Patients had on average 0.7 pre-morbid pejorative socio-economic indicators.

Discussion.—Dans cette étude prospective avec un suivi à deux ans, des facteurs très divers prêdict le recours persistant à la kinésithérapie et à l’ergothérapie dans les suites d’un accident. D’autres études sont nécessaires pour préciser l’impact de ces facteurs sur la consommation de soins et les stratégies qui permettraient d’améliorer l’allocation des ressources disponibles.


**Version anglaise**

TR01-001-EN

**What indicators of social handicap might best predict length of stay (LOS) in neurorehabilitation?**

(Pitié-Salpêtrière, Paris, France)

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**Keywords:** Socio-economic handicap; Length of stay (LOS); Cognitive handicap

**Objectives.—**To study how socio-economic inequalities may influence LOS for non medical reason.

**Patients and methods.—**

– analytic and retrospective study of medical and social records of inpatients hospitalized in the neurorehabilitation department of the Pitié-Salpêtrière hospital (Paris, France) between 01-01-2010 and 31-12-2010;

– inclusion criteria: patients whose LOS was twice superior to the mean LOS of the Neurorehabilitation department (which is of 67.6 days in 2010).

**Data recording.—**

– motor and cognitive deficiencies and major comorbidities;

– socio-economic indicators (classified in seven categories): civic and administrative situation, juridical status, social and health insurance, familial organization, financial and professional situation, accommodation, abnormal social and risk behaviour;

– social procedures done during hospitalization.

**Results.—**

– thirty patients (29% of inpatients) had a mean LOS of 334 days (range 137-1222). The population consisted of 60% male aged 50 years old on average (range 27-75). Eight patients had an extreme LOS (over a year) and were 43 years old on average;

– main pathologies were ischemic or hemorrhagic stroke (12 patients), aneurism subarachnoid hemorrhage (11 patients), traumatic brain injury (4 patients), others (3 patients). Seven of them showed only cognitive disabilities, 20 suffered of both motor and cognitive disabilities, and 3 only from motor incapacities.

– mean number of social procedures amounted to 33 per patient (range 11-65). Patients had on average 0.7 pre-morbid pejorative socio-economic indicators

and 4 after onset of the neurological disease. Among the 18 patients with more than 4 unfavourable socio-economic indicators, 4 had them before onset of the neurological pathology (mean LOS of 560 days) and 14 after the neurological disease (mean LOS of 336 days). Among the 14 patients, 10 showed a severe loss of cognitive autonomy.

**Discussion and conclusion.—** Social handicap increases LOS in our Neurorehabilitation department. There seem to be two types of social handicap (SH):

First, patients with ‘pre-morbid social handicap’: this SH seem to slow patients’ hospital time out because of anterior socio-economic insecurity

Second, patients with ‘acquired social handicap’: this SH seem to be closely linked to cognitive dysfunction which could be a good predictor of high LOS: cognitive loss of autonomy might result in socio-economic damage.


**TR01-002-EN**

**Predictors of physiotherapy and occupational therapy use two years after a vocational rehabilitation for orthopaedic trauma**

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**Keywords:** Physiotherapy; Trauma; Health care use

**Introduction.—**Health care utilization is an important field of our economy. Nevertheless a minority of cases induce the majority of costs. For instance, in the setting of accident insurance, the most expensive 5% of all injured cases involve 80% of the health care costs. Although physiotherapy and occupational therapy consist of only a small proportion of these costs, it is nevertheless important to evaluate the factors that predict its use in order to improve services (i.e. allocation of resources to those who need them and benefit most).

**Patients and methods.—**In this longitudinal prospective study, the cohort consisted of 2156 consecutively included patients with orthopaedic problems attending the clinique Romande de réadaptation (CRR) at Sion for inpatient rehabilitation after a work, traffic or leisure related injury. Two years after discharge, a questionnaire regarding the use of different health cares was send to the patients (1502 patients returned their questionnaires). The aim of this study was to calculate, with a logistic multivariate model, in-patient hospitalized for orthopaedic problems, the variables that mostly predict physiotherapy use 2 years after discharge.

**Results.—**The full multivariate model contains 46 predictors. The use of physiotherapy and occupational therapy was significantly predicted in this multivariate model by the following predictors: Patients with a spinal problem (OR 1.51 versus lower-extremity problem, 95% CI 1.01 to 2.27), a disability pension (OR 1.69, 95% CI 1.09 to 2.60), patients with sports activities (OR 1.56, 95% CI 1.26 to 1.94), patients with longer stay at the rehabilitation clinic (OR 1.22 per week, 95% CI 1.05 to 1.41), women (OR 1.64, 95% CI 1.09 to 2.48) and those consulting a psychiatrist (OR 1.66, 95% CI 1.06 to 2.60).

**Discussion.—**In this prospective study with a 2-year follow-up, different factors predicted the use of physiotherapy and occupational therapy after an injury. Further studies are needed to clarify the impact of these factors for the health care utilization and the strategies, which would allow to improve allocation of available resources.