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Influence of word prediction settings (number of words displayed and frequency of use) on text input speed in persons with cervical spinal cord injury

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**Disclosure of interest**

The aim of this prospective clinical study is to determine text input speed (TIS) in people with cervical Spinal Cord Injury (SCI) and to study the influence of participant’s characteristics on TIS.

People with cervical SCI were included if their level of injury was between C4 and C8 Asia A or B, and were computer users. Each participant underwent a single evaluation using their usual computer access devices. TIS was evaluated during a 10-minute copying task. The relationship between participant’s characteristics, computer access device and TIS were analyzed using a Two-Way ANOVA.

In the study, 35 participants with cervical SCI and 21 able-bodied people were included. Participants with cervical SCI had a Median TIS was 11 [8.1; 17.2] wpm and able-bodied participants of 23.5 [18.1; 29.7] wpm (p = 0.001). Participants with SCI lesions at or above C5 had a median TIS of 12.2 [4.5; 13] wpm and those with lesions below C5 had a median TIS of 10.4 [9.2; 18] wpm (p = 0.38). The Two-Way ANOVA showed that only the type of computer access device significantly influence TIS. Surprisingly, none of the subject’s characteristics among them the level of cervical lesion did not affect TIS.

Keywords - Cervical spinal cord injury; Text input speed; Participant’s characteristics; Computer access device

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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Milking effect on lymphoedema forearm: Manual versus pneumatic drainages

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Introduction Milking effect is widely search in manual drainage technique. Since 1993, some pumps can work in a similar retrograde mode.

Objective Our aim was to compare the effects of three light retrograde drainage options: 2 pneumatic and one manual one’s.

Method We used a fragmentation program with a seven-compartment i-Press® 10th serial (Mazet MedTM, Fr); with a Lymphassist™ program with a 12-compartment Hydroven12™ (FlowtronTM, GB); and a manual drainage are successively and randomly carried out on 9 women (71 years old) with an old (14 years) persistent upper limb lymphoedema that appeared 7 years after radio-surgical treatment against breast cancer. All volume variations are recorded continuously with a plethysmograph (JSITM, SU4). Mercury gauges are fitted 4 inches below the elbow. The protocol of pneumatic drainages consisted of a standardised retrograde approach with constant pressure (40 mm Hg) (without regressive pressure) at a single to double-level of compression.

Results By use of Kruskal and Wallis, one-way ANOVA on ranks, the effect of arm drainage on the forearm was +0.04 ml/100 mlod (med 0 [+1 to −1]) when the drainage was applied manually, +0.07 ml/100 mlod (med 0 [0 to +1.25]) using Lymphassist™ and −0.17 ml/100 mlod (med 0 [0 to −1.2]) using the iPress pneumatic pump. When drainage takes up the elbow and the forearm, at 4 inch below the elbow, the results were respectively −0.64 ml/100 mlod (med 0 [0 to −2]), +0.07 ml/100 mlod (med 0 [0 to −1.25]) and 0.67 ml/100 mlod (med −0.53 [0 to −1]).

Posters

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Text input speed in people with cervical spinal cord injury

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**Conclusion**  Except in two cases, whatever the technique used, there was no milking effect. On the contrary, the forearm has taken more volume with DM and Lymphassist®. It is necessary that drainage arrives at the elbow to observe in some cases a milking effect. This was only observed with the DM or the iPress®.

**Keywords**  Upper limb lymphedema; Manual drainage; Pneumatic pressotherapy; Phlethysmography

**Disclosure of interest**  The authors have not supplied their declaration of conflict of interest.

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