**Discussion.** Les formes à révélation neurologique de maladie de Wilson représentent environ 35 % des cas. Il faut donc penser à maladie de Wilson devant tout signe neurologique ou psychiatrique chez l’enfant ou l’adolescent et réaliser un bilan. L’hétérogénéité des signes cliniques provoque souvent une errance diagnostique et explique le délai diagnostique moyen de 6 à 36 mois ce qui influence péjorativement le pronostic. Divers traitements chélateurs sont disponibles pour diminuer la morbi-mortalité spontanée de cette affection. La rééducation est un volet important de la prise en charge qu’il faut débuter tôt avant l’installation des complications neuro-orthopédiques, d’où l’intérêt d’une prise en charge multidisciplinaire de ces patients.

**Pour en savoir plus**


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**P040-f**

**Intérêt des séjours de répit dans un service de MPR pédiatrique**

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**Mots clés :** Répit ; Enfants polyhandicapés ; Médecine physique et réadaptation

**Introduction.** Les séjours de répit ou de rupture apparaissent comme ont un besoin ponctuel bien réel des jeunes polyhandicapés et de leurs familles. Le service de médecine physique et de réadaptation pédiatrique du CHU de St-Etienne propose ce type d’accueil pour des périodes courtes lorsque la disponibilité des lits le permet. L’objectif de cette étude est d’en évaluer l’intérêt pour les patients.

**Méthode.** Étude par enquête qualitative rétrospective, avec revue des dossiers médicaux de 19 patients ayant bénéficié de cet accueil depuis l’ouverture du service en décembre 2004. Les parents des enfants ont répondu à un questionnaire téléphonique. Le médecin traitant de l’enfant, ainsi que le médecin et les cadres de santé du service ont été interrogés.

**Résultats.** La majorité des séjours donne satisfaction, en permettant des modifications de traitement médicamenteux ou d’appareillage, un recours à des avis spécialisés, une réévaluation de l’état clinique… et une amélioration de la relation des enfants avec leurs familles à leur retour à domicile. Les parents sont rassurés par le milieu médical et hospitalier.

**Discussion/Conclusion.** Cette enquête apporte des arguments favorables au développement de séjours de répit pour les enfants polyhandicapés et l’expérience pose la question de la place de l’hôpital dans ce type d’offre de soins. Elle met également en évidence le manque total de connaissance de cette possibilité d’accueil par les médecins généralistes.

**Pour en savoir plus**


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**English version**

**P026-e**

**Transportation of children: Health vs. medical social**

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**Introduction.** Health transports are subject to special attention in the current economic climate. They are part of the care pathway and contribute to the quality of care. There is a specificity regarding the children. A comparative study between a health facility and a medical social establishment hosting a similar population was conducted. It showed that costs were significantly lower in the medical social for equivalent quality services.

**Health sector.** The texts regarding medical transports concern the approval of transporters and the rules of medical prescription as well as its reimbursement. They are not very precise for children. Only the ambulances, the LHV and the agreed taxis are appropriate. Sanitary transportation are mostly supported by the Social Security. The prescription is made by the physician, the ordered is the patient (the child’s parents).

**Medical social sector.** There is no reference text. Transportation is made for the majority by vehicles for disabled people, by taxis. Medical social transportation are fully in charge of the institution that organizes them (often by tenders).

**Comparative study of the costs.** Eighteen percent of the cost supported by Social Security for the health establishment, 6,73% for the medical social establishment.

Proposals to improve the relevance of medical transportation of children. Now, an interpretation with common sense of the rules allows to prescribe a way of transportation of the children and particularly to the little ones adapted while reducing significantly the cost without compromising quality:

– the transfer of responsibility for transportation to health facilities for the complete organization;

– to have thought to specify the transportation arrangements of children (e.g., consensus conferences);

– include in the cost of hospitalization days and even weeks of health facility the cost of transportation;

– open the possibility for other carriers than currently planned by the legislation (vehicles for the disabled people, transportation company…).

**Further reading**

Eyssartier D. Rénovation du modèle économique pour le transport sanitaire terrestre. 2010.

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**P027-e**

**Shaken baby syndrome websites**

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**Keywords:** Shaken baby syndrome; Inflicted brain injury; Website; Prevention; Diagnosis; Guidelines

**Introduction.** Shaken baby syndrome (SBS) is an inflicted head injury, which can have very serious consequences in term of mortality and morbidity. Shaking is an extremely violent gesture, which is often repeated. Missed diagnoses increase the risk of recurrence. Moreover, judges and lawyers often have preconceived ideas resulting in inadequate judgments. A public audition has been organized by the SOFMER in order to help professionals diagnose shaking. Diagnostic criteria enabling to better diagnose SBS have been...
established. The public audition conclusions, guidelines and a scope report, have been published by the French National Authority for Health [1,2].

