relief in patients with neurogenic knee HO to increase patient’s compliance.

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P503-e

Census study of the students with disabilities and of the compensations implemented by the Handicap Mission within the Aix-Marseille University

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Introduction.– Access to the college cycle for the students with disabilities (SWD) and their employability have become a priority for universities. The Handicap Mission manages it within the Aix-Marseille University (AMU). Few studies focus on the SWD’s insertion/integration within the universities and on the compensations. The objective is to analyse within the AMU the SWD’s census and characteristics, and the Handicap Mission’s operating.

Methods.– Census is conducted with a Handi-need card (university curriculum, deficiencies, technical and social helps, adjustments appealed for at the university). The SWD is addressed to the Preventive Medicine Department, which carries out an adjustment certificate, addressed to the Handicap Mission.

Results.– The Handicap Mission improves SWD’s insertion, defines necessary adjustments and promotes research on disability. In total, 551 SWD are identified, 304 in law and human sciences, 141 encountered deficiencies related to language disorders, among which 105 were not defined by the students (“Other” in the questionnaire). Five hundred and nineteen SWD benefited from the third time, 40 got support for taking notes.

Discussion.– Compensations and Handicap Mission improve the monitoring and the link between high school and university for the SWD, promote their exam success and give them support in the working life.

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P504-e

International classification of health committee (South Africa)

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Keywords: European Disability Forum; South African Federal Council on Disability; National Inter-Sectoral Disability Prevention Strategy

The department of health and the South African Federal Council on Disability facilitates the development of a National Inter-Sectoral Disability Prevention Strategy that sets National norms and minimum standards for the prevention of disabilities. Health care is one of the largest industries and complex in terms of job creation and innovations. It calls for a core set of financial data provided by the National Health Accounts as well as by International comparisons of health care spending. Research disability matters should be grounded provided by the National Health Accounts as well as by International comparisons of health care spending.

Further reading


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P505-e

Aggressive behaviour after traumatic brain injury

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Keywords: Traumatic brain injury; Agitation; Treatment

Introduction.– Traumatic brain injury (TBI) is one of the major causes of disability worldwide. It often results in multifocal lesions and diffuse brain damage, with a variety of physical, cognitive and neurobehavioral impairments, that are unique to each person and rise additional obstacles to rehabilitation programs and future integration. Agitation is a common finding in the acute phase of recovery from TBI aggression, generating anxiety and fear among family and health care providers. In a rehabilitation department, it assumes a greater relevance interfering with the rehabilitation process and often preventing successful outcomes.

Methods.– A research on PubMed with the words “traumatic brain injury” AND “agitation” AND “treatment” and abstract evaluation was carried out.

Results.– Pharmacologic treatment for agitation might be beneficial, however, unlike other psychiatric and neurologic conditions, the use of pharmaceuticals is still not evidence based for those patients.

Discussion.– An adequate program for providing positive and removing negative stimuli is needed, with the use of medication and non-pharmacologic methods to promote the desired long-term outcomes.

Further reading


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P506-e

Impacts of financial crisis on rehabilitation

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Introduction.– The purpose of this study was to ascertain if financial crisis has impacts on rehabilitation.

Methods.– Between Jan 2011–Aug 2013 in our department there were hospitalized 518 patients (299 strokes, 102 paraplegias and tetraplegias, 24 amputations, 93 other pathologies). Respectively, 3940 outpatients with similar problems were examined. Patients were recorded in case they (a) needed orthotics or prostheses (b) needed rehabilitation continuance after hospitalization or physiotherapy for outpatients (c) had problems with special drug administration.

Results.– Thirty percent of the 899 stroke inpatients and outpatients who needed orthotics had economic insufficiency to buy them. Twenty percent of those who needed amputation could not be provided with it for economical reasons. The percentage rises to 100% for those without any medical insurance. Also 40% of patients who needed special drug administration for spasticity (botulinum toxin) or baclofen pump could not have access to them because of the complicated and difficult procedure. Concerning to outpatients with musculoskeletal problems who needed physiotherapy or inpatients who needed to continue their rehabilitation program after hospitalization, 20% of them could not afford it and 30–50% did not complete the therapy process.

Discussion.– Economic difficulties during the last years have significant impact on patients’ full term rehabilitation.

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