Methods.— Twenty-two patients are included and followed during epicondylitis treatment. The chosen patients, beside epicondylitis had a functional deficit with movement limitations of flexion. First group (12 patients) was treated with laser beam applied on painful areas. Ten patients in second group were treated with laser applied on acupuntural point SI5, Li4, Li10, Li11, Pc3, Si8.

Results.— Analysing the VAS scale data it was estimated that high statistical significance in both groups is \( P < 0.001 \). While measuring ankle movement high statistical significance is achieved also in improvement of ankle flexion amplitude in both groups (Kruskal-Wallis test, \( P < 0.001 \)). Better pain relief and increased flexion was detected in group II laser acupuncture application (Mann-Whitney \( P < 0.05 \)).

Conclusion.— Analysis has clearly shown positive impact of laser therapy in pain relief, and ankle movement amplitude, with better results of laser applications on acupuntural points during treatment.

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Clinical effects of different therapeutic models in tendinitis supraspinatus
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Keywords: Tendinitis supraspinatus; Laserotherapy; Corticosteroid infiltration; Acupuncture

Clinical effects of different therapies in tendinitis supraspinatus Leading pathological cause is tendon inflammation followed by hypervascularisation and oedema. Main clinical manifestations are pain and impaired function.

Objectives.— To establish therapeutic effects of three different therapeutic models: low level lasertherapy (LLT), local corticosteroid infiltration (LCI) and acupuncture (A), on subjective symptoms and objective signs, in painful shoulder syndrome caused by tendinitis supraspinatus. To compare effects of the three different therapeutic models.

Methods.— Randomised prospective clinical study included 36 patients with chronic shoulder pain, comparable with regard to sex, age, concomitant diseases. Diagnosis was made with regard to clinical, radiological, ultrasonographic examination. Patients were divided in three therapeutic groups (12 patients). I-group: treated with laseroterapy. Midlaser, Irradia, 904 nm, 5000Hz. Ten points located in inflammatory region, daily dose of 10 J/cm\(^{2}\) X days. II-group: treated with LCI/Betamethasonium Diprofoss\(^{a}\) mL/in inflammatory region. III-group:threated with acupuncture(L4,G38,UB57,L11,L15,L16, 4 pain-tender-points), NoX. All of the patients were given pendular free-swinging exercises. Measured parameters were: local functional status-measured with Constant Murley functional scale. Wilcoxon test and Kruscall-Wallis test was used for statistical analysis.

Results.— Highly significant statistical difference was fortified before and after the treatment in every of the three therapeutic groups (Wilcoxon, \( P < 0.001 \)). There was no significant difference among therapeutic groups (Kruscall-Wallis, \( P < 0.05 \)).

Conclusion.— In patients with tendinitis supraspinatus, laserotherapy, Diprofoss\(^{a}\) and acupuncture are highly effective for functional status improving.

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Effects of lumbar orthosis on postural control strategies in subacute low back pain
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Some low back pain (LBP) patients demonstrate a rigid postural control strategy induced by a persistent and excessive muscular co-activation of the trunk. The aim of this study was to measure the effect of different lumbar orthosis (LO) designs for preventing the occurrence of this fear-avoidance strategy. Twelve