Objectives. – To promote these conclusions among professionals, as well as in the general public.

Method. – Two websites have been created by the “École de l’Image des Gobelins”. The first one (www.bebesecoue.com) aims at explaining why babies cry and at helping adults to cope with crying. The second one www.syn-dromedbebese coue.com aims at helping professionals to acquire better knowledge about the SBS (causal mechanisms, initial symptoms, risk factors, investigations needed, lesions, differential diagnoses, diagnostic criteria) in order to better protect babies.

Results/conclusion. – These websites should help promote good practices and explain that playing with a child is not the same than to shaking him/her and that games are not dangerous.

References

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P028-e Descriptive analysis of the initiation activity handisport to children’s hospital of Saint-Denis de la Réunion
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Keywords: Disability; Disabled sports; Child; Patient education; Reunion Island
Objectives. – To show the interest of the disabled sports initiation, as a therapeutic activity and physical education in a pediatric MPR services and in partnership with the regional disabled sports. We want to share our experience of the group activity and physical education in a pediatric MPR services and in partnership with the regional disabled sports. Inclusion is proposed by therapists from the hospital, validated by doctors with the consent of families. The introduction to the practice is carried on handisportive 2 h weekly rehabilitation. Two sports are practiced on sessions 4 to 5 sessions. An evaluation is conducted to see the gains in the sessions. A medal presentation held at the end of the session and a proposed link with the healthcare and social services staff.

Methods. – Inclusion is proposed by therapists from the hospital, validated by doctors with the consent of families. The intervention is carried on handisportive 2 h weekly rehabilitation. Two sports are practiced on sessions 4 to 5 sessions. An evaluation is conducted to see the gains in the sessions. A medal presentation held at the end of the session and a proposed link with the healthcare and social services staff.

Results. – The collection activity takes place between May 2010 and February 2012. The total number of sessions is 37. The sports practiced are: boccia, course engine, blowpipe, vortex, wrestling, judo, table tennis, basketball, athletics, rifle laser, wheelchair rugby, climbing. We explain our method of assessing children’s progress, depending on the sport, as they learn the sport. Some children have perpetuated their gym use. The publication will include a short presentation and Sports Illustrated.

Discussion. – We want to show the interest to make known to the young Handisport with disabilities, its benefits and values. We discuss the protocols in place to sustain the activity of therapeutic education, which is part of the renewal of the founding link between PMR and practice handisportive, more broadly, partnerships between the hospital and community life.

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P029-e Etiology of atypical Volkmann’s syndrome: restraint by traditional jbira about 5 cases
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Keywords: Volkmann syndrome; Jbira treatment; Rehabilitation
Objective. – To put the item on the particularity of Volkmann’s syndrome secondary to treatment with jbira and his rehabilitation treatment.

Materials and methods. – This is a retrospective study of five children with a syndrome Volkmann after jbira collected in the department of physical medicine, university hospital Ibn Rochd, Casablanca on 1st April 2010 to 1st December 2011.

Results. – The average age was 10.22 years, all our patients are male rural, status suffered a closed fracture of two bones of the forearm after a fall, traditionally dealt bandage by a traditional healer (jbira), a complicated syndrome resulting Volkmann within an average of 2 months to a flexion contracture of the wrist and fingers. Answer by epitrochlear muscle disinsertion in four cases and necrosectomy with muscle graft in one case and then sent for rehabilitation. The examination for admission is stiff polyarticular wrist and hand in 5 patients, VAS pain in 4 to 8 and 9 in one case, the total disability assessed by the DASH in average to 90.77. The patients received a daily rehabilitation under regional anesthesia during the first two weeks. After three months the recovery of range of motion and muscle strength was evident, VAS pain increased to 3 in 4 and 5 in one case, total disability from 55% in average. The patient still ongoing rehabilitation.

Discussion. – In our context, the Volkmann’s syndrome is a complication, still current, the traditional restraint of upper limb fractures. Once installed, the effects are sources of partial or total permanent disability. Rehabilitation is essential and a great contribution to get a functional and sensitive hand. Collaboration between the surgeon and the physiatrist and the public awareness about the dangers of jbira is essential and highly recommended.

Further reading
Fnini S. Traitement chirurgical du syndrome de Volkmann : 18 cas. chir Main 2011.

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P030-e A very special case of very serious injury due to meatoplasty, which shows the importance of cooperation between the rehabilitation doctor and a specialised lawyer
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Keywords: Expertise; Injury; Compensation; Rehabilitation
Objective. – The field of injury has begun quite haphazardly in Reunion and Mayotte Islands. The lack of a competent association of patients has given way to a free rein in practices that leave the wounded in situations of deleterious inequality. Vigilance or the involvement of the rehabilitation colleagues is a must.