Index), ever validated for English-speaking patients [2]. This questionnaire comprises 23 items scored on a visual analogic scale, range from 0 to 10 and divided into three domains: pain, function and activity limitation.

**Method.**– 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 reproductibility (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 usefull questionnaire.

**References**


**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 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.

**Method.**– 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 hamstring. 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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presence of distal paresthesias. The existence of a deficit of power of flexion and abduction (C5-C6 territory) is established clinically and the diagnosis is finally made by CT objectifying a wedge hypertrophic clavicle bone sheathing the brachial plexus. The patient is operated, the intervention to resect the bone block. Clavicle fracture undergone bone grafting and internal fixation. The evolution is favorable to a near-normal functional recovery.

**Discussion.** Neurological deficits away from a broken clavicle are the result of nerve compression related to a secondary displacement, enlargement of bone or hold the existence of a pseudoneuromy of the artery or the subclavian vein. The incidence of this complication is 1%. The neurological picture can be installed in a few months or years. Involvement of the posterior and medial branch of the brachial plexus is most often encountered in connection with a plexus compression between the first rib and the clavicle bone wedge to cause symptoms usually ulnar. The period of surgical management determines the speed of recovery, the prognosis is usually favorable.

**Further reading**


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**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, MRI 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**


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**Aseptic osteonecrosis of the lunatum (Kienbock disease) and handicap in a case report**

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**Keywords:** Kienbock disease; Functional treatment; Surgical treatment

**Introduction.** Idiopathic avascular necrosis of the lunatum is a rare pathology whose pathogenesis is multifactorial with a genetic involvement, anatomical, mechanical and also metabolic. It causes functional impairment and a handicap of the hands and is complicated by carpal tunnel syndrome and arthritis of wrist. Observation. A 53-year-old woman, right-handed, a housewife, followed for an insulin-recurring balanced for 20 years. She then reported 12 months of the right wrist joint pain, tingling in both hands and functional impairment in activities of daily living.

On physical examination, there was pain on palpation of the lunatum, a limited wrist flexion/extension, motor and sensory deficits in the territory of the median nerve with positive provocation tests (Tinel, Phalen). Plain radiographs of the right wrist shows necrosis of the lunatum stage IV with collapse and signs of arthritis of the wrist. The scanner of the wrist confirms diagnostic. The electromyography found a bilateral carpal tunnel syndrome greater on the right.

Neurolysis of the median nerve and wrist immobilization orthotic for 4 weeks followed by reeducation and an analgesic therapy was allowed improvement of symptoms and functional impairment.

**Discussion.** Kienbock’s disease, has been known since 1843. The relative rarity of this pathology, the absence of internationally agreed upon classification and the many therapeutic methods, make it difficult to care for this disease. It often involves a young adult who has wrist pain associated or not with a limited range of motion of the wrist and above the loss of clamping force with pain around the lunatum. Plain radiographs of the wrist may be normal at the beginning stage. In cases of diagnostic doubt, we must practice an MRI or scanner.

The choice of the functional treatment or surgery depends on several factors including the patient’s age and his profession, the side attained, the stage of disease, the existence of unequal length of the two bones in the arm or wrist arthrosis.

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**A rare cause of carpal tunnel syndrome: Intramuscular haemangioma of the forearm about one case**

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**Keywords:** Carpal tunnel syndrome; Haemangioma intramuscular of the forearm

**Introduction.** The carpal tunnel syndrome includes all signs secondary to compression or irritation of the median nerve in a tunnel inextensible. The idiopathic etiology remains the most common and CTS revealed the existence of an intramuscular haemangioma of the forearm is exceptional. The purpose of this observation is to remind the possibility of extracanal etiologies, including tumor, in the genesis of a CTS.

**Observation.** This is a worker of 34 years, sent to the service for rehabilitation after surgical resection of a tumor of the forearm responsible for typical...