**CO33-003–EN**

**Contribution of an educational program in “sexuality and affectivity” at the cerebral paralyzed adolescent**

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

**Objective:** To assess the contribution of an educational program on “sexuality and affectivity” for the cerebral paralyzed adolescent.

**Population and methods:** 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**


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**CO33-004–EN**

**Problems of schooling of disabled children in Benin**

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**Keywords:** Disability; Education; Child; Rehabilitation; Benin

**Objective:** To analyze problems of education of disabled children in Benin.

**Method:** This study involved a descriptive and analytical retrospective collection from October 2004 to December 2009 and a prospective cross sectional study from January to July 2010. It included 450 disabled children followed in community-based rehabilitation centers, in Benin (in the Zou department) and attending regular schools.

**Results:** Handicap was predominantly motor (70.9%), auditory (17.6%), mental (5.6%) and visual (1.6%). Main etiologies found were perinatal encephalopathy (fetal suffering by neonatal anoxia, prematurity, cerebral malaria), poliomyelitis sequelae and iatrogenic sciatica nerve injuries. Schooling of these handicapped children came up against difficulties; integration and accessibility to the school, educational (understanding, memory, graphics, reading, calculation) at 19 to 28% of the cases, disruptions of the school results (34.7% tolerable results, 33.3% weak results), irregularity in class (47.4%), numerous repetitions (more than two times at 33.3% of children), stop of education (15.1%). Factors influencing the school success of these children were the type of deficiency (deficient motor has more good results), therapeutic burden (good results for 47% of children readapted and 17.2% of non readapted with P = 0.000) and regularity (weak results for 79.3% of stragglers and 90% of the irregulars with P = 0.000), 24.7% of these children would have done better in a specialized school.

**Conclusion:** Schooling of disabled children stumbles upon the rocks of all orders in Benin. So it is urgent to establish an ambitious national policy for children with disabilities.

**Further readings**


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**CO33-005–EN**

**Achondroplasia in physical medicine and rehabilitation: A case report**

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**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 FGF3 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.


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**CO33-006–EN**

**Goal Management Training for the rehabilitation of executive functions after traumatic brain injury: A pilot study**
Adaptation of the Goal Management Training in children for the rehabilitation of executive functions

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Abstract: Goal Management Training (GMT) is an educational method of executive functioning used in adults. The aim of this pilot multicentric study was to adapt GMT to children and to assess its effectiveness in children with traumatic brain injury (TBI) in order to improve their daily executive functioning.

Methods: Inclusion criteria: age 9 to 16, with no pre-injury neurological or psychiatric diagnosis, at least 2 years post-injury, and ongoing severe problems in daily executive functioning. GMT is simplified and made more child-friendly. An e-booklet for parents and teachers was created, so that children could practice with them the notions learnt throughout the week. Sessions of practical applications were added to promote generalization, especially for school tasks. A single subject design with multiple baselines was used, with assessment of executive functions twice prior to treatment (baseline), post-treatment, and 3 months later. Assessment included paper and pencil tests, questionnaires to parents and teachers, and the ecological Cooking Task. Progress was monitored by a prospective memory task, consisting of sending text messages, three times a week. Finally, 3 to 5 personalized and realistic goals were identified for each child using goal attainment scaling.

Results: Five children aged 9 to 14, at 3 to 11 years post severe TBI were included. All had a severe dysexecutive syndrome. Fifteen weekly individual rehabilitation sessions were performed. The program is still ongoing and the final assessment will take place in June 2011.

Discussion: GMT is efficient in adults and seems promising in children as a therapy to improve executive functioning in everyday life and thus reduce impairment and improve participation.

Further readings


CO33-008–EN

Motor function measure: Construction of a short form (MFM-20) for children with neuromuscular disease aged between 2 and 6

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Abstract: Motor function measure: Construction of a short form (MFM-20) for children with neuromuscular disease aged between 2 and 6

Keywords: Outcome measure; Neuromuscular disease; Child; Motor function

Background: The natural history of each neuromuscular disease must be known to measure objectively the impact of new therapeutics in clinical trials especially for young children. The motor function measure (MFM) is a validated tool designed for neuromuscular diseases, applicable whatever the severity in ambulant and non-ambulant patients. MFM was not validated for the youngest before 6 years. The objective