Results

A was strongly correlated with XV1 across all muscles studied in the IL group (P < 0.01, except for gastrocnemius, P = 0.02) and only for planter flexors and gluteus maximus in the AL group. XV1 was correlated with A in GF (with XV in both groups and with A only in the AL group). XV1-XV3 was correlated with A or XV1 only in the hamstrings in the IL group and in the vastus and rectus femoris muscles in the AL group.

Discussion

– In infant paresis, muscle length of the antagonist–not spasticity—is the major factor conditioning active movement for all movements studied. This is the case only for ankle dorsiflexion and hip flexion in acquired lesions, active knee flexion being better reflected by the spasticity angle of the antagonists.

Further reading


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P049-e

Functional results of surgery for neurogenic heterotopic ossification at the elbow cerebro injured: About nine cases

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Keywords: Neurogenic heterotopic ossifications; Elbow; Surgery

Introduction.– Neurogenic heterotopic ossification of the elbow is a frequent complication in head injury patients. The functional impairment may be severe. The goal of surgery is to improve function. Purpose.– Determine the functional outcome of patients operated for elbow neurogenic heterotopic ossifications.

Patients and methods.– This is a retrospective study of nine patients followed for elbow neurogenic heterotopic ossifications between January 2010 and March 2013. Patients were evaluated before and after surgery with an epidemiologic profile, a range of movement and a functional assessment.

Results.– There were nine patients with 11 operated elbows. The majority of patients were male with seven men and two women, the average age was 30 years (19–41 years). The median duration of coma was 85 days (20–150 days) all patients had a serious head trauma (GSC < 8), the testing range of motion found an average of flexion at 81° (20–120°), an average of extension at –53° (–10°, –90°). The functional assessment: hand-back impossible in nine patients, hand-neck not in eight patients and hand-mouth not in seven patients. All patients received a functional rehabilitation based on continuous passive motion in addition to functional work and surgery excision of heterotopic ossifications. There was a significantly increased mobility after surgical treatment: flexion average became 114° and extension average became -38° with improvement in functional status.

Discussion and conclusion.– The main objective of surgery for elbow neurogenic heterotopic ossifications is to restore joint mobility and function. The results are generally good as confirmed our results.

References


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P050-e

Shoulder Heterotopic ossification (HO) outside the neurological context. Think about it when your patient presents a stiff and painful shoulder!

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Keywords: Shoulder; Heterotopic ossifications; X-ray

Introduction.– Heterotopic ossifications (HO) are well known after central neurological problem or prosthetic surgery, but rare after trauma and other shoulder interventions. We present two cases.


63 years man, shoulder dislocation with rotator cuff tear. Chronic alcoholism, sensormotor polyneuropathy. Limited active and passive range of motion (ROM). X-Ray, CT-scan and Scintigraphy: Scattered HO. Active rehabilitation: improvement of ROM, no surgery.

Discussion.– HO are mainly observed in a neurological setting but can be present in an orthopedic environment. Radiographic frequency of shoulder HO is 26.7% after rotator cuff surgery or acromioplasty [4], and 15 to 54% after prosthesis surgery [1]. In most cases, there is no clinical relevance. 3.2% of HO are symptomatic after acromioplasty [3]. In our first case, we believe that the hook plate, wounding the acromion, favored HO (release of osseous tissue) in the absence of other risk factors. In the second observation, the risk factors may have promoted the development of HO in the same way as those observed after TBI or medullar damage. Differential diagnosis includes mainly shoulder adhesive capsulitis whose clinic is near and sometimes intricated. Diagnosis of HO is based on X-Rays and CT. Scintigraphy can assess HO maturation and may help the surgical decision. In case of rehabilitation failure, curative treatment is surgical with varying results [2]. Presence of HO delays rehabilitation with prolonged stiffness. In front of a stiff shoulder, after shoulder trauma or surgery, a simple X-ray may help and avoid overdiagnosis of adhesive capsulitis.

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