P046-e  Specific monitoring of total hip arthroplasty with spasticity: About three cases

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Keywords: Total hip arthroplasty; Spasticity; Rehabilitation; Handicap

Introduction.– Management of postoperative total hip arthroplasty allows to preserve function and prevent complications. Mechanical loosening remains the formidable long-term complication. The objective of this work is to show the monitoring features of a patient with spasticity and total hip arthroplasty.

Observations.– In this work, we report the clinical observation of three patients followed in Physical Medicine unit and having total hip arthroplasty (THA). The assessment is of spasticity is made by modified spasticity scale Aschworth. Patient 1.– Female, 45-years-old, high blood pressure, osteoporosis, THA with left spastic hemiplegia. It has an adductor spasticity 3, flexum and adductum of the left hip. Management is performed during hospitalization with guidance of his daughter. Patient 2.– Female, 53-years-old, multiple sclerosis, EDSS 7.5, THA with left spastic hemiparesis, attitude of hip adduction, internal rotation and flexion with diffuse spasticity between 2 and 3 in the left lower limb. Management is carried out at home.

Patient 3.– Male, 56-years-old, THA with right hemiplegia, right adductor spasticity 1, functional amplitudes in the right hip and good strength. Management is performed at the Institute for one session a week.

Discussion.– Support of a total hip arthroplasty is multidisciplinary. Vigilance must be given to the risks of mechanical complications in a patient with spasticity. In the reported cases, we find the presence of a vicious attitude in two cases associated with significant spasticity of the adductors. Support in rehabilitation and occupational therapy is regular in the reported cases. The guidance of the patient and his family has a reminder of the lifestyle and the realization of appropriate postures.

Conclusion.– The total hip arthroplasty in a patient with spasticity is a heavy intervention requiring regular monitoring. Management of spasticity and support occupational therapy helps prevent mechanical complications particularly dangerous in these cases.

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P047-e  Training evaluation for a practice in spasticity associated techniques

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Motivation.– Since 2006 several trainings on injections techniques in the spasticity domain (botulinum toxin, phenol nerve blocks and motor branch blocks) have been performed on anatomical preparations. These seminars were organized three times a year by the European School of Surgery (ESS) and 10 to 20 physicians in Physical Medicine and Rehabilitation were concerned.

Problem statement.– To specify the needs for trainings by using the feedback from this 5-year experience in seminars.

Population.– All the professionals who had benefited from one or several trainings at the ESS from the beginning of this program.

Method.– Analysis of standardized questionnaires sent by mail to the participants. The questionnaire included a retrospective evaluation of the previous ESS trainings targeted on real educational impact (modifications in professional practices). Specific questions were asked concerning participants’ wishes regarding previous seminars in terms of training, themes and organization. Each participant was incited to propose areas for improvement and innovation in each domain.

Results.– Among 307 people who followed this training 110 answers were obtained and we expect 150 all in all. Previous trainings enabled modifications in professional practices for 77% of respondents, and 91% wished to renew this kind of seminars. Answers to several questions concerning further needs and future evolution of the seminars were obtained.

Conclusion.– This original project of training practices evaluation should allow educational innovations and an adaption of trainings to participants’ needs.

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P048-e  Correlation between muscle length, spasticity and motor weakness in adult spastic paresis: Infant vs adult-acquired lesions

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