trial (the FIT Stroke trial). Nine rehabilitation centres participated. Stroke survivors were included if they were older than 18 years, able to walk 10 meters independently and were in need for further outpatient physiotherapy. Data collection started after discharge to the community. Falls were registered in a diary during a 12-week period. The Stroke Impact Scale (SIS v3.0) was assessed after 12 weeks. The fallers were compared to the non-fallers on all SIS domains with a Mann-Whitney U test.
Results.– Data were available for 199 patients. Fifty-five patients (28%) reported one or more falls during the 12 weeks observation. The group fallers showed significant lower outcomes on the dimensions strength, hand function, mobility, ADL/IADL and participation ($P < 0.05$).
Discussion.– Almost one third of the stroke patients reported one or more falls within 12 weeks of outpatient rehabilitation. Fallers showed significant worse quality of life, indicating that patients at risk should be recognised and offered efficient fall prevention strategies.

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P496-e

Welfare and PRM: Formalization of an ethical approach in a PRM pole

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Physical and Rehabilitation Medicine and its actors are confronted with complex ethical issues. Because of its uniqueness and its normativity (Canguilhem), the patient with disabilities questioned its practitioners about the purpose of care and the means of supporting autonomy. Since the media phenomena reporting vulnerable patients abuses–very young or very old age, cognitive impairment or multiple disabilities–the French Health Authority requires since 2012 health facilities to promote an approach to welfare, understood as ethics of care. This work reports the inter- and multidisciplinary approach conducted within a Physical and Rehabilitation Medicine pole, the awareness of the importance of giving meaning to the practices of emotions (P. Le Coz) and suffering face (E. Levinas), which gives rise to ethical thinking in drafting a charter and its implementation. A charter becomes a base for a "sight of the good life with and for others in just institutions" (Ricoeur).

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Evaluation of the quality of life of a population with low back pain by MOS SF36 scale in Morocco

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Keywords: Low back pain; SF 36
Introduction.– The evaluation of the functional state of the patient with low back pain is a preliminary step in the rehabilitation It enables to quantify the functional socio-occupational and physical impact of low back pain.
Objective.– To evaluate the quality of life of chronic LBP compared to the normal population.
Materials and Methods.– This is a made in physical medicine and rehabilitation prospective study of Casablanca.
Results.– Thirty patients with chronic low back pain, the average age was 51 years (24–82 years). The average intensity evaluated by visual analogical pain scale was 5 with a range of 2 and 9, the MOS SF36 is a generic scale that explores the physical and mental dimensions and for which there are reference values in normal population, the physical and mental health of all our patients is generally decreased. crucial since this can cause benign pathology deemed important repercussions major personal and social, this study suggests that the impact of LBP in South Africa are important and represents a problem public health.

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P498-e

Benefits of rehabilitation program on QoL and FIM scores for post-surgical hand

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Keywords: QoL; FIM; Michigan; DASH scores; Rehabilitation program; Post-surgical hand
Introduction.– The idea for this study is based on the positive feedback from the patients and from the plastic surgeons, who observed a better and more rapid recovery for those who followed a specific medical rehabilitation program after hand surgical interventions.
Aims.– The necessity for evidence-based data regarding social re-adaptation, professional re-integration, functional independence and better quality of life after the Rehabilitation program.
Material and methods.– It was a prospective study based on 85 patients with surgery for traumatic hand lesions and for carpal syndrome release, who followed PRM program consisting in three weeks of daily specific therapeutic protocol in our Clinique, between Jan 2011–Aug 2012. We monitored the evolution of Quality of Life, Functional Independence Measurement, Michigan and Disability of Arm, Shoulder and Hand scores at the beginning and at the end of the study.
Results.– Confirmed the international epidemiologic datas, with statistic significant improvement of all the local post-surgical conditions, better QoL and FIM scores, with more possibilities for social and professional re-integration.
Conclusions.– Rehabilitation program proved to be an essential sequence after or between surgeries of the hand, with benefits for the functional independence and quality of life for the patients.

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P499-e

The individual in a disabling situation, a structuring concept for PRM

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Introduction.– The WHO biomedical propositions (CIDIH I, CIDIH II, and, since 2001, ICF) initiated by P.H.N. Wood (1980) are useless tools for diagnose, defining and assessing disability.
Material and methods.– A quantified identification of Disabilities with three levels: (i) the body: the biological aspects of the human body in terms of its morphological, anatomical, histological, physiological and genetic aspects; (ii) abilities: the physical and mental functions of the human body; (iii) situations: a person is faced with the reality of the physical, social and cultural environment.
Discussion.– For PMR practice: a best identification of disability, a method for identify the needs, introducing the human factor in rehabilitation (subjectivity).
Conclusions.– There are two pillars in rehabilitation: subjectivity, environment (situations).
Further reading
Hamonet C. "Disabling situations, an original concept connecting disease, disability and rehabilitation to assess and manage disabled persons." 7th World Congress of the International Society of Physical and Rehabilitation Medicine (ISPRM 2013). June 16–20, 2013.

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