d’approches motivationnelles spécifiques afin d’améliorer l’adhésion à l’AP chez des sujets schizophrènes.

**Discussion.** – Les barrières à l’AP identifiées par les sujets schizophrènes sont : la fatigue perçue élevée, la faible expérience passée dans ce domaine, les effets ressentis des traitements, les symptômes schizophréniques et un niveau d’anxiété élevé. La participation à l’AP semble favoriser lorsque le sujet réussit à identifier les bénéfices sociaux puis psychologiques qu’il retire de sa pratique. La participation à un programme d’AP avec un objectif de participation sociale semble être un élément motivationnel majeur. Cette revue met en lumière la nécessité de prendre en compte l’AP dans l’organisation de la prise en charge des personnes schizophrènes. Une formation des soignants au conseil à l’AP ainsi que l’accueil de spécialistes des activités physiques adaptées dans les équipes soignantes pourraient favoriser une pratique d’AP quotidienne de ces patients.

**Références**


**Oral communications**

**English version**

CO60-001-e

**Teaching adapted physical activities: Competencies and activities in rehabilitation care**

J.M. Barbin

CMN Propara, Montpellier, 14, allée des Claucels, 34980 Combaillaux, France

E-mail address: jean-marc.barbin@univ-montp1.fr

**Keywords:** Adapted physical activity; Competency; Teacher

**Introduction.** – Adapted physical activity (APA) inside the physical medicine and rehabilitation (PMR) correspond to the modern heritage of the sport conception, like therapeutic initiated at “Spinal Injuries center” by Sir Ludwig Guttmann (1944). Since, other medicine specializations associated the APA with their therapeutic strategy: endocrine, orthopedics, pulmonology, geriatrics, psychiatry…

**Objectives.** – In PMR, APA has progressively appeared in legal documents: decree n° 2008-376, April 2008 (pathologies of the locomotor system) – “APA teacher” in the “trainer type” of the third version of the Catalog listing activities in PMR; participation of the French Society of APA professionals (SFP-APA) in the design of a specific catalog listing PMR interventions. But aside from all these evolutions how can we define the job of APA teacher?

**Discussion.** – The APA concept defined by Clermont Simard in 1977, is now internationally recognized by academics and professionals as a multidisciplinary knowledge associating a scientific validation of its effects on educational methods, strength training, education, or rehabilitation skills of the APA professional interacting with persons with specific needs. Precisely, APA is a professional intervention available only through a specific university undergraduate degree (UFR-STAPS), with a major in APA-Health, the competencies of the APA professional are certified by the National Board of Professional Certifications. Educator and specialist of the human movement, this professional is called « APA teacher ». Their role is to design, implement and evaluate education and training programs that promote patient’s personal expectations and capacities to act and adapt to their new situation in order to increase an autonomous and active lifestyle. In relations with multidisciplinary health professionals, the APA teacher uses exercises to optimize the physical, psychological, cognitive and social resources of the patients in order to educate, prevent, rehabilitate and integrate them into an active lifestyle. These exercises, standardized or spontaneous, are either performed solo or in groups and take place in a safe and motivational environment adapted to the unique characteristics of each patient.

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**The physical activity adapted in a hospital department to educational purpose**

Y.A. Quére, F. Hinault*

UFR STAPS Montpellier, 480, avenue du Major-Flandre, résidence Quartier-Latins, bâtiment A4, 34090 Montpellier, France

*Corresponding author.

E-mail address: yves-alain.quere@etu.univ-montp1.fr

**Keywords:** Adapted physical activities; Therapeutic patient education; Obesity; Behaviour; Lifestyle

**Introduction.** – The therapeutic patient education (TPE) correspond in France on the strongly practice registered on the medical institutions services. The TPE was influenced by the WHO work in 1998 and supported by various reforms justified by the increasing on the prevalence of chronic diseases. The main objective is to permit the patient the comprehension of his pathology and to associate the best health behavior and to support his observance. We noted that the very few people followed the recommendations and are not engaged in the optimal health lifestyle. Conscious by the problem, certain health professionals start projects without getting convincing results. Within a hospital department, which takes care of obese people, with educational purposes, we, educator in adapted physical activities (EAPA), made an observation to suggest elements improving this kind of coverage.

**Methodology.** – The EAPA intervention points are, the prevention, reeducation, rehabilitation, education and social contribution of disabled, ageing and/or people suffering from chronic diseases. Particularly, APA is, associated to numerous health parameters (bio-psycho-social), is nowadays, recommended in the coverage of obesity (PNNS-3, HAS, WHO).

**Results.** – In this context, the EAPA’s intervention makes sense. Usually, the TPE process, only informs the patients. They prescribe a regular AP and a healthier food habit. However, this “spontaneous conception” opposes the one justified by Perrin (2012) (interventionist conception), which is our very own. We believe it is important to combine the theory and the practice. Therefore, at first, the EAPA joining doctors would allow to prescribe the recommendations and, furthermore, to stage the lathers in the practice of APA. However, these two intervention methods are not sufficient. Within the framework of an individual interview, the all-embracing skill of an EAPA would allow to understand the person’s life history. What are the events leading to this unbalance? How can they be regulated?

**Discussion and conclusion.** – The purpose of this project is to assist the person in the behaviour change.

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**Fatigue and breast cancer: Physical activity to remedy**

S. Corbillion*+, T. Weissland++, C. Bihan++

* UFR médecine, Institut ingénierie de la santé, 3, rue des Louvels, 80000 Amiens, France
++ UFR sciences du sport, Amiens, France

**CHU d’Amiens oncologie médicale, Amiens, France

*Corresponding author.

