CO16-003-e

Total knee arthroplasty, unicompartimental knee arthroplasty: Indications

C. Chevillotte a, G. Deschamps b
Centre orthopédique médicotechnologique de Dracy-le-Fort, 2, rue du Presoir, 71640 Dracy-le-Fort, France

*Corresponding author.
E-mail address: cchevillotte@yahoo.com

Keywords: Total knee arthroplasty; Unicompartimental knee arthroplasty

Unknown abstract.
http://dx.doi.org/10.1016/j.rehab.2013.07.943

CO16-004-e

Clinical physical and rehabilitation medicine care pathways: “patients after total hip or total knee arthroplasty”

P. Ribinika,*, M. Genty b, F. Rannou c, E. Coudeyre d, F. Le Moine e, G. De Korvin f, A. Yelnik g, P. Calmes h

Service de MPR, centre hospitalier de Gonesse, 25, rue Bernard-Fèvère, BP 30071, 95503 Gonesse cedex, France

Service de MPR, centre hospitalier de St-Charles, 25, rue de la Mission, 75014 Paris, France

*Corresponding author.
E-mail address: patricia.ribinik@wanadoo.fr

Keywords: Clinical care pathway; Physical and rehabilitation medicine; Hip; Knee; Arthroplasty

In this paper, we report a clinical PRM care pathway for patients having total hip or knee arthroplasty taking into account patients’ needs, PRM care objectives, human and material resources to be implemented, chronology as well as environmental factors that could influence the needs of these patients. (Category 1: only one impairment and primary THA or TKA, Category 2: several impairments and primary THA or TKA or revision THA or TKA.

Care organization modalities (ambulatory physical therapy sessions, inpatient or outpatient PRM care facility) take into account patient’s status, sanitary and social environment.

Discussion and conclusion.– The objective of these clinical PRM care pathways designed by Sofmer and Fedmer is to provide arguments for discussing the future pricing of the activity in follow-up rehabilitation health care facilities, by proposing other approaches, complementary to the activity-based pricing. These documents are voluntarily short in order to be useful, concise and practical. They do not describe PRM care program which list in PRM activities after THA and TKA.

Other pathways are published.

Further readings


http://dx.doi.org/10.1016/j.rehab.2013.07.945

CO16-005-e

Fonctional coxometry. Comparative study between Healthy and hip arthrosis subjects studied by EOS system

S. Bendaya

CHU Rothschild, Paris 12, 5, rue Santerre, 75012 Paris, France

E-mail address: samy.bendaya@rth.aphp.fr

Keywords: EOS; Coxarthrosis; Pelvic and acetabular parameters; Standing posture

This study describes a quantitative analysis with EOS 2D/3D system of 30 asymptomatic subjects (HG) and 30 coxarthrosis subjects (CG). Method.– Radiographs Biplanes EOS of standing patients were processed to perform a 3D reconstruction of the pelvis and the hip [1]. We extracted quantitative parameters and analysed the 60 members of the HG, and the 60 members of the CG. To perform this study we used the student’s statistical method, p < 0.05.

Results.– The incidence [2] angle is similar in both populations. T test was positive for he following parameters of CG (sacral slope, HKS, Ilelberg and Franck, femoral mechanical angles, and femoral head eccentricity). We observe a greater level of right and left asymmetry in coxarthrosis subjects for femoral head and the HKS angle.

Discussion.– The arisen of a degenerative osteoarthritids of hip induces an increasing of SS that has been until now described only on qualitative profile plan [3,4]. The increasing of SS induces waterfall of postural events that influences femoral and acetabular orientation.

Conclusion.– We observe a larger sacral slope in CG witness excessive strain of the lumbosacral junction in osteoarthritids (Very common combination between hip and lumbar spine). Some parameters of pelvic and acetabular vary between the HG and CG. Further studies standing and sitting position are needed to confirm our results.

*Hôpital Rothschild AP-HP, 5, rue Santerre paris 12
**LBM arts et Métiers Paristech, bd de l’Hôpital Paris 13
***Hôpital Pitié salpêtrière, Service d’orthopédie, bd de l’Hôpital paris13

References


http://dx.doi.org/10.1016/j.rehab.2013.07.946