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**


**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% deep transversal massage, 34% stretching. Moreover, 72% were treated by NSA, 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. NSA 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

**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 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. 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 pseudoaneurysm 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

Aspirin has no efficacy. CT-guided percutaneous radiofrequency with biopsy is excellent pain relief and early return to function with minimal morbidity as compared with traditional open techniques. More invasive and expensive surgery, with computed tomography-guided percutaneous radiofrequency ablation.

Discussion.—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 arthrosis 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.

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 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. 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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