E-mail address: corbillion.sabine@hotmail.fr

**Keywords:** Breast cancer; Fatigue; Exercise; Physical activity

**Introduction.** – The consequences of breast cancer are important in the woman life. Among the side effects associated, fatigue is the most symptoms reported. It is affect the majority of patients and may persist for months or even years after treatment [1]. The origin of this fatigue is widely discussed and multiple factors interfere. Tired patient sees her quality of life altered and diminished capacity. Many studies showed the effectiveness of physical activity as a countermeasure and non-pharmacological treatment of fatigue [2].
CO60-004-e
Assessment of the 3H syndrome psychological dimensions. Interest for adapted physical activity programs
S. Berthouze-Aranda a,*, E. Reynders a, B. Robert b
a CRIS, EA 647, université Claude-Bernard Lyon 1, 27-29, boulevard du 11-Novembre-1918, 69622 Villeurbanne cedex
b EA 4136 Handicap et système nerveux, université Bordeaux-Segalen, Bordeaux, France
*Corresponding author.
E-mail address: sophie.berthouze-aranda@nuiv-lyon1.fr

Keywords: 3H-syndrome; Sedentary behavior; Rehabilitation

Introduction:— Pathology and/or treatment are strongly impacting the course of life of patients and resulting in a breakdown situation against physical activity (PA). That carries the person, if it was not already the case, in the vicious circle of the sedentary lifestyle process (3H-syndrome, [1]). Impaired aerobic capacity that follows then increases the vulnerability due to specific pathology/therapy conditions. Favorably influencing the progression of the disease process, so that the patient can maintain or regain a place as normal as possible in the life of the community, assumes at least to recover cardiorespiratory capacity. However, despite the PA programs are effective for rehabilitation, lifestyle change does not appear in the long term [2,3]. A key step in patient monitoring and for the implementation of more adapted programs is to understand and evaluate the processes in which people in a breakdown situation against PA are inscribed.

Objective:— 3H-syndrome proposes a model at the interface of physiological and psychological processes. Tools for assessing the dynamic of these remain to be built. The objective of this paper is to present a new tool for this evaluation.

Method:— We created a nineteen items questionnaire to examine the relationship between physical activity and fatigue. The assessment was based on the six subdimensions of fatigue: impaired in daily functioning, disturbed sleep, distress, emotional, physical and energy. The sub-dimensions of fatigue could explain the heterogeneity of results. The literature analysis showed that physical activity is an effective method to improve the state of fatigue. It remains to clarify the dose–response effect to define the prescription of intensity and duration for the individual optimization results. We make recommendations and perspectives to clarify the methodology and implementation of exercises to prescribe.

Results and discussion:— The majority of (26) trials and meta-analyses selected study localized breast cancer population after adjuvant treatment. The physical practices used are “endurance” type and request the aerobic energy system. Fatigue is generally assessed in secondary endpoint. The terms of the physical practices are very different and varied assessment tools with a high frequency of use scale Piper [3]. Compared to a control group, studies recorded an improvement in fatigue for groups trained although this difference is not always significant.

Discussion:— There is growing evidence that exercise can also be an adjuvant treatment in the treatment of people with schizophrenia. Exercise can reduce psychiatric symptoms and psychological distress and improve health-related quality of life [1]. However, adherence rate to exercise program is low [2]. This systematic review describes the barriers and motivational factors associated with physical activity in adults with schizophrenia.

References
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Systematic review of barriers to physical activity and motivation for adults with schizophrenia
P. Bernard a,*, A.J. Romain a, E. Esseul b, M. Artigues c, Y. Poy a, G. Ninot b
a Laboratoire Epsilon EA 4556, Dynamique des capacités humaines et des conduites de santé, université Montpellier 1, 4, boulevard Henri-IV, Montpellier, France
b Clinique Saint-Clément, Saint-Clément, France
*Corresponding author.
E-mail address: paquito.bernard@gmail.com

Keywords: Schizophrenia; Exercise; Motivation; Barrier; Review

Introduction:— There is growing evidence that exercise can also be an adjuvant treatment in the treatment of people with schizophrenia. Exercise can reduce psychiatric symptoms and psychological distress and improve health-related quality of life [1]. However, adherence rate to exercise program is low [2]. This systematic review describes the barriers and motivational factors associated with physical activity in adults with schizophrenia.

Method:— Pubmed, PsycLIT, Web of sciences were searched with no language restrictions. The search strategy included the following terms (“physical activity” or exercise or “physical therapy” or “physical exercise”) and motivation for adults with schizophrenia. Out of 94 potentially eligible studies, 20 papers evaluating barriers (n = 8), facilitators (n = 4) and motivational interventions (n = 8) were included.

Discussion:— Exercise motivation seems lower in people with schizophrenia. The perceived barriers were associated with disorders linked with schizophrenia and care management. Motivational intervention associated with exercise program may be effective for increasing exercise participation.

References
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Communications affichées

Version française

P167-f
Impact d’un protocole en activités physiques adaptées chez des patients lombalgiques chroniques en restauration fonctionnelle du rachis
T. Durocher
Centre hospitalier de Cholet, 1, rue Marengo, 49300 Cholet, France
Adresse e-mail : nrf-ap@ch-cholet.fr

Mots clés : Lombalgies chroniques ; Restauration fonctionnelle du Rachis ; activités physiques adaptées

Objectif:— Évaluer l’impact d’un protocole d’activités physiques adaptées (APA) sur les capacités musculaires et cardiovasculaires de patients bénéficiant d’un programme de restauration fonctionnelle du Rachis.