Eighteen patients (33%) have benefited from some rehabilitation to get their shoulder back to strictly normal. The treatment has been tolerated very well, locally or generally. The patients have been globally satisfied in 85% of cases. Seeing those results but also because of its harmlessness and its low cost, this treatment by mesotherapy can be proposed in first intention. 

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Teres minor tendinitis diagnostic and comparison of two therapeutics over 14 cases

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Keywords: Teres minor; Mesotherapy; Constant scale

This prospective study is over 14 cases of teres minor insertion tendinitis on the tubercule major tubercule of the shoulder, rebellious to usual treatments with a group of seven cases treated by rehabilitation alone and a group of 7 treated by rehabilitation + mesotherapy.

The study was done from September 2007 to March 2008 with ten men and four women.

The positive diagnostic is about the questioning that finds a chronic pain of the stump of the shoulder, the clinical exam shows painful abduction and side way rotation, a pain at the end of the throwing gesture, a pain at the palpation of the “insertion” and a gate sign often positive.

The evaluation of the algo-fonctionnal status of the patient will be done by the Constant scale at D1 and D30.

Procedure of rehabilitation: association of deep transversis massages and of rolling palpation.

Procedure of mesotherapy: three sessions at D1, D8, D15 and if needed at D30 during the evaluation.

On IDP: procaine 2% + piroxicam + calcitonine (100UI).

On IED: pidolate de magnésium + thiocolchicoside.

The Constant scale is way in favour of the group of rehabilitation + mesotherapy with a degree of signification whereas the group with rehabilitation only presents a degree 0.005 < P < 0.10. It is the same for the feel and for the benefit of the arm movement.

No unwanted or side effects have been found in the rehabilitation + mesotherapy group whereas in the group of rehabilitation only, all the patients have had important pains fading towards the end of the sessions.

Seeing those results but also because of its harmlessness and its low cost, this treatment by mesotherapy can be proposed in first intention.

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Contribution of functional rehabilitation in temporo-mandibular joint disorders

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Keywords: Temporo-mandibular joint; Rehabilitation; TMJ scale

Introduction.– Temporomandibular mandibular joint (TMJ) affections require a multidisciplinary approach including a rehabilitation to limit functional sequelae. The main objectives of this study are the evaluation of our TMJ rehabilitation results and compare them to those of literature.

Patients et methods.– It’s a retrospective study on 2 years, included patients sent to our MPR unit for a TMJ rehabilitation.

We evaluate aricular and muscular conditions we also estimate pain with visual analogue scales (VAS) ranging from 0 to 100 mm, and TMJ dysfunction with the TMJ scale (a score greater than 194 signs a TMJ disorders) all these evaluations were made before and after treatment.

Results.– We collected 11 patients (six women and five men) average age of 36 years (20–56 years).

Diseases in question were traumatic in five cases (mandibular fractures or dislocations), SADAM syndrome in three patients, TMJ dislocations for two patients and TMJ ankylosis after an infectious parotidis. Five patients had chirurgical interventions. Initially, VAS was at 60 mm, a mouth opening at 12 mm, diduction 3.5 mm, propulsion 4.5 mm and retropulsion 3 mm. TMJ scale was 258 for women and 212 for men.

After re-education, we notice a marked improvement, mouth opening was greater than 36 mm for all patients, deduction of 7.5 mm and propulsion of 8.5 mm, VAS pain 25 mm and TMJ scale of 151 for women and 132 for men.

Discussion.– TMJ is exposed to dysfunctions or trauma that often requires surgical management followed by appropriate rehabilitation. The main goal of rehabilitation is to restore not only the indolence, the normal functions of chewing and swallowing but also, in some cases, phonation functions.

The TMJ scale is an important tool for assessment and therapeutic monitoring of the TMJ malfunctions.

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