In our study, we based on myotensive technique of Mitchell [1].

Other techniques myotensives were described in the literature [3]

**References**


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**Athlete’s neck pain and myotensive technique**

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**Keywords:** Neck pain; Sport; Myotensive technique

**Objective.**— Describe the contribution of myotensive technique in taking care of neck pain in athletes.

**Patients and methods.**— This is a prospective study involving 20 athletes followed in the Physical Medicine and functional rehabilitation Department (Sfax-Tunisia) for neck pain related to intervertebral disturbance during the year 2012. These athletes have received five sessions of Mitchell’s myotensive technique based on a better anatomical knowledge of the neck area.

The pain assessment was performed before and 1 month from the beginning of rehabilitation.

**Results.**— After five sessions of specific rehabilitation such myotensive technique, we found an improvement in pain symptoms in 17 patients.

The average score of VAS initial pain was 5.65 ± 1.35. After one month, it was 1.7 ± 1.3 (statistically significant difference).

The average score of VAS functional impairment increased from 7 ± 1.3 to 2.5 ± 1.1 after one month the beginning the myotensive technique.

**Discussion.**— In our study, we found the cellulito-téno-myalgic syndrom in all sportsmen.

Support calls to medical and physical treatment including particularly manual therapies. Which is a sportsmen’s treatment choice because their immediate efficiency; it reduces the intensity of neck pain and afford to go back early the sport [2].

In our study, we based on myotensive technique of Mitchell [1]. Other techniques myotensives were described in the literature [3] The technique of strain counterstrain Jones and Myers.

**References**


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**P165-e**

**Management and rehabilitation of Bell’s palsy**

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**Keywords:** Bell’s palsy; Rehabilitation; Grading of House

**Introduction.**— Bell’s palsy has always been a source of disgrace linked to lesion of the seventh cranial nerve. Disfigurement is the major concern of patients suffering from (BP). A medical treatment associate to an early and appropriate rehabilitation is the most prescribed.

**Materials and methods.**— This is a retrospective study over a period of 14 years (1997–2011) on 168 patients sent for BP rehabilitation.

All patients underwent a facial examination and a Freyss testing at the beginning and at the end of treatment.

Rehabilitation was started early associated to medical treatment. We followed our patients for 3 months. The treatment results was evaluated by the Grading of House.

**Results.**— It’s about 71 men and 97 women, mean age of 34 years. 58.3% of them consulted in the first 7 days. The paralysis was fifth grade in 54% of cases. After rehabilitation, recovery was partial in 22.6% and total in 70.8%. Some sequelae were observed in 6% of patients. Female patients, younger than 60, who saw their physician at an early stage of the disease and patients with initial testing > 10/30 experienced better recovery.

**Discussion.**— Muscular testing of Freyss is an important tool to appreciate the severity and following of a BP. The management of the disease is based on early and appropriate rehabilitation. In most often cases we notice a good evolution, but many studies advanced that age is a poor prognostic factor, while gender does not influence the evolution which is different of our results.

Meanwhile, the importance of initial testing deficit and House grading were a prognostic element in both literature and our study.

BP is frequent and needs an early and appropriate rehabilitation management which affect the evolution of the disease.

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