Spinal cord injuries / Annals of Physical and Rehabilitation Medicine 57S (2014) e225–e236

95% c.i. 0.939–0.959). The number of inpatients that significantly improved their MC was overall higher in the IMFES lot (mean 365.80, st.dev. 488.61) compared to controls (mean 324.94, st.dev. 63.22); P < 0.001, especially for those AIS B at admission, with SS between 160–224 (IMFES: mean 283.09, st.dev. 403; control: 1061.29, st.dev.437.17; P < 0.0001) and AIS C, with SS between 160–224 and MS below 40 (IMFES: 229.63, st.dev. 389; control: mean 694.14, st.dev. 671.89; P < 0.001).

Discussion.– OCS is valid for (dis-)control evaluation and IMFES is useful in rehabilitation of incomplete SCI patients with NB.

http://dx.doi.org/10.1016/j.rehab.2014.03.853

P166-e

Rapid onset myelitis in 2 French patients at return of West Africa: Think NeuroSchistosomiasis

E. Cugy a, b, M.-C. Gellee b, M. Ravel c, J.-M.D. Malvy c, F.-A. Joseph a

a Service de Médecine Physique et Réadaptation, CHU de Bordeaux, Bordeaux cedex, France
b Service de Médecine Physique et Réadaptation, CHU de Toulouse, Toulouse, France
c Service des Maladies Infectieuses et Tropicales, CHU de Bordeaux, Bordeaux, France

*Corresponding author.

Keywords: Spinal cord injury; NeuroSchistosomiasis

Introduction.– Etiological diagnosis of myelitis is an emergency in order to provide appropriate treatment and reduce neurological complications [1]. We report the cases of two patients with a non-compressive subacute myelitis. Observations.– During a stay in Africa (Ivory Coast, Ghana), two patients developed neurological signs 3 weeks: paresthesia in S1-S2 territory, hypoesthesia seat, dysuria and muscular atrophy. Found a moderate eosinophilia (< 1000/mm3), lymphocytic meningitis and conus intramedullary hyperintensity on MRI. Schistosomiasis serology and Western Blot are positive. Discussion.– Radiculo-myelitis is the most common neurological manifestation of Schistosoma mansoni or S. haematobium. Eight hundred cases of spinal injury schistosomiasis are described since 1930, mainly in endemic countries [2], some mechanism inflammation around the eggs, other ischemic by larvae aberrant migration. Intensity and duration of infection determine the amount of the inflammatory response and the severity of fibro-obstructive chronic disease. References


http://dx.doi.org/10.1016/j.rehab.2014.03.854

P167-e

Charcot spine L5-S1 following diffuse idiopathic skeletal hyperostosis: A case report

D. Riquier a, B. Basch, S. Jacquin-Courtois, G. Rode

Service de médecine physique et réadaptation, hôpital Henry-Gabrielle, Hospices civils de Lyon, Inserm UMR-S 1028, CNRS UMR 5292; ImpAct, Centre des Neurosciences de Lyon, université Lyon-I, Saint-Genis Laval, France

*Corresponding author.

Keywords: Charcot spine; Diffuse idiopathic skeletal hyperostosis; Autonomic dysesthesia

Introduction.– Charcot spinal arthropathy is an vertebral neuropathic arthropathy characterized by disc and vertebral degeneration with massive bone formation of an articulation. It results from an impairment of joint innervation with loss of proprioception and sensitivity to pain, associated with repetitive microtraumaism [1].

Observation.– We report the case of a 62-year-old man suffering from a complete C6 sensorimotor tetraplegia following a cervical traumatism in 1980. The evolution was characterized by the progressive appearance of an spinal stiffness in extension, that revealed an associated diffuse idiopathic skeletal hyperostosis. After almost 30 years of evolution of the tetraplegia, the patient presented autonomic dysreflexia indicative of pseudo-tumoral Charcot spine L5-S1 with anterior hypertrophic osteophytosis compressing the vesical dome. The arthropathy concerned the last mobile joint under vertebral ankylosing hyperostosis. Discussion.– This observation confirms the key-role of complete sensory deafferentation and abnormal mobility of the vertebral joint on the emergence of Charcot spinal arthropathy. The full loss of mobility of the dorsal and lumbar spine, following diffuse idiopathic skeletal hyperostosis, probably provoked the onset of L5-S1 Charcot spine.

http://dx.doi.org/10.1016/j.rehab.2014.03.855

P168-e

A rehabilitation modelling video prototype for spinal cord injured (SCI) people: From production to impact evaluation

C. Garcia

Universidade Católica Portuguesa, Instituto das Ciências da Saúde, Lisboa, Portugal

Keywords: Video modelling; Spinal cord injury; Rehabilitation; Nursing

Introduction.– IT changes in digital interfaces and internet consulting as in platforms as Youtube considerably influenced the way people search health information. This is particularly important for SCI people whose highly affected mobility [1] damages their ability to gather resources and access information. Methods.– Two preliminary studies were conducted, first accessing health information needs of participants, the 2nd regarding content validity by 7 independent experts. The main study evaluated the video’s impact. Modelling videos were: spirometry, transfer wheelchair-vehicle, Standing frame, Push-up and managing curbs.

Discussion.– A pre-test/post-test study involved 5 independent researchers whose evaluation reported mobility gains in the intervention group (P < 0.05). The interviewing study concluded immediate knowledge gains (> 0.011). Similar results were found in different modelling video studies [2,3]. References


http://dx.doi.org/10.1016/j.rehab.2014.03.856

P169-e

Monitoring the effectiveness of rehabilitation of patients with spinal cord injury

O. Uvarova a, V. Daminov a, A. Kuznetsov a

National Medical Pirogov Center, Moscow, Russia

*Corresponding author.

Keywords: Spinal cord injury; Lokomat; Kinesotherapy

Objective.– To develop an integrated clinical and electrophysiological evaluation of the effectiveness of methods of robotic mechanical therapy in individual rehabilitation programs.

Methods.– Two hundred and seventy-eight patients in the interim period of spinal cord injuries with the syndrome of complete and incomplete spinal cord conduction abnormalities had standardized three-stage rehabilitation including the 1st and 2nd stages of robotic mechanical therapy (Lokomat and Erigo). Sixty-four