**Methods.**– This is a prospective pilot open cohort study. Passive cycling exercise program with a therapeutic exerciser (Motomed®) was proposed during 10 weeks (3 per week). Patients performed 20 minutes lower limbs passive cycling exercise. Lower limbs spasticity was assessed at baseline, 10 weeks, 3 and 6 months with the Modified Ashworth Score (MAS) bilaterally for the following muscles: triceps surae, tibialis posterior, quadriceps femoris, hamstring and adductor brevis, longus and magnus.

**Results.**– Forty MS patients (mean age 50, 4 ± 8.5 years, median EDSS: 6.71) completed the study. There was a significant decline in the MAS after training for the following muscles: right (P = 0.0012) and left (P = 0.0128) triceps surae, right (P = 0.0147) and left (P = 0.0013) tibialis posterior and left adductor (P = 0.0055). The positive effect of training can still be observed at 3 and 6 months for right (P < 0.001) and left triceps surae (P < 0.0001).

**Discussion/Conclusion.**– Some studies have examined effect of passive cycling exercise on spasticity in MS patients [1]. A Study [2] showed a significant effect of passive cycling exercise on spasticity on the soleus muscle after 20 minutes cycling (MAS 1.46 ± 0.96 vs 0.96 ± 93). Our study demonstrates that regular passive cycling exercise, even for persons with a severe handicap, can reduce lower limbs spasticity.

**References**

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**Polio-survivors needs in France: Estimation from a specialized outpatient’s department**

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**Introduction.**– Polio survivors require health care depending on the sequelae, with their own consequences and impact on health, specially their impact on bone and joint systems. We need to have better knowledge of the national needs’ extent for the future organization of care. The number of polio survivors is supposed to be 55,000 in France, from 400,000 to 1.1 million in Europe. The analysis of a specialized outpatient’s department involved in a regional network is reported as a basis for a national study.

**Method.**– Retrospective study in a PRM out-patient’s department since 2002 to 2011.

**Results.**– Among 217 patients examined, 200 files were enough informative to be studied. One hundred and forty-seven patients did not consult a PRM special since the initial event. They were 85 men, 115 women, mean age 55.2 years (20–86). Polio has been contracted in France for 114, out of France for 86, at a mean age of 4.2 years. The initial motor impairment involved: lower limb right/left 141/131, upper limb right/left 37/35, spine 37, and abdomen 19. Professional status: activity 43%, retired 22%, without work 20% (11% without information). Reason for consulting: global advice 54%, functional impairment 135, pain 77, social difficulties five. Twenty (10%) had three symptoms (fatigue, loss of strength, musculo-arthritic pain) for a post-polio syndrome, 64 (32%) at least two. Ninety could walk without orthosis or assistive device. Orthopaedic disorders: limb inequality 106, hip flessum 12, knee recurvatum 29, knee flessum 41, equinus 36, varus foot six. Complementary test required: radiology 85, electromyography nine, respiratory function 11, sleep registration nine, RMI 9. Prescription: new orthosis 30, surgical advice 29, physiotherapy 106, dietary advice 20, social worker help 30.

**Conclusion.**– This analysis of a PRM out-patient’s department dedicated to polio survivors, gives insight into the needs of this population. A national study is desirable because of the increasing need of these ageing subjects.

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