Results.-- For the 45 patients, average age was 40 years, average weight 81 kg, BMI 25.6, average age of occurrence of poliomyelitis 3 years earlier, 55% have a medium or primary level education, 49% without employment, most were civil servants, 51% had medical histories, 51% had undergone poliomyelitis surgery. Pain.-- The incidence of spinal pain was 35% (16/45). 21 patients had pain; 76% of them spinal pain. Among the five quantitative variables (age, BMI, weight, height, walking distance), none were correlated with the presence of spinal pain. Those with amyotrophy had less risk.

Discussion and conclusion.-- In this preliminary study, correlation with the biometric factors was not found, in agreement with the results of other authors. Some variables were related to spinal pain, such as the absence of amyotrophy.

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P100–EN
Chronic low back pain and obsessive compulsive disorder: Union is strength
E. Henry a, b, F. Henry a, Y.A. Vimont-T a, A. Descottes a, J.-F. Grange a, M. Perriot T a, C. Dufren e, F. Clic a
a Centre de rééducation et de réadaptation fonctionnelle (CRRF) André-Lalande, 233 00 Noth, France
b Consultation pluridisciplinaire de la douleur, centre hospitalier de Châteauroux, 36000 Châteauroux, France

*Corresponding author.

Keywords: Chronic low back pain; Multidisciplinary rehabilitation treatment; Mental disorders; Obsessive compulsive disorder; Cognitive Behavioral Therapy; Care network

Introduction.-- Mrs H, aged 44, was referred to the multidisciplinary pain consultation for chronic low back pain. The multidisciplinary assessment pointed out the recent decomposition of an obsessive compulsive disorder (OCD), physical deconditioning and occupational distress. The psychological data collected from the patient revealed a vicious circle between job stress, ritual washing after work and aggravation of painful experiences. The proposed treatment plan was directed primarily towards cognitive behavioral therapy (CBT) focusing on OCD then in a second step on a multidisciplinary rehabilitation treatment. The objectives of the CBT were workplace stress management and progressive reduction of washing time.

Observations.-- After 6 months these goals were achieved. However, the patient expressed a complaint about her body image, an experience of disability and the persistence of a kinesiophobia limiting her leisure. To achieve these new objectives the “Light FRP” was associated with improvements in spinal extensibility (+10 cm, P < 0.01) and maximal thoracolumbar flexion (+7%, P = 0.03), abdominal (+65%, P < 0.05) and spinal muscle (+30%, P < 0.04) endurance, cardiopulmonary capacity (maximal power on cycloergometer, +29%, P < 0.01), load-lift capacity (+84%, P < 0.01), spontaneous (+20%, P < 0.01) and maximal (+4%, P < 0.04) walking speed and quality of life (QUEBEC [3], HAD-Anxiété [4], P < 0.01).

Conclusions.-- This study suggests significant improvement of functional and motor capacities and quality of life in patients with chronic low back pain after a “Light FRP”.

References


P102–EN
Radiographic assessment of lumbar pelvic sagittal alignment in sitting position: Preliminary study
M. Vaucher a, *, A. Dupéryon b, C. Hérisson c, S. Perrey d
a Service de médecine physique et de réadaptation, CHU de Nîmes, place du Pr-R. Debret, 30029 Nîmes, France
b Fédération MPR, CHU Montpellier–Nîmes, place du Pr-R. Debret, 30029 Nîmes cedex 9; Movement to Health Laboratory (M2H), Montpellier-l’University EuroMov; 700, avenue du Pic Saint-Loup, 34090 Montpellier et Nîmes, France
c Fédération MPR, CHU Montpellier–Nîmes, Lapeyronie, 34295 Montpellier; Movement to Health (M2H), Montpellier-l’University 700, avenue du Pic Saint-Loup, 34090 Montpellier, France
d Movement to Health (M2H), Montpellier-l’University 700, avenue du Pic Saint-Loup, 34090 Montpellier, France

* Corresponding author.

Keywords: Lumbar spine; Sagittal alignment; Low back pain

Background.-- Prolonged sitting with spinal flexion has been linked to low back disorders including at work [1]. Sitting in combination with other co-exposures such as vibrations and awkward posture increases the association with low back pain...
P104–EN
Tolerance.

A. Zaoui, H. Lajili, S. Kanoun, M.M. Hmida, N. Rejeb
Service de médecine physique, hôpital et CHU Sahloud, Sousse, Tunisia
No abstract provided.

P105–EN
Cervical instability and psoriatic arthritis
A. Zaoui, H. Lajili, S. Kanoun, M.M. Hmida, H. Moussa, O. Bacha, N. Rejeb
Service de médecine physique, hôpital et CHU Sahloud, Sousse, Tunisia
No abstract provided.

P106–EN
Patient education and low back pain
I. Tavares Figueiredo a,∗, C. Hérisson a, J. Pelissier b, A. Dupeyron b
a Médecine physique et de réadaptation, CHU Lapeyronie-Montpellier, avenue du Doyen-Gaston-Giraud, 34000 Montpellier, France
b CHU Nîmes, Nîmes, France
∗Corresponding author.

Patient education can be defined as a help brought to the patients “to understand the disease and the treatments, collaborate in the care, take care of their health and preserve or improve their quality of life”.

Patient education for low back pain seems to be interesting. The evolution of our knowledge concerning low back pain and the appearance of the “biopsychosocial model” favored the emergence of multidisciplinary programs. We present two programs associating at the same time a rehabilitation intervention and a formalized educational approach, in low back pain. The patients benefit, at first, from an educational shared assessment during which the objectives are defined with the patient (ex: return to work, return to physical activities, management of the pain, the understanding of the disease.). The program is one (Nîmes) or 3 weeks long (Montpellier). It integrates multidisciplinary workshops (physiotherapist, occupational therapist, doctor, psychiatrist, dietician, nurse, social worker). The educational objectives of workshops are various:

− knowledge: understand low back pain, the treatments and the pathways of the pain;
− know how to do (manage the pain and its treatment, know the back exercises, return to sports activity without apprehension, practical class with overview, know how to compose a well-balanced meal);
− know how to be (to become aware of the importance of the psychosocial factors, to know the personal elements of chronicity of the low back pain, to express one personal perception of the disease and its impact, to have an optimistic attitude, to improve self-confidence and personal body image).

Expected Results:

Exchanges, sharing of experiment and dialogue, within the group, were also very enriching for the patients. These elements participated in modifying their behavior. Follow-up consultations were also conducted. Achievement of the educational objectives was re-evaluated as well as the difficulties encountered in improving quality of life. Patient satisfaction with this type of care appeared to be very good.


P107–EN
Cervical osteoid osteoma
A. Zaoui, H. Lajili, S. Kanoun, M.M. Hmida, N. Rejeb

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