Methodology. From Pubmed databases, Cochrane Library and Paschal in English and French languages, the literature review focused on the key words “breast cancer, physical activity or exercise, and fatigue.” The research was limited to a period of five years retrospective and articles on physical activity in secondary and tertiary prevention.

Results. The majority of (26) trials and meta-analyzes 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. 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 refine 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.

References
http://dx.doi.org/10.1016/j.rehab.2013.07.152

Assessment of the 3H syndrome psychological dimensions. Interest for adapted physical activity programs
S. Berthouze-Aranda a,*, E. Reynes 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 perceived barriers, facilitators and motivational interventions in patients 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
http://dx.doi.org/10.1016/j.rehab.2013.07.154

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 Marenco, 49300 Cholet, France
Adresse e-mail : rnf-apa@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.