Keywords: Cerebral palsy; Sexuality; Adolescent; Affective life; Handicap

Objective.– To assess the contribution of an educational program on “sexuality and affectivity” at the cerebral paralyzed adolescent.

Population.– Seventeen adolescents participated in an educational program on affective and sexual life in 2009/2010. Population was composed of 7 quadriplegics, 4 diplegics, 3 hemiplegics and 1 cerebellar syndrome. The age ranged from 14 to 17 years. The program was elaborated and led by an interdisciplinary team: educational, paramedical and specialized medical team.

Results.– At the end of the program, the experiences were in agreement with the objectives in 70% of answers: 6% of items were in the course of acquisition, 10% were not acquired and 15% of the answers were not exploitable.

The authors emphasize the analytical results of the experiences by item and propose the extension of this program in younger cerebral palsy patients.

Further readings

CO33-003–EN
Contribution of an educational program in “sexuality and affectivity” at the cerebral paralyzed adolescent
C. Bensousan a,∗, E. Baçoa, T. Jodry b, Y. Mohammad d
a Psychomotricienne, IEM Madeleine-Fockenbergh, 2, avenue Robert-Schuman, 95500 Gonesse, France
b Ergothérapeute, IEM Madeleine-Fockenbergh, 95500 Gonesse, France
c Chef de service paramédical, IEM Madeleine-Fockenbergh, 95500 Gonesse, France
d Médecin chef, MPR, IEM Madeleine-Fockenbergh, 95500 Gonesse, France

∗Corresponding author.

Keywords: Cerebral palsy; Sexuality; Adolescent; Affective life; Handicap

Objective.– To assess the contribution of an educational program on “sexuality and affectivity” for the cerebral palsied adolescent.

Population.– The expectations of 15 to 25 cerebral palsy adolescents were collected every year for 10 years.

Results.– The expectations were classified according to their frequencies. Knowledge of the body, anatomy, physiology (20%), pregnancy, maternity and paternity (18%) as well as the sentimental aspects (13.5%) were the most frequently noted. Sexual intercourse (11.7%) and the impact of the handicap on the sexuality (6%) were secondary notions; it is likely that the expectations relative to these latter aspects express themselves a little later in young adults.

Further readings


CO33-005–EN
Achondroplasia in physical medicine and rehabilitation: A case report
A. Anselmetti a,∗, M.C. D’anjou b, C. Leone b, V. Gautheron b
a Médecine physique et de réadaptation neurologique, CHU de Nantes, 84, rue Saint-Jacques, 44093 Nantes cedex1, France
b CHU de Saint-Étienne, Saint-Étienne, France

∗Corresponding author.

Keywords: Achondroplasia; Constriction of the foramen magnum; Spinal cord compression

Achondroplasia is the most frequent form of chondrodysplasia with a prevalence of one child in every 15,000. Mutation of FGFR3 gene, growth hormone fibroblastic receptor, expressed in temporary cartilage, is detected in achondroplasia by molecular analysis. Child with achondroplasia is characterized by short limbs, macrocephaly, and hyperlordosis. Neurological complications may appear due to narrow vertebral canal.

In our center, 3 children suffer from achondroplasia. Diagnosis was confirmed by molecular analysis. All three of us have disproportionate short stature and delayed motor milestones. In two cases, a craniovertebral junction compression with neurological impact was treated by neurosurgery. Orthopaedic complications and respiratory complications encountered.

Medical care in achondroplasia may be organized by expert centers. Physical medicine and rehabilitation is useful for multidisciplinary coordination and to lead specific rehabilitation.


CO33-006–EN
Goal Management Training for the rehabilitation of executive functions after traumatic brain injury: A pilot study