from C5 to C8 and absent in the lower limbs. Two months later, a motor control on the left hand was observed.

Discussion.-- For this patient, the relevance of the MEP in sub-acute stage of brainstem infarct was initially discussed because of the presence of a beginning of motor control but they were finally performed with two objectives: try to better predict functional recovery and mainly to contribute to the announcement of the disability.

Further reading

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P434-e
Long-term functional improvement in hemiplegic patients after stroke: A series of case
M. Testud *, M. Kerzoncuf , L. Bensoussan , J.M. Viton , A. Delarque
CHU Timone, Marseille, France
*Corresponding author.

Keywords: Stroke; Gait; Long-term improvement

Objectives.-- Estimate the functional long-term improvement of walking in hemiplegic patients after stroke taken care in PRM.

Materials and methods.-- Retrospective study about a series of patients after stroke followed in PRM during at least 4 years. Assessment criteria were the qualitative and quantitative parameters of walking. Autonomy in daily living, equipment, local treatment of spasticity, and functional surgery of lower limbs were also studied.

Results.-- Thirty patients were included. The duration of follow-up was from 4 to 13 years with an average of 6.8 years. Eight patients (26.6%) improved in terms of speed, symmetry of steps and reduction of the equipment, 4 (13.33%) deteriorated, and 18 (60%) remained stable. Twenty-eight patients (93.3%) benefited from a treatment by botulinum toxin; 7 (23.3%), of a functional surgery; 27 (90%) had an equipment.

Conclusion.-- More than a quarter of the patients pursue a functional improvement several years after their stroke, both on their capacities of walking and on their autonomy in daily living.

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P435-e
Predictors of motor recovery after ischemic stroke in 64 patients
N. Daoussi *, R. Machraoui , M. Aissi , S. Younes , A. Bouguammoura , M. Frih
CHU Fattouma Bourguiba de Monastir, Monastir, Tunisia
*Corresponding author.

Aim.-- The aim of our study was to identify anamnestic and clinical predictors of motor recovery after experiencing an ischemic stroke.

Methods.-- We conducted a retrospective study including patients with acute phase of IS with initial neurological deficit. All patients underwent physical rehabilitation. Recovery was defined as a NIHSS score of zero and Barthel Index greater than 90.

Results.-- Among 419 patients, 64 (15.2%) recovered fully their motor deficit. Mean patient age was 58.1 years ($P<0.03$) with a sex ratio M/F of 0.6. The mean duration of hospitalization was 7.33 days ($P<0.01$). Infraction in the territories of the anterior circulation was inversely correlated with motor recovery ($P<0.001$). On the contrary, lacunar infarction was associated with a favorable outcome ($P<0.001$).

Discussion.-- In our study, young age, female gender, presence of a history of transient ischemic attack and the lacunar infarction are correlated with total motor recovery after experiencing an ischemic stroke neurological deficit. These factors are discussed according to literature data.

Conclusion.-- It is important to determine the recovery potential of motor deficits and therefore to dispose of early anamnestic and clinical predictors.

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P437-e
Exploration of factors influencing quality of rehabilitation for those with stroke in Madagascar
M. Andriamasino * , M. Chamberlain b ,*

a Department of Rehabilitation, University Hospital of Mahajanga, Mahajanga, Madagascar
b University of Leeds, United Kingdom
*Corresponding author.

Keywords: Stroke; Service; Low-resource country

Background.-- In contrast to industrialized societies the pathway for rehabilitation of those with stroke is poorly developed, lacking many resources, in low income countries. This study explored these at a regional rehabilitation centre in Madagascar.

Methods.-- Interviews were held with 32 patients with stroke using the centre between March and August 2013 and with their 6 physiotherapists who then participated in a focus group. The questions explored social and practical facets of the rehabilitation given. Patients were categorized according to demographics, chronicity and severity of disability.

Results.-- Responses were analyzed. Six groups of problems were identified by staff relating to patients and families, conditions of work (100% responses) and geography (40%) (the region is vast). Forty percent responses noted limited diagnostic and teaching facilities and specialist staffing. Personal factors contributed in 20%. Most patients were appreciative of care, but complained of delayed, short treatment times inadequate to treat or train, given in a poor clinical setting. Many stated that improvements in knowledge, and attitudes of staff were needed.
Birth of a neurological rehabilitation unit in a hospital for chronic diseases

J. Vecsey, F. Farahbod Zadeh, H. Mueller, V. Dupont, H. Vuagnat
Hôpitaux universitaires de Genève, site de Bellerive, Genève, Suisse

Keywords: Rehabilitation; Interdisciplinarity; Neurological rehabilitation; FIM

Method. – Acute care hospital provide very dependent patients suffering from neurological disorders such as stroke, aneurysm ruptures, neurodegenerative diseases, etc. Some patients require a rehabilitation that cannot be given in a conventional hospital.

This led to the creation of a neurological rehabilitation unit (17 beds) in a chronic rehabilitation service of 270 beds, able to provide adequate supervision of persons and equipment.

