The medicosocial project cannot be elaborated without taking into account the environment and the participation of the individual. Legislation, social policies towards the elderly and younger disabled people, regional plans and programmes help to determine the range of possibilities. The French law no 2002-2 modernising the social and medico-social action insists on an individualised life plan which is adapted to the age, is supported, and respects the choices and expectations of the person. A contract is established. An evaluation is planned on a yearly basis. The French law no 2005-102 of 11 February 2005 confirms the priority of the individualised plan and lays down the principle of the right to compensation. This right consists of a compensation plan as elaborated by the Departmental Office for Handicapped People (Maison Départementale des Personnes Handicapées–MDPH).

The French law no 2005-101 in its article 13 abolishes the age limits of 20 and 60 regarding people who are eligible for allowances. In a period of budget restrictions, the present discussions on the 5th risk (Dependency) are making it difficult to implement this law which constitutes a present fundamental political slate. There is a charter on the rights and freedom of the elderly person with a handicap and in a situation of dependency. This charter was elaborated by the national foundation of Gerontology, revised in 2007 to show the links between the notion of dependency and handicap.

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**CO37-006-EN**

**Functional impact of 25 OH vitamin D deficiency for stroke patients**

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**Keywords:** Stroke; Vitamin D; Barthel Index; Global functional autonomy; Rehabilitation

Vitamin D deficiency is associated with an increase in the risk of fall and with an increase of proximal muscular weakness in the elderly. It is also considered as a risk of surmortality for stroke patients [1]. On the other hand, the impact of vitamin D deficiency on functional state and recovery after a stroke is not clearly established.

**Objective.**—To study the correlation between the level of 25 OH Vit D at the entry in a Physical and Rehabilitation Medicine (PRM) department and the evolution of limitations of activity and Global functional autonomy among stroke patients.

**Patients and method.**—All patients admitted after stroke, between September 2009 and September 2010, to one of the two PRM departments of the University Hospital of Bordeaux were included in this prospective observational study. 25 OH Vit D was measured during the first week in the unit.

The global functional autonomy was evaluated by the Barthel Index (IB) repeated each week for every patient until discharge. The IB at admission, the maximum IB and the time to obtain it, the difference between the maximum IB and the IB at admission (delta IB) as well as the duration of the SR stay were analyzed.

**Results.**—Out of 136 patients included, 116 were analysed in the study (Mean age 73.4 ± 14 years). The prevalence of the deficiency in 25 OH Vit D (< 10 ng/mL) was 39.6%, and the insufficiency (10 to 30 ng/mL) was of 50%. Concerning the IB at admission, the maximum IB, the time to obtain it, the difference between the maximum IB and the IB at admission (delta IB) and the duration of stay, no significant difference was found between the patients presenting a deficiency or insufficiency in vitamin D and the patients having a normal level of 25 OH Vit D.

**Conclusion.**—In our study, the existence of a vitamin D deficiency or an insufficiency did not influence Global functional autonomy for patients admitted in our PRM department.

**Reference**


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**Study of an assessment tool for bent spine syndrome**


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**Keywords:** Bent spine syndrome; Kinematic; Spine balance

Camptocormia is usually characterized by a progressive bent spine during walking which is reducible during supine and recovery efforts. Its monitoring is based on clinical and radiological measures validated in the context of scoliosis.