P063-e
Gait study in hemiplegic patients: Role of spasticity on baropodometric parameters
B. Claudon *, G. Robain, F. Valentini
Hôpital Rothschild, 5, rue Santerre, 75012 Paris, France
*Corresponding author.
E-mail address: claudonbaptiste@gmail.com.

Keywords: Hemiparetic; Gait analysis; Spasticity; Nerve block; COP
A study was conducted to evaluate the effect of treatment on triceps surae spasticity in hemiparetic patients using a quantitative and reproducible parameter: the anterior-posterior path length of the center of pressure (COP).

The aim of our study is to clarify the interest of the anesthetic block in patient assessment spastic.

Patients and methods.– Twenty patients hospitalized in the physical medicine and functional rehabilitation were selected over a period of 2 years (since January 2010) and who received anesthetic block during their hospitalization.

We noted an Ashworth score gain of about 1 to 2 points, a gain of 13% in COP (AP) in hemiparetic side after completion of the nerve block.

In conclusion, we find a significant variation of a quantitative variable of gait in hemiparetic patients after abolition of spasticity.

References

http://dx.doi.org/10.1016/j.rehab.2012.07.859

P064-e
Intrathecal baclofen for spasticity management: A comparative analysis of complications in a series of 88 pumps for adults and children
E. Aleton *, P. Decavel, F. Michel, J. Bévalot, J. Godard, B. Parratte
CHU Jean-Minjoz, boulevard Fleming, 25000 Besançon, France
*Corresponding author.
E-mail address: aleton.etienne@wanadoo.fr.

Keywords: Spasticity; Baclofen; Complication; Cerebral palsy
Objective.– To examine differences in complication rates between children and adults treated by intrathecal baclofen.

Material and method.– Retrospective chart review of 73 patients (adults and children; 88 pumps) with a diagnosis of severe spasticity requiring intrathecal baclofen therapy.

Results.– Complication rates by category were as follows: related to human error: 8%, related to baclofen: 11%, related to surgery: 19% and related to the implantable device: 27%. Complications were more frequent in adults than in children, except for complications related to surgery. The complication rate related to the implantable device was higher in ambulatory patients. The complication rates related to surgery and the implantable device decreased during the course of the study.

Conclusions.– The overall complication rate observed in our series is comparable to that reported in the literature and, in contrast with the literature, was not higher in children than in adults. Only complications related to the surgical procedure were slightly more common in children. Baclofen pump implantation in children is therefore a safe procedure.

http://dx.doi.org/10.1016/j.rehab.2012.07.861

P065-e
The contribution of anaesthetic blocks in the evaluation of spastic patients
S. Lebib a,*, M. Kotti b, S. Lebib b, I. Miri b, F.Z. Ben Salah b, C. Dziri b
a CHU Kassab, route de La Manouba, 2010 La Manouba, Tunisia
b Service de médecine physique réadaptation, institut Kassab d’orthopédie, Tunisia
*Corresponding author.
E-mail address: lebibsonia@yahoo.fr.

Keywords: Spasticity; Assessment; Anesthetic blocks
Introduction.– The anaesthetic blocks are currently in the arsenal of diagnostic and therapeutic motor disorders associated with spasticity.

The aim of our study is to use the contribution of anaesthetic blocks in the evaluation of spastic patients.

Methods.– Twenty patients hospitalized in the physical medicine and functional rehabilitation were selected over a period of 2 years (since January 2010) and who received anesthetic block during their hospitalization.

We noted an Ashworth score gain of about 1 to 2 points, a gain of 13% in COP (AP) in hemiparetic side after completion of the nerve block.

In conclusion, we find a significant variation of a quantitative variable of gait in hemiparetic patients after abolition of spasticity.

References

http://dx.doi.org/10.1016/j.rehab.2012.07.861

P066-e
Extensor truncal dystonia with spondylolysis: Interest of botulinum toxin in the spinal muscles for pain relief
A. Brotier *, C. Rech, J. Levy, L. Mandon, C. Hugeron, D. Ben Smail
CHU Raymond-Poincaré, 104, boulevard Raymond-Poincaré, 92380 Garches, France
*Corresponding author.
E-mail address: angelbrotier@gmail.com.

Keywords: Truncal dystonia; Spondylysis; Low-back pain; Botulinum toxin
Introduction.– Primary and secondary dystonia with truncal dystonia are often associated with spinal involvement as low-back pain. Interest of botulinum toxin is well described in literature for cervical dystonia but less for truncal dystonia. We report the case of a patient who received local botulinum toxin

http://dx.doi.org/10.1016/j.rehab.2012.07.861

Discuss. – This study compiles valuable data which can be used to identify and target the ULS patients most likely to benefit from BoNT-A treatment.