delivered oral information individually. 66% of the therapists agreed that a written document is useful to guide the patient’s self-training programme. The two other investigations are currently in process.

Discussion.– The results of the three studies and the methodology will be analysed.

Reference

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CO36-004-e
Limiting educational disruptions in patients with chronic LBP
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Keywords: Low back Pain; Therapeutic Education; Educational Workshop

Objective.– Therapeutic education is now a part of functional restoration programs (multidisciplinary or back schools) for patients with chronic LBP. However, predictive factors of treatment outcome are still unclear. Therefore new strategies aiming at limiting factors contributing to LBP chronicity (FC) need more individual analysis. A shared educational assessment does not always detect these factors, which are often poorly defined by the binomial patient/health care team leading to ruptures (educational target not defined and/or not understood, misdiagnosis, inadequate follow-up). The objective is to provide an educational tool to optimize the diagnosis, the ownership, and the treatment of FC.

Material and method.– A specific educational workshop concerning low back pain FC was co-constructed with patients. Patients can choose among recognized risk factors of chronicity. Individual and group discussions are proposed. Each patient recognizes his own risk factors, redifines and appropriates them, and builds a stage in its own treatment plan.

Results-discussion.– This workshop allows the patient: … to recognize his own factors leading to his own chronicity, often misdiagnosed by the bio-medical model; … to share its experience with other patients and interact with the determinants of its own health; … to build a specific stage of his educational and care program; … to set individual goals, accurate and suitable for personal monitoring. A decision tree built on this model is proposed.

Conclusion.– This workshop is part of a structured educational program and aims to define additional targets (education assessment) to limit educational disruptions related to unclear treatment plan.

Further reading

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CO36-005-e
Setting up a help workshop for caregivers of hospitalized brain injured patients by a multidisciplinary team
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Keywords: Brain injured patients; Caregivers; Therapeutic program; Handicap; Multidisciplinary team

The help workshop for caregivers aims to improve their awareness of the deficiencies experienced by brain injured patients and their consequences for daily life activities, to set up ways to compensate for the restriction of activity and to establish protective measures for the caregivers themselves. The goal is to maximize safety and comfortable conditions. The caregivers play an essential role in care (or support) and the development of a life project. They are the resource persons of hospitalized patients (neurologic lesion, sensitive and motor and/or behavioural and cognitive handicaps).

Aim.– This was a prospective study, focusing on the assessment of the set up and on satisfaction with the caregiver help workshop.

Equipment. Patients. Method.– The 3-h meeting was conducted jointly by six therapists (welfare officer, occupational therapist, physiotherapist, physician, speech therapist and psychologist) once a month since October 2011. It consisted of 3 workshops: health and social aspects; motor and sensorial aspects; behaviour and cognitive aspects. Supportive elements were shared by all three workshops: explanatory booklet, slide presentations, practical applications, demonstrations, quiz and group discussion.

Results.– Five meetings were set up with 35 caregivers, representing 17 different patients. The caregivers were mainly family members: spouse (26%), relatives (26%), children (23%) and friends (23%). The pathologies were: right hemispheric stroke (53%), left hemispheric stroke (29%), cerebral anoxia (6%), traumatic brain injury (6%) and meningitis (6%). According to the caregiver satisfaction questionnaire, 47% of them value the workshop “satisfactory”, 42% “very satisfactory” and 1% “not very satisfactory” or “unsatisfactory”.

Discussion.– This workshop has enabled to formalize the place of the caregivers and to guide them in accompanying their brain injured close relatives. It enables an early awareness of the disabilities and handicaps, so as to optimize safety conditions when returning home. The group has also a therapeutic effect on the families reducing the feeling of loneliness caused by this chronic illness. Finally the workshop encourages the caregivers to consult the various referent therapists with the patient.

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Therapeutic patient education (TPE) program to prevent falls after a stroke
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Keywords: Therapeutic education; Stroke; Falls

Methods.– The present program is built according to the methodological guidelines proposed by the SFOMER and the SFNV, by an interdisciplinary working group (physician coordinator, physiotherapist, occupational therapist, psychologist and representative of France AVC association).

Inclusion criteria.– Post stroke inpatients and their family caregivers. The program includes individual activities for learning tasks and group activities for the exchange of coping strategies. Family doctor is informed of the process at the beginning of the program in order to ensure the sustainability of the objectives after discharge from rehabilitation. An assessment is carried out concerning the patient (frequency of falls, knowledge, quality of life), and the learning process.

Results.– Twenty-six inpatients (mean age ± SD, 64 ± 14, 5 y) admitted in our rehabilitation hospital were included in the program during the period between 1.06.2011 and 15.12.2011. All had histories of falling. Time since onset of stroke ranged from 14 to 133 days (mean, 80) for 20 patients. Six patients had a chronic hemiplegia (> 1 year post stroke). The mean score of physical dependence PMSI was 10/16 (SD: 4) and the mean score of psychological dependence was 4/8 (SD: 2). Only 8 family caregivers (on 14 at the baseline)