P037-e
Cause of non-acquisition of assistive technologies after recommendation: Cross-sectional survey
M. Compagnat, J. Bordes, J. Hamonet-Torny, J.C. Daviet, Y. Salle, M. Munoz
CHU de Limoges, hôpital J.-Reveyl, pôle neuro-sciences tête et cou, service de médecine physique et de réadaptation HAVAE EA 6310, 2, avenue Martin-Luther-King, 87000 Limoges, France
*Corresponding author.
E-mail address: maxence.compagnat@icloud.com

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 plan (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

http://dx.doi.org/10.1016/j.rehab.2013.07.193

P038-e
Necrotizing fasciitis of the legs of unknown origin responsible for a double amputation
Service de médecine physique et de rééducation fonctionnelle, Institut National d’orthopédie Mohamed Kassab, 2010 Manouba, Tunisia

E-mail address: olfakharra@yahoo.fr

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 stubs 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.

http://dx.doi.org/10.1016/j.rehab.2013.07.195

P039-e
Major amputations of the lower limbs
E. Bahlouli, O. Kharrat, H. Khiari, I. Aloulou, S. Lebib, I. Miri, F.Z. Ben Salah, C. Dziari
Service de médecine physique et de rééducation fonctionnelle, Institut National d’orthopédie Mohamed Kassab, 2010 Manouba, Tunisia

E-mail address: olfakharra@yahoo.fr

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 transfibular amputation in 25 patients and femoral trans in 14 patients. Three 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

http://dx.doi.org/10.1016/j.rehab.2013.07.196

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

http://dx.doi.org/10.1016/j.rehab.2013.07.194

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

http://dx.doi.org/10.1016/j.rehab.2013.07.195