

active file, followed to the 31st December 2010 by the mobile stroke team of the Mulhouse Hospital Centre. The checklist was designed to choose the items of a therapeutic education program complying as close as possible to the questions and needs of this population.

Material/patients and methode.— Our population was composed of recent, semi-recent and long past, stroke victims and their family. We contacted France AVC68, a stroke victim association, and they asked them to help us to choose the different questions. We sent 200 mails.

Results.— There were 109 answers to 200 mails. There was a very clear interest for a better understanding of the disease: to prevent and recognize recurrences; understanding mobility problems, spasticity, treatment and disease following up; other questions included urinary and sexual problems, cognitive disorders and helping caregivers. Some responses included questions about behavior and mood disorders and consequences of stroke on lifestyle.

Discussion.— In conclusion, our study showed that the population is very interested in the topic; the response rate was 50% with indications for choosing the most important items for our future program.

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P092–EN

Isokinetic muscular strengthening in the obese adult subject

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P093–EN

Diagnostic accuracy of electromyography testing for the evaluation of weakness

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Introduction.— Electromyography testing is often used in patients presenting with weakness as an evaluation tool. The diagnostic accuracy of the test in this setting remains debatable.

Purpose of the study.— To determine the diagnostic accuracy of electromyographic testing in patients with weakness.

Patients and method.— During a 22-month period, we identified 110 inpatients, 66 females and 44 males, aged 22–86 years old, attending our electromyography (EMG) laboratory with the chief complaint of muscle weakness in upper or lower limbs, and a referring diagnosis on the referral form. We documented the medical history, physical examination and electromyography testing and assigned each patient an electrophysiologic diagnosis. We reviewed each patient's medical record 3 months following the EMG to determine a final diagnosis. Then we compared this final diagnosis with the referring and electrophysiologic diagnoses.

Results.— Electromyography testing led to a single diagnosis in 80% of the cases and in 30% of these cases, this diagnosis was unsuspected by the referring doctor. A final diagnosis could be determined in 80% of patients. In this group, electromyography testing resulted in a single, correct diagnosis in 75% of patients and provided more than one possible diagnosis, one of which was correct, in an additional 15%; this yielded an overall diagnostic accuracy of 90%. Of the 27 patients in whom the electrophysiological diagnosis differed from the referring diagnosis, the electrophysiological diagnosis was significantly more accurate than the referring one, predicting the final diagnosis in 24 patients (88%) (test for paired proportions, $P=0.001$).

Conclusions.— In the evaluation of patients with weakness:

– EMG testing often leads to a diagnosis with high accuracy;

– confirming the clinical importance of EMG testing in weakness evaluation.

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