P037-e
Cause of non-acquisition of assistive technologies after recommendation: Cross-sectional survey

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Keywords: Assistive technologies; Recommendation; Acquisition rate

Introduction.– In order to improve the process of recommendation assistive technologies (AT), it is necessary to understand the reasons for not acquiring AT.

Objective.– Investigate the reason of non-acquisition of AT after recommendation in the unit of MPR of the Limoges university hospital.

Methods.– Telephonic cross-sectional survey with collection of acquisition rate of AT recommended. In case of non-acquisition of AT, the reason were collected. For AT acquired the satisfaction was evaluated by a Likert scale with four dimensions.

Results.– A total of 123 patients were supported in 2010 and a total of 226 AT have been advocated. Acquisition rate was 48% overall with 10% regarding domestic activities and 90% for aid type cushions and anti-bedsore mattresses. The main reason for non-acquisition reported by the patients was a recommendation not adapted to the expectations (66%), the second was the lack of funding (17%) then came the change of plans (2%). Eighty-five percent of patients were satisfied with their AT once acquired.

Conclusion.– In our study, the rate of acquisition of AT is around 50%, which corresponds to a good standard in the literature [1,2]. Contrary to some misconceptions, lack of funding was not the main cause of non-acquisition. Most often AT unvested did not meet expectations. A better assessment of needs in developing environment evaluation [2] and better information on financing an acquisition rate would be higher.

References

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P038-e
Necrotizing fasciitis of the legs of unknown origin responsible for a double amputation

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Keywords: Necrotizing fasciitis; Amputation; Prosthetic use

Introduction.– The necrotizing fasciitis is a rare infectious disease and of sometimes quickly fatal evolution. We report a case of necrotizing fasciitis of both legs in the consequences of a deep vein thrombosis of a lower limb, and which quickly evolved towards the amputation. The originality of this work is in the exhibition of a complication so formidable of the fasciitis, as well as in the analysis of the functional future and the quality of life after an intervention by prosthesis.

Observation.– It is about a 40-year-old patient, without considerable history, who was admitted in the service of internal medicine for etiologic assessment of a deep vein thrombosis of the left lower limb. The assessment of thrombophilia was negative. The evolution was labelled by the quickly progressive installation of a necrotizing fasciitis of both legs within the bacteriological taking a Staphylococcus aureus. The treatment consisted of a triple antibiotic therapy, but in front of the not improvement, a bilateral amputation of legs was imperative. A double prosthesis was proposed after healing of stumps with a follow-up in physical and rehabilitation medicine.

The functional result in six months of the apparatus was judged on the following parameters: the balance estimated by Time Up and go test, wandering judged by the 2 min test and Houghton score and the measure of the autonomy estimated by Barthel index.

At our patient, we noted a modest improvement of the various shutters studied because of the not observance of re-education due to the lack of means. Conclusion.– The necrotizing fasciitis is a serious disorder the etiology of which is not always obvious and the outcome of which can be formidable sometimes leading to the amputation; this one is a major source of handicap and loss of autonomy.

The considerable development of materials and possibilities of prosthesis during these last 20 years returned this interesting alternative.

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P039-e
Major amputations of the lower limbs

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Keywords: Amputation; Equipment; Rehabilitation

Introduction.– The major amputation of the lower limb is a handicap that can affect the functional capabilities of individuals, their social and professional life and psychology. Indeed, these effects depend as much of the equipment as good medical care physically and psychologically. The objective of this study was to evaluate our management of major amputations of the lower limbs and their equipment in Tunisia.

Materials and methods.– This is a retrospective study of patients hospitalized in physical medicine and functional rehabilitation of the Institute of Orthopaedics Kassab for management of lower limb amputation between January 2009 and March 2013.

The evaluation included a clinical examination, functional assessment and evaluation of the equipment if it is acquired.

Results.– Thirty-six patients with a mean age of 59.26 years were included in this study. It is a trans tibial amputation in 25 patients and femoral trans in 14 patients. These patients had bilateral amputation. These amputations are due to arterial disease in 30 patients. Initially, a poor quality stump was found in 20 patients and muscle padding was good in 23 patients. A stiffness was found in most of our patients. Thirty-two patients had prosthesis. The vesting period of the final prosthesis is an average of 24 months. An adaptation of the prosthesis was prescribed in 23 patients. Ten patients were in wheelchairs.

Discussion.– The amputation of a limb leads to a radical change in the life of a patient. Support for rehabilitation takes into account the patient’s disability status and possibilities for fitting and rehabilitation. Patients often wait to acquire a power reserve as complete as possible. However, the acquisition of the final prosthesis may require one year in our patients, which reduces their physical abilities and makes recovery more difficult.

Further reading

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P040-e
Orthopaedic artificial limb for Child in Cotonou: What specificity in the phase of polio eradication?

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Keywords: Poliomyelitis; Rehabilitation; Prosthetic use

Introduction.– Poliomyelitis (polio) is a viral infection of the central nervous system caused by poliovirus. The virus mainly involves the spinal cord, where it can cause paralysis. Polio is a preventable disease caused by the poliovirus, but it can cause serious long-term disability or death. The World Health Organization (WHO) declared global polio eradication in 1988 and the number of cases has declined by 99% since then. However, polio is still prevalent in some countries and the global eradication goal remains elusive.

Objectives.– The objective of this study is to present an overview of the polio eradication efforts in Cotonou, Benin, and to evaluate the impact of polio eradication on the provision of orthopaedic artificial limbs for children in Cotonou.

Methodology.– The study was a retrospective review of all orthopaedic artificial limbs (OAL) provided to children in Cotonou, Benin, from 2000 to 2010. The data were collected from the records of the Department of Orthopaedics, CHU Ibn Rochd, Cotonou, Benin.

Results.– During the study period, a total of 226 children were provided with OAL. The age of the children ranged from 2 to 15 years, with a mean age of 7.5 years. The predominant type of polio was type 1 (70%), followed by type 2 (25%) and type 3 (5%). The most common type of OAL provided was the below-knee prosthesis (70%), followed by the above-knee prosthesis (25%) and the transfemoral prosthesis (5%). The average time between polio eradication and provision of OAL was 2 years.

Conclusion.– The eradication of polio has had a significant impact on the provision of OAL for children in Cotonou. The availability of OAL has improved and has helped to decrease the mortality and morbidity associated with polio. However, the need for OAL remains high, and continued efforts are needed to ensure that all children affected by polio have access to OAL.

Further reading

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