Keywords: Limb defects; Prenatal consultations

Objective.– The limb defects are rare. The antenatal diagnosis has led to a reduction of effective birth and organization of care at birth [1,2].

Method.– Fifty-three pregnancies, 101MG has been made for more or less severe malformations [3]. Decisions regarding the coming of pregnancy are highly variable from one couple to another and from one team to the other.

Discussion.– Several tables antenatal clinics were found different at birth. Functional capabilities are different for the same anomaly… and it is impossible to have a systematic description.

References
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P377-e

Neuro-motor rehabilitation evaluation scale for the child with cerebral palsy in Romania

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Keywords: Cerebral palsy; Evaluation; Motor development

We designed and investigated the efficacy of a new specific neuro-motor scale (SED-PCI) for the Romanian cerebral palsy child in order to evaluate the rehabilitation treatment outcomes with practical application on Romanian particularities of CP case. The scale was conceived to be especially an observational instrument used to assess motor behaviour and to sustain an early identification of neuro-motor skills difficulties.

In order to demonstrate the validity of SED-PCI we use a comparative research with GMFM and GMFCS scales on 75 cerebral palsied children. The findings showed us a proper correlation with this scale which means that SED-PCI can be a useful instrument to describe the development for this type of pathology at different ages of year.

This instrument adapts easily to evaluation program’s needs, it is culturally sensitive for this region, and is intended to be useful in our care community-based programs which usually have limited resources and depend on the efforts of parents and personnel who have little formal training.

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P378-e

Problems of head-holding in children with cerebral palsy

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The disability of cerebral palsy-subjects to hold their head for a long time consequently creates other disorders such as perception troubles (troubles between sight, spacing and touching information), moving troubles (eyes to hand coordination), feeding troubles (swallowing quality) postural troubles (pathological behavior), and troubles in communication and life quality (pains).

Our understanding of these multifactor troubles created by this disability and the related therapeutic means used is supported by various works carried out by A. Grenier and Le Métayer about the innate abilities of the new-born, or by Assaillante and Berthoz about the child construction of their equilibrium strategy. We observed very young premature babies and also severe palsies and have been able to propose responses to correct their bad head-holding.

Further reading
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P379-e

Ultraflex® dynamic orthosis: High tolerance, key factor of its efficiency in the treatment of knee flexion contracture in child with cerebral palsy

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Keywords: Cerebral palsy; Knee flexion contracture; Dynamic orthosis; Tolerance

Objective.– Assessing patient compliance and impact on sleep.

Methods.– Questionnaire in 92 patients assessing wearing time and regularity, sleep quality, tolerance.

Results.– Seventy answers, 18 females, 52 males aged from 5 to 23 (28 GMFCS I & II; 19 GMFCS III & IV; 23 GMFCS V). Compliance: 68% worn every night (among which 52% of simultaneous bilateral treatment); 15.7% every other night; 12.8% less than 3 nights a week; 2.8% abandoned Wearing night time; 78.7% > 7 hours. Tolerance: 74.2% excellent or good, 18.6% medium; 7.1% bad.

Discussion.– Assessing sleep quality before treatment and therapeutic proposals after analysis of disturbances if necessary.

Conclusion.– Ultraflex® dynamic orthosis uses a low load prolonged stretch with really good results on walking and not walking child, not least thanks to its good tolerance, which allows to propose it early in case of uni or bilateral knee flexum.

Further reading
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P380-e

Flexed and hyperextended knee in cerebral palsy: A comparison of the efficacy of conservative treatments

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Keywords: Orthoses; Botulinum toxin; Cerebral palsy; Gait; Hyperextended knee; Flexed knee

Introduction.– Flexed and hyperextended knee represent frequent gait abnormalities in children with cerebral palsy. Spasticity, muscle contracture formation, impairments of motor control, weakness, balance deficits, and extrapyramidal motions can all contribute to the functional limitations imposed at the knee [1]. Several conservative management strategies are available. The aim of our