Methods—Translation/back translation and cultural adaptation procedure respecting guidelines for the process of cross-cultural adaptation of self-report measures [3]. Prospective validation among 60 RA patients who filled the FFI; demographic data and disability (VAS pain), activity limitation (HAQ) and participation restriction (Mactar) according to the ICF model were also recorded. The test was performed 15 days later by postal questionnaire with phone call reminder if necessary.

Results—The translation procedure has achieved culturally acceptable version for French-speaking patients. Reliability was assessed on two criteria: internal consistency (Cronbach’s alpha) and test-retest reproducibility (correlation coefficients). Internal and external structure validity was confirmed. Sensitivity to change assessment will required further work.

Conclusion.—Use of a validated methodology permitted French validation of the FFI, a clinical research and everyday practice useful questionnaire.

References


P002-e

Tendinopathy in therapeutic failure: Retrospective study of the treatment

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Keywords: Tendinopathy; Treatment; Physiotherapy

Purpose.—Determine if the situations of therapeutic failure can be linked to insufficiency of treatment.

Methods.—Retrospective study by questionnaire concerning the patients seen in medicine of sports in the teaching hospital of Limoges for tendinopathy between April, 2010 and June, 2011. The questionnaire was tested on a sample before the beginning of study.

Results.—About 88 concerned patients, 71 answered, 12 were lost of view and five refused to participate. Eighty-two percent were sportsmen, the medium age was of 43 years. The main locations were: Achilles tendinopathy (30%), plantar fasciitis (30%), patellar tendinopathy (19%) and epicondylitis (13%). Sixty-one percent of the patients had been treated by physical therapy: 20% had had eccentric muscular exercises, 35% had deep transversal massage, 34% stretching. Moreover, 72% were treated by NSAIs 21% by injection of corticosteroids, 37% saw the dentist and 23% the osteopath. Finally, 56% momentarily stopped their sports activity.

Conclusion.—Very few patients were treated by eccentric muscular exercises and stretching who constitute the basic treatment of tendinopathy. NSAIs is very often used while tendinopathy is not of inflammatory origin.

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P003-e

Interest of the monopodal jump as an indirect means of assessing muscle recovery distance of an ACL reconstruction

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Keywords: Isokinetic assessing; Ligamentoplasty; Anterior cruciate ligament; ACL reconstruction; One leg hop test

The mechanical stability of the knee and the level of muscle recovery, in addition to delay healing of about six months, are among the main criteria for return to sport after ACL reconstruction. The isokinetic dynamometer is the best tool for assessing muscle strength but its major drawback is its particularly high cost. Some authors have sought to correlate some functional tests and isokinetic assessing. Among these functional tests, one of the most interesting seems to be the one leg hop test.

Objective.—Determined the level of correlation between isokinetic testing and the one leg hop test on the one hand and muscle atrophy assessed clinically from the perimeter of the thigh, on the other hand, a common practice but whose practical interest seems limited.

Methods.—This prospective study covers a population of 14 athletes competing at regional level and a minimum of professional sports, at 6 months ± 1.6 months of ACL reconstruction. The isokinetic test was performed at 90 and 240°/sec concentric and 90°/sec eccentric for the quadriceps and hamstrings. The one leg hop test and muscle atrophy were expressed as an index relative to the healthy side (hop index and atrophy index).

Results.—There is a significant correlation between the one leg hop test and the time of concentric quadriceps strength in 90°/sec on the one hand (r = 0.565 and P = 0.035) and 240°/sec on the other (r = 0.719, P = 0.004). No correlation was found between peak eccentric force at 90°/sec and the hop index. A weak correlation was found between the moment of force concentric hamstrings and the hop index but not significantly. No correlation was found between atrophy index and isokinetic testing.

Discussion.—The one leg hop test is less efficient than the isokinetic test, however is a useful alternative in clinical practice to assess the level of muscle recovery and could be one of the criteria of return to sport.

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P004-e

Brachial plexus injury after clavicle fracture: a complication not to be unrecognised. About one case

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Introduction.—The commonly accepted treatment of clavicle’s fracture is orthopedic. Surgical treatment is reserved for open clavicle’s fractures and fractures partnering with neurovascular injury. But most often, the neurological diagnosed acute are related to mechanisms of brachial plexus traction not directly related to the clavicular fracture. At distances, complications are mainly represented by the nonunion (1%), and hypertrophic bone wedge. Neurological complications secondary are less well known.

Observation.—A young man, whose age is 16, suffered a fractured right clavicle after a crash with moto. It is conservatively treated, immobilized for two months by a scarf. The evolution is marked by the installation of a pain syndrome of the cervical spine and right upper limb with decreased sensation and strength in the
Osteoid osteoma: CT-guided percutaneous radiofrequency thermal ablation; a case report

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Keywords: Osteoid osteoma; Talus; Treatment; CT-guided percutaneous radiofrequency

Introduction.—Osteoid osteoma treatment was based for a long time upon surgical resection, with a lot of failure and complications.

Observation.—A 16-year-old soccer player presented at 3 months from so called ankle sprain, pain while running, direction’s change and while ball striking. Talus palpation is painful. X-ray is normal, RMI shows osteoid osteoma. Aspirin has no efficacy. CT-guided percutaneous radiofrequency with biopsy is performed in outpatient care facility.

Full weight bearing is possible within 24 hours. Pain disappears in 48 hours. The patient returns to sport within 8 days (soccer and alpine skiing). Twelve months afterwards the patient shows neither recurrence nor residual pain while returning to sport at the same level.

Discussion.—Patients experience symptoms that may delay the diagnosis and the treatment which is detrimental for an athlete. Percutaneous radiofrequency thermal ablation localizes the lesion and produces local tissue destruction by converting radiofrequency into heat. A non-exhaustive review of the literature shows that this is a quick and low iatrogenic.

Conclusion.—Percutaneous radiofrequency thermal ablation provides reliable, excellent pain relief and early return to function with minimal morbidity as compared with traditional open techniques. More invasive and expensive treatments become difficult to justify.

Further reading