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**Problem based medicine – PMR**

**Interventionism. Minimally invasive techniques: A case of LBP management** – Cost efficacy & efficiency

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**Keywords:** Minimally invasive techniques; Problem-based medicine; PMR interventionism; Cost efficacy & efficiency

**Introduction.** – LBP is a major cause of workday loss and incapacity, needing often for medical treatment and representing a great expense for healthcare systems. Medical interventionism procedures might provide a good treatment option, being less aggressive than surgical procedures and with better results than oral and topical drugs.

**Observations.** – A 30-year-old man comes to PMR daily clinic with LBP 10/10 VAS, with increasing severity in the last 50 days, not working for 30 days, still under Acetaminophen 500 mg + Thiocolchicoside 2 mg (2 pills e8 h), Diclofenac 75 mg (1 pill e12 h) and topical Etofenamat 50 mg/g. Had already been several times in the health center and hospital ER, where IM Thiocolchicoside and Diclofenac had been administered. Four angled lumbar spine x-ray showed subtle signs of arthrosis of L5 left facet joint that could justify the clinical signs. The patient was treated with Ropivacaine and Bethametasone injection. Pain was reduced and the function was restored and kept. No further medication was needed.

**Discussion.** – Medical interventionism procedures in managing LBP are efficient, cheaper, and less aggressive than surgical procedures, with better results than oral and topical drugs. The burden of workday’s loss and incapacity is largely reduced, with less expense for healthcare and social systems.

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**The Bobath Concept in walking activity in chronic stroke measured through the ICF**


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**Introduction.** – To investigate the effect of radial shock wave therapy (RSWT) in chronic plantar fasciitis.

**Material and methods.** – Twenty-one patients: mean age: 51.29 ± 2.02; duration: 10.14 ± 1.11 months. VAS and the rating system of the American Orthopedic Foot and Ankle Society (AOFAS) were used for outcome measurement: before, after treatment, 3 months, 6 months and 12 months later.

**Results.** – VAS evolves heel pain at first steps in the morning from 6.28 ± 0.4 at baseline to 2.85 ± 0.48 after treatment and 0.52 ± 0.14 at 12 months follow-up (P > 0.001). Similar dynamics was observed regarding pain during daily activities, at rest, in the evening and upon compression. The score of AFOAS clinical rating system showed statistically significant reduction in pain – from 11.90 ± 2.35 to 31.90 ± 1.48 after treatment (P > 0.001), and 39.52 ± 0.47 one year later (P < 0.001). The mean values of activity limitations and support requirements increased from 3.85 ± 0.42 to 7.85 ± 0.46 after treatment and 9.71 ± 0.19 after 12 months (P < 0.001). Similar dynamics regarding walking distance and walking surfaces was observed. The gait abnormalities changed from 3.43 ± 0.50 at baseline to 6.28 ± 0.59 after treatment (P < 0.001).

**Conclusion.** – Our preliminary findings indicate that RSWT could be an effective treatment option for patients with chronic plantar fasciitis.

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**Efficacy of respiratory physiotherapy combined with ventilation percussive intrapulmonary (VPI) in stable adult bronchiectasis**

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**Keywords:** Bronchiectasis; Respiratory physiotherapy; Ventilation percussive intrapulmonary

**Introduction.** – The bronchiectasis are defined as an abnormal and permanent expansion, of bronchi that it deals with cough and chronic expectoration. It is estimated, that in 78% of the patients present at least an annual acutement. Though the efficiency of the respiratory physical therapy has been demonstrated, there has not been established the level of scientific definitive evidence on her efficiency in the treatment of the bronquiec-tasis; neither of the place that instrumental complementary technologies. Our hypothesis formulates that the respiratory Physiotherapy combined with VPI is a useful technique in the treatment of patients with stable adult bronchiectasis.

**Objectives.** – Evaluate the efficacy of respiratory physiotherapy joined to IPV in stable adult bronchiectasis.

**Methods.** –Thirty subjects fulfilled the inclusion criteria. Patients were evaluated before, end and three months after the treatment. We evaluate functional improvement, mucociliar clearance, exercise tolerance and quality of life through validated tests, either in control group or in the study population. Control group receives hygienic bronchial and pulmonary measures.

**Conclusion.** – Results are yet to be evaluated before obtaining definitive conclusions.

**Further reading**


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