Methods. – Patients receive treatment by a team of competent therapists.

Results. – The analysis of a cohort of 133 patients (FIM average: 50, mean age 75 years) showed: after an average stay of 108 days, disposition of patients is as follows: return to home: 27, medico-social establishment: 29, another hospital: 68, deaths: 9.

Conclusions. – In our clinic, the interdisciplinary rehabilitation process is adapted to the rhythm of patients.

New tool for assessing functional disabilities linked to a stroke injury with the use of NICIT: Clinimeter

J. Mathieu
GCS SAD, St-Priest-en-Jarez, France

Keywords: Evaluation; Hemiplegic; Functional disabilities; Clinimeter

Objectives. – Make the use of existing functional disabilities scales easier with NICIT for a better care and monitoring of stroke injury patients.

Method. – From the study published in 2005 “Evaluation of the disabilities of hemiplegic patients”, an inventory of functional disabilities assessment scales would be done in some rehabilitation centers and an analysis of their use for stroke patient. It will be compared with the test of using clinimeter tool (generates assessment scales on tablet computer) for entering data.

Results. – Under-employment of evaluation grid has already been identified, the study will help confirm it. With tablet computer use, an improvement in the employment of those scales and a better share of evaluation within the team should be validated.

Discussion and conclusion. – Paper format which do not allow easy visualization of evaluation results and which restrains the relay within therapeutic team is the main reason for the poor use of those scales. Interactivity of tablet computer and how clinimeter operates help a graphic visualization of evaluation and a better share of the results. This new approach should help give to assessment scales a new key role in managing stroke injuries.

Clinical correlation between functional and quality of life scores in stroke patients following a rehabilitation program

B.I. Mitoiu, S.A. Nica
University of Medicine and Pharmacy “Carol Davila”, Bucharest, Romania

Keywords: Quality of life; Rehabilitation; Stroke; FIM; SF-36

Introduction. – Stroke as a complex pathology influencing clinical and functional aspects for a patient is a major point of interest in different levels of the medical field. Health related quality of life is a key element in assessing post-stroke patients and their benefits after treatment and the need to improve it is a target for both treatment centered on patient and cost efficiency of care.

Material and methods. – We have studied 105 patients with stroke admitted to our rehabilitation clinic using FIM scale (Functional Independence Measure) and SF-36 (Short Form Health Survey - 36) to measure various parameters before treatment, at the end of it and 6 months later.

Results. – Data were collected and processed in order to obtain conclusions on the effect of the rehabilitation treatment in our patients and collect information on the quality of life in the short and medium term.

Discussion. – Conclusions were grouped and analyzed to be used in order to improve the medical rehabilitation circuit for post-stroke patients and to obtain higher values for indices of quality of life.

New Syndrome of the trephined

D. Abbas, N. Roudel, L. Bensousan
* CRF Valmante, UGECAM Paca et Corse, Marseille, France
* Pôle de neurochirurgie, CHU hôpital Nord, Marseille, France
* Service de neurochirurgie, CHU Timone, AP-HM, Marseille, France

Keywords: Syndrom of trephined; Cranioplasty; Cranietomy

Introduction. – Syndrome of the trephined is a complication after decompressive cranietomy.

Observation. – We report a case of trephined syndrome. Patient have cranietomy after traumatic brain injury. Patient suffering headache, vomiting, mental and cognitive disorders. After cranietoplasty each symptom regress.

Discussion. – Syndrome of the trephined or sinking flap syndrome is a rare complication after large cranietomy. Principal symptoms are headache, mental changes, focal deficit, and seizure. The diagnostic is not usually evoked because symptoms are non-specific. It rapidly improved after cranietoplasty. The literature evokes atmospheric/intracranial gradient pressure.

The patients value their sexuality after stroke: Their first expectations

C. Ntasiopoulou, A. Ribu, K. Kyriakidou, D. Skoutas, I. Katsanos, E. Mouza
Anagenisis Rehabilitation Center, Thessaloniki, Greece

Keywords: Stroke; Sexuality

Aim. – To study the effect of stroke on the patients’ sex life. A prospective study carried out in “Anagenisis” rehabilitation center.

Material. – Fifteen stroke patients (6 women and 9 men, aged 47–84) enrolled in inpatient rehabilitation program. Patients with previous stroke, aphasia or problems in perception and communication were excluded as well as patients who were sexually inactive for more than a year.

Method. – Personal interview – questionnaire.

Results. – Eleven patients were married, 3 widowers, 1 divorced. Eight patients still had desire for sex and 7 hadn’t, 7 patients felt the same for their physical picture and 8 felt different. The importance of sex in their life after stroke: 3 very important, 5 fairly important, 2 a little important, 5 not important at all. Possible sexuality problems: pain (1 patient), mobility problems (3 patients), erection problems (1 patient), fear (1 patient), positions during sex (1 patient). Eleven patients will not look for a new partner and 4 will. Information needs: 4 wished to be informed and 11 didn’t.