

hospital or in-patient setting, specific strategies are elaborated in cooperation with the patient, in order to prevent falls at home. This approach has proven to be effective not only for “young olds” but also for the group of “oldest olds” (> 80 years). The results obtained from different geriatric rehabilitations are constantly evaluated by analysing gait and balance performance and measuring functional independence at the admission and discharge of the patient.

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Falls in PRM ward in Gonesse hospital (CHG): What kind of prevention program?

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Keywords: Falls; Physical medicine and rehabilitation; Risk management

Objective.– To analyse falls in the ward in order to identify risk factors and prevent them.

Materials and methods.– Retrospective study on 29 months from the of CHG quality database.

Results.– Fifty-seven falls, only one in outpatient stay, were reported in 48 patients, mean age 62.3 years, above 1271 patients.

Six patients fell more than once, 28 had cognitive impairment, 23 had taken a benzodiazepine, 24 an antidepressant and 14 had taken both. Thirty-four falls occurred in the bedroom, 4 in sanitariums, 11 in the aisle, 8 in rehabilitation platform. Twenty-six occurred while trying to transfer by oneself. Eight falls occurred at night and 49 at day. One resulted in distal radial fracture. No post-fall syndrome was detected.

Discussion.– Falls occurred almost exclusively in inpatient stays. Our results match with literature: 48% of fallers take benzodiazepines, which is associated with increased risk. Fifty-three percent of patients with cognitive impairment take benzodiazepines and antidepressants.

Conclusion.– To prevent this fall risk, we will conduct an assessment of prescriptions for benzodiazepines and antidepressants.

Further reading

Expertise AFSSAPS Report: inventory of benzodiazepines uptake in France, 2012.

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Regional network organization for the treatment of chronic low back pain (CLPB): The Renodos

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Keywords: Chronic low back pain; Network; Multidisciplinary training program; Evaluation grid

Introduction.– We present a regional network organization for treatment of Chronic Low Back Pain. The Rehabilitation centres use a mutual evaluation protocol including Pain and Quality of Life visual analogue scales (VAS), fingertip-to-floor distance (FFD), muscle isometric endurance tests, Roland-Morris Disability Questionnaire (RDQ), Dallas Pain Questionnaire (DPQ) and Hospital Anxiety Depression (HAD) scale. Measurements are carried out before



T6, T12) follow-up visits.

Objective.– We want to assess the benefits of active multidisciplinary rehabilitation programs in a wide population, to share professional skills between rehabilitation centres and to promote active rehabilitation program.

Results.– Seven hundred and forty-eight subjects were included. Statistically discernible improvement occurred for patients on every outcome measure before to after (T0-T1, $P < 0.0001$). This improvement obtained at T1 was maintained for most of the outcome measures throughout 12-month follow-up. However, pain intensity and isometric muscle endurance showed significant negative evolution. Significant differences between genders were found for trunk flexibility measurement (FFD), isometric endurance time of the quadratus lumborum muscle, the RDQ and the HAD depression.

Conclusion.– A network organization effectively contributes to the harmonization of evaluation methods and brings coherence to the treatment of CLBP patients.

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European guidelines resources for PRM

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Keywords: Guidelines; UEMS-PRM; ESPRM

The implementation of the guidelines in rehabilitation is one of the aims of European PRM bodies: UEMS Section and Board of PRM and European Society of Physical and Rehabilitation medicine. In order to reach this goal, some actions have been undertaken such as a survey to collect information about guidelines from the national societies and about links to those resources on websites.

We sent the survey to 34 countries and we received 28 answers, 19 indicating the origin of the guidelines. Eleven responses sent a link to specialized websites. We obtained information about different situations and quality in guideline development in European countries. We emphasised the necessity of an improvement of such a very important process. On the other hand, the insufficient number of recommendations derived from the guidelines is a consequence of the methodological issues of rehabilitation studies. We had several studies in different arguments, but with small samples and often inconclusive. The perspective is to find the websites specialized at International and local level, to collect the guidelines, to evaluate the quality, to extract the main recommendations and to publish them on the websites of European bodies. The searched guidelines are focused in both clinical issues and pathways of care.

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Patients rights and responsibilities in physical and rehabilitation medicine programmes of care

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Keywords: UEMS; Physical and rehabilitation medicine; Patients rights; Programs of care; Quality

Background and objectives.– The Clinical Affairs Committee (CAC) of the UEMS PRM Section works on Quality and PRM programmes of care. Addressing patient's rights is an important condition for quality of care in physical and rehabilitation medicine.

Proposals.– Every patient has the right for an effective evidence-based rehabilitation with respect to his needs. Rehabilitation should be individually planned, interdisciplinary delivered and provided in settings where skills and resources are appropriate. Rehabilitation programmes should follow some specific rules