimal), pronation-supination (1 very serious, 3 serious, and 3 moderate 5 minimal).

ROM before rehabilitation (flexion-extension = 37.4° /pronation supination = 86.8°). ROM after rehabilitation (flexion-extension = 82.8° /pronation supination = 123.7°).

Discussion and conclusion.– The arthromoteur is a motorized brace that allows a continuous slow and painless passive motion better tolerated than manual mobilizations. The MPC should start as soon as possible after trauma or surgery, ideally in the recovery room. CPM is particularly useful for reducing joint hematrhosis and swelling suburban articular edema. Once the CPM is started, it is necessary to use the full range of motion introduction. The elbow joint is a complex, highly mobile joint, easily exposed to stiffness after trauma, even minimal, hence the importance of early rehabilitation and adapted based on a continuous passive motion (CPM) per arthromoteur.

Further reading

P077–EN

Complex rehabilitation programme for amelioration of the quality of life of patients with Barre-Lieou syndrome

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Keywords: Neurorehabilitation; Barre-Lieou syndrome; Quality of life; Activities of daily living; Nivalin iontophoresis

Introduction.– The posterior cervical sympathetic syndrome known as Barre-Lieou syndrome (BL’s) is summarized as a rare condition where alteration of the sympathetic nerves located in the spinal area of the neck results in a variety of neurological symptoms. BL’s is listed as a “rare disease” by the Office of Rare Diseases of the National Institutes of Health – USA.

Aim.– The goal of current study is to evaluate the efficacy of complex rehabilitation in patients with BL’s.

Patients and methods.– A total of 37 patients with BL’s were observed during a 20 days treatment (10 days like in-patients in a neurorehabilitation department and 10 days like out-patients in a medical center in Sofia and Pleven). The rehabilitation complex includes: kinesitherapy (analytic exercices for para-vertebral muscles of the cervical spine, massage techniques, post-isometric relaxation) and procedures with pre-formed physical modalities (nivalin iontophoreses, electro-stimulation, low intensity–low frequency magnetic field). Patients were examined before, during, after treatment and one month later, according a protocol with clinical patterns of BL’s, including psychometric tests and some investigations (neurofunctional tests, neuro-imagery). Statistical analysis was effectuated by t-test (Anova) and Wilcoxon rank test.

Results and analysis.– The comparative analysis of results demonstrates a statistically significant favorable effect on headache, vertigo, tinnitus, neck pain, shoulder pain, numbness, nausea, stuffy nose, fatigue, anxiety.

Discussion and conclusion.– The complex rehabilitation of Barre-Lieou syndrome ameliorates the quality of life of patients.