Materials and methods.-- We present the extraordinary case of one, suffering from multiple disabilities following a meatoectomy and whose older sister, who has him under her charge, still has hopes, 17 years after the fact, for compensation for an apparently obvious damage. We have of course anonymized our whole presentation as per the seriousness of the presented facts.

Results.-- The analysis shows: That the contribution of the rehabilitation doctor is just as important in the fair evaluation of the damage and the indispensable compensations as they are essential in recognizing the principle of compensation. That specialization of the lawyer is required to, firstly, meet the procedural requirements of expertise, on the other hand, reduce the asymmetry between the casualty and predominant insurance companies (technical staff, financial resources devoted to their defense). That cooperation between the doctor and the lawyer is required to respond appropriately to forensic hazards (questionable neutrality of the expert, exempting corporatism, orientating conclusions on biases contrary to medical ethics).

Discussion.-- Is this type of case a prerogative of the French overseas departments? Is the fact that being an MPR referent of a child an obstacle to this approach?

Conclusion.-- The necessary means to an accomplished rehabilitation often exceed the possibilities offered by the social protection and national solidarity. The involvement of the MPR in the indemnity issue can bring out a powerful rehabilitation leverage.

Pour en savoir plus

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Further reading

P032-e
Care of the 16–25 age-group in an education center for children with motor disabilities
J. Le Kerneau a,*, C. Vigier a, V. Gautheron b, C. Pourchez c
a Centre d’éducation motrice de Montrodat, Vinenet, 48100 Montrodat, France
b Médecine physique et réadaptation, hôpital Bellevue, 42100 Saint-Étienne, France
c Service de soins de suite et de réadaptation, centre hospitalier de Saint-Jean-de-Maurienne, 7303 Saint-Jean-de-Maurienne, France
*Corresponding author. E-mail address: joellekerneau@yahoo.fr.

Keywords: 16–25 age group; Life project; Amendment Creton; SOFMER Recommendations; MDPH
The education center for children with motor disabilities (CEM) of Montrodat was provided with a special authority approval.
Since its opening in 1968, it has been allowed to welcome in-patients suffering from motor disabilities until they were 25. As a result, it prides itself on a significant experience in the care of the 16-25 age group.
The enforcement of the laws of 2005 (about the equality of rights and life chances, participation and citizenship of disabled people), 2007 (which reformed systems of legal protection), and 2009 “hospital, patients, health-care and territories”, modified the approach and support of the 16–25 age group.
The CEM of Montrodat fitted its offers to those changes:
– reorganization of transition steps within 16 and 25;
– specialization of life units in homogeneous age, and life-project, groups;
– late housing for youngsters coming from common facilities, after they have reached 16 years old;
– welcome of young patients who had been hospitalized for years.

Further reading
Loi Hôpital Patients Santé Territoires.
Charte européenne de l’enfant.

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P033-e
Osteoporosis and cerebral palsy: Diagnosis and treatment
V. Bourg
CRF Paul-Dottin, 26, avenue Tolosane, 31 522 Ramonville Saint-Agne Cedex, France
E-mail address: veronique.bourg@ase.asso.fr.

Keywords: Low bone mineral density; Cerebral palsy; Osteoporosis
Children (and adults) with cerebral palsy (CP) are now well known to present increased risk of low bone mineral density (LBMD) and fractures. Its impact on daily life is very important with regards to pain, immobilization, and may even results in juridic problems.
Osteoporosis diagnosis is suggested by spontaneous fracture(s) or is made when a very mild trauma occurred, or on systematic X-ray radiographs, or because of diffuse and chronic bone pain.