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A too-long anterior process (TLAP) of the calcaneus: How to think and discover it?
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Keywords: Calcaneus; TLAP; Diagnosis; X-ray

Background.— A too-long anterior process of the calcaneus, rudimentary form of synostosis is often unknown and misdiagnosed.

Observation.— A case of a calcaneus TLAP is presented in a 20-years-old woman. For 1 year, she has been painful on pre-lateral malleolus while impulsion. She has a valgus rear foot.

Standard X-ray views and MRI were initially considered as normal. MRI replay evokes a calcaneus expanding between the head of the talus and the cuboid up almost to the navicular. An oblique view of the foot confirms diagnosis. Treatment consisted in orthosis with arch support and supinator corner for daily life activities and another one stabilizing the calcaneus by an external sub-cuboid arch for sports activities.

Discussion.— There is frequently a wandering and a delay in diagnosis. When teenager or young adult consults for recurrent ankle sprain or chronic tarsal pain: do not forget to look for calcaneus TLAP. An oblique foot X-ray view is often sufficient for diagnosis.

Further reading
http://dx.doi.org/10.1016/j.rehab.2014.03.989

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Meniscal lesions and isokinetic evaluation: About 8 cases
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Keywords: Isokinetic evaluation; Meniscal lesions

Background.— Many teams have used for isokinetic assessment of muscle balance knee. The meniscal lesions are an extremely common condition.

Objective.— To determine the contribution of isokinetic in meniscal pathology.

Methods.— This is a retrospective study from January 2013 to June 2013 on eight patients with meniscal injury confirmed by MRI, and in which was performed isokinetic evaluation to guide therapeutic management.

Results.— There was a male predominance (68%), the average age was 34.06 years, 32% had a meniscal lesion, 21% had osteoarthritis, 18% a patellofemoral syndrome, 14% a ligament, 11% a sprained knee and a 4% chondropathy. The isokinetic evaluation disclosed a deficit of the quadriceps muscle/hamstrings on the affected side with an average deficit of Q 18.16% and an average deficit of TJ 15.82%. All patients underwent a standard physical therapy with 13 patients isokinetic rehabilitation in plus. We noted the improvement of our patients at the end of the rehabilitative PEC.

Discussion/conclusion.— The new method is an isokinetic evaluation and rehabilitation especially for meniscal pathology.

Further reading
http://dx.doi.org/10.1016/j.rehab.2014.03.991