After several months, as in our cases, treatment is conservative but also may be surgical if the evolution is unfavorable.

Spondyloarthropathies, tumors, but the context is different. Evolution is biphasic, with a lytic change of the distal clavicle (RX 8 months). After failure of medical treatment (analgesics and physiotherapy), infiltration refused, 13 months after trauma, surgical indication was retained.

8 months). After failure of medical treatment (analgesics and physiotherapy, corticoid therapy) an indication for surgery was retained.

At 4 months the x-ray and the scanner show an AC diastasis, blurred and nibbled distal clavicular edge. After failure of medical treatment (analgesics, intra-articular corticoid therapy) an indication for surgery was retained.

39-year-old blind technician, with stage 2 AC sprain after fall from bicycle and persistent pain after 8 months. Physical examination reveals a swollen painful AC, normally amputated with lytic changes of the distal clavicle (RX 5 months), an enlarged area of the AC space with lytic changes of the distal clavicle (RX 8 months). After failure of medical treatment (analgesics and physiotherapy, infiltration refused), 13 months after trauma, surgical indication was retained. Discussion.—The PDOC is a condition that must be considered when an AC is still painful and swollen several months after a trauma or in case of repetitive strain injuries in certain sports. The pathogenesis probably involves microfractures of the subchondral bone. The clinical signs are nonspecific. Radiographs lead to the diagnosis with an enlargement of the AC space, distal clavicular resorption without affecting the acroclavicular side. MRI shows AC effusion and edema of the clavicular side. The differential diagnosis includes septic arthritis, spondyloarthropathies, tumors, but the context is different. Evolution is biphasic, with a lytic phase of 12–18 months and after a phase of reconstruction. The treatment is conservative but also may be surgical if the evolution is unfavorable after several months, as in our cases.


Achilles tendinitis in Haglund’s disease: Role of functional treatment. Report of one case

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Keywords: Heel pain; Haglund’s disease; Achilles tendinitis; Rehabilitation

Introduction.—Haglund’s disease is a painful swelling of the hind foot of mechanical origin, in connection with a conflict foot–shoe tied to a morphological abnormality of the posterior superior calcaneal tuberosity with bursitis retrocalcaneal and pre-Achilles and achilles tendinopathy. It is predominantly observed in women and is often bilateral. It is a disabling condition especially among athletes. This case report allows us to describe the main clinical and radiographic characteristics of Haglund’s disease, and the principles of the rehabilitative treatment of Achilles tendon disorders, associated with a review of the literature. Case report.—A 23-year-old male presented heel pain followed by the appearance of a purplish swelling at the posterior heel.

Plain radiographs showed the existence of a conflict between the achilles tendon and the posterior superior angle of the calcaneus associated with diffuse bone demineralization.
Materials and methods

The course of adhesive capsulitis in physical medicine and rehabilitation

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**Materials and methods.**— This is a retrospective study conducted during the period from January 2009 to March 2011 in the service of Physical Medicine and Rehabilitation in the Institute of Orthopedics Kassab. Twenty-one cases of adhesive capsulitis, primitive (two cases) or secondary (four cases after shoulder trauma, one case after surgery of the rotator cuff, 11 cases due to diabetes, one case post-stroke and two cases of post-injury cap rotators) were included. The management has consisted in an intensive program of rehabilitation for two weeks, usually associated with complementary therapy by capsular distension or articular injection of corticosteroid. Treatment efficacy was assessed by VAS pain and the degree of joint mobility of the shoulder.

Results.— It was found a significant improvement inVAS pain and range of motion particularly in abduction from 71° to 119° and external rotation of 29° to 43° between the beginning and end of hospitalization.

Discussion.— The natural history of adhesive capsulitis, whether idiopathic or secondary, is not always favorable. There are no international recommendations for the management of adhesive capsulitis. Intensive rehabilitation or not coupled with other treatment such as distension or infiltration of articular corticosteroid is an effective especially at the intermediate stage to increase joint mobility to limit the risk of sequelae, and reduce the duration of disease of adhesive capsulitis.


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Measurement of therapeutic effect of ultrasound on knee osteoarthritis; double blind study

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Therapeutic ultrasound is often used in the treatment of knee osteoarthritis (OA), however sufficient evidence of its effect is lacking. More scientific evidence is needed to confirm its effect. Aim.— The aim of this work is to determine the effect of ultrasound therapy on pain, stiffness and functional ability of patients with knee OA. Examiners and methods.— This was randomized, double blind, placebo controlled study of continuous effects of ultrasound on knee OA conducted in out-patients clinic for physical medicine and rehabilitation.

Examination was conducted on 80 patients with knee OA, mean age of 60 years and average duration of clinical difficulties of 8.3 years. Physical therapy (PT) lasted for three weeks. All patients also had thermotherapy and exercises. Additional therapy with continuous ultrasound, with 0.8 W/cm² that lasted for five minutes was applied to 40 patients (group A) and 50 patients had placebo ultrasound (group B). For objectification of difficulties we used Lekrt's scale for pain evaluation, and Lequesne index and Womac scale with subscales for pain, stiffness and functional disability evaluation. We measured joint circumference, joint movement, and brute muscle strength with manual muscle test before and after PT. Test- retest examination was conducted. Results.— In both group there was significant reduction of pain and improvement of functional ability (p<0.0001). Difference in pain evaluation before and after treatment was in group A 1.6±0.70, and in group B 1.0±0.71. Reduction in Lequesne index was 4.36±1.75 in group A and 3.43±1.74 in group B. Womac for pain was reduced in group A for 0.83±0.51 and in group B 0.53±0.40; for stiffness in group A 0.83±0.46, and in group B 0.49±0.44; for function in group A 0.61±0.55 and in group B 0.38±0.70. All differences were significantly better in group A. There were no changes in joint circumference and muscle strength was remotely improved, in average for half score in both groups.

Conclusion.— Therapy with continuous ultrasound in comparison with placebo showed significant efficacy in treatment of knee OA, because it leads to significant reduction of pain, stiffness and improvement of functional status.