Lower Extremity Functional Scale score. in both groups. Statistical analysis indicated significantly lower eversion and Eight hop test. score, isometric eversion and inversion strength, Square hop test, and figure of the ankle. The outcome measured isometric peak torque and peak torque differences between the healthy subjects). Both groups underwent the same rehabilitation programme. We randomized into isometric testing group (40 subjects), and control group (40 subjects). Sixteen healthy subjects (CTRL) and 20 subjects with CAI (CAI) realize unipodal and bipodal balance tests, with eyes opened (EO) and closed (EC). During bipodal balance tests, significant increases (P<0.05) are observed for centre of pressure displacement and velocity for CAI between EO and EC conditions. Reached distances at SEBT are significantly shorter (P<0.05) for CAI people. Dynamic balance seems to be relevant to characterize CAI through SEBT [4].

Objectives.– The aim of this study is to note if static and/or dynamic balance can characterize CAI.

Methods.– Sixteen healthy subjects (CTRL) and 20 subjects with CAI (CAI) realize unipodal and bipodal balance tests, with eyes opened (EO) and closed (EC).

Results.– In static conditions, no difference between CAI and CTRL is shown. Reached distances at SEBT are significantly shorter (P<0.05) for CAI people. Dynamic balance seems to be relevant to characterize CAI through SEBT [4].

References

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Role of rehabilitation physician and physiotherapist in the classification in disabled sports, an example: Paracycling
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The rehabilitation physician and the physiotherapist can be a doctor or a physiotherapist expert in disability assessment to classify an athlete who wishes to practice disabled sports competitions. Depending on the sport, the classification is more or less complex. It depends on the accessibility of sport at various disabilities and the number of categories proposed by the discipline.

In paracycling, there are different categories with a point system scale according to the type of disability (amputation, neurological, orthopedic) and clinical evaluation. The classification is done with the medical record and is multidisciplinary. The physiotherapist is involved in clinical evaluation by muscle and joint testings. A specialized technician is involved in the evaluation on bike, using a battery of tests to determine if the assessment by the physiotherapist and the doctor correlates with the impact of disability on the bike. The stakes of this classification are very important at a high level because according to the category, an athlete can win or not a medal in Paralympics games, in national...