It is the intention of the legislator that the general practitioner plays a pivotal role in patient management, in order to ensure access to quality and safe care, in accordance with guidelines and best practices, for the entire community and in relation with medical or social facilities. On a daily basis, the main issues that arise for the general practitioner are:
- the initial understanding of disability to improve overall patient care;
- prepare and discuss the return home with the multidisciplinary professional team in accordance with family or caregivers;
- adapt the patient’s overall needs (housing, equipment, participants, social and labor rights . . . ) within the familial, social and occupational environment;
- ensure prevention and follow-up for disability-related complications.
Considering the impact of a full knowledge of the community and care environment, it is important to ensure optimal coordination between the general practitioner and other caregivers sharing the responsibility of full healthcare for disabled patients returning home.

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Evaluation of cooperation between general practitioners and physical medicine and rehabilitation specialists
C. Andriantsifanetra a,*, F. Abramovicib, D. Tirmarcheb, N. Bradaia, P. Sportouchc, A. Yelnikb

aCentre hospitalier de Chambéry, 7, square Massalaz, BP 1125, 73011 Chambéry cedex, France
bService de MPR, groupe hospitalier Saint-Louis-Lariboisière-F-Widal, AP-HP, université Paris-Diderot, 200, rue du Faubourg-Saint-Denis, 75010 Paris, France
cDépartement d’enseignement et de recherche en médecine générale, université Pierre-et-Marie-Curie, Paris-6, site Saint-Antoine, 27, rue Cha- ligny, 75012 Paris, France
*Corresponding author.
E-mail address: cedand_1982@hotmail.com.

Keywords: General practitioner; Medical cooperation; Physical medicine and rehabilitation

Introduction.– The evolution of the French system of care puts the general practitioners (GPs) as the central spindle of the patient management. One of the foundations of Physical and Rehabilitation Medicine is to define a life plan coordinated in space and time. Are the primary care physician and the specialist structured at best in a perspective of efficiency and medical benefit improvement? In this way, we wished to evaluate expectations and satisfaction of GPs in relation to a Physical and Rehabilitation Medicine center from Limousin.

Method.– We asked 177 GPs by mail. The list comes from a research in the professional directories. It concerns all physicians practicing in the recruit base center. The questionnaire is in the form of audit in a first part, then in the form of open questions in a second one.

Results.– Thirty-six percent of interviewed physicians agreed to participate in our study. The satisfaction average is 7.5 to 10. There are numerous GPs expectations. Firstly they like to know the different physicians of the establishment and their fields of competence. In their view, the specialist of Physical and Rehabilitation Medicine has the function of expert and coordinator, and must define the role of each participant, including the GPs role in the care of the patient. They demand the development of outpatient consultations and the possibility of having a direct and simplified access in complete hospitalization. Finally, they underline the need to receive mails and reports in time adapted to their practice.

Discussion.– Our study notes the importance of integrating GPs into the development of life plan. It shows the necessity to open Physical and Rehabilitation Medicine structures to primary care. Improvement solutions are both in our personal practices and in regulatory changes, including the valorization of outpatient consultations.

Further reading

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Perception and manual wheelchair prescription multiple sclerosis by general practitioners in the North of France
C. Donzé a,*, M.-A. Guyot, H. Empis, S. Demaille
Service de MPR-GHICL, rue du Grand-But, 59462 Lomme, France
*Corresponding author.
E-mail address: donze.cecile@ghicl.net.

Keywords: Multiple sclerosis; Manual wheelchair; General practitioners

Background.– Manual wheelchair (MW) has a negative image in multiple sclerosis (MS) synonymous for patients with a worsening of the disease. It loses all its goal of mobility assistance. General practitioners (GPs) through its involvement in medical, social and family life, remain the first contact in its prescription.

Objective.– Identify the behavior of GPs in north of France about mobility assessment, prescription, follow up and MW feeling in MS population.

Method.– Datas are collected from a questionnaire sent to 960 MG involved in the monitoring of MS patients joining the MS network in North of France (G-SEP).

Results.– Three hundred and one questionnaires were filled out. Among the GPs, 74.4% considered themselves able to assess loss of mobility related to MS. Eighty-five percent of GPs believed they have a role in prescribing MW in MS patients, 19.9% of GPs provide trials prior to MW prescription. A cushion to prevent pressure sores is prescribed by only 9.5% of GPs. Among them, 34.9% use expert medical advice. Young GPs were more “fear of what other” for their
Care related pain in PRM

E. Viollet a,*, A. Luigi a, J.-C. Daumet a, O. Bredeau b, A. Dupeyron a

a Service de rééducation réadaptation polyvalente, CHU de Nîmes, place Robert-Debré, 30900 Nîmes, France
b Service d’évaluation et de traitement de la douleur, CHU de Nîmes, France

*Corresponding author.
E-mail address: emilie.violett@chu-nimes.fr

Keywords: Care related pain; Quality of care; Rehabilitation and pain

Objective.– Pain during the rehabilitation treatment, all pathologies includes, has a significant impact on the evolution of impairments and activity limitations. The difficulty of this support in rehabilitation unit based primarily on the need to set in motion the patient. However, the other features are the lack of unity between technical support and care service, the presence of different caregivers with their own pain assessment and the treatment adaptation, sometimes delayed.

The aim of this work is to provide an overview on patient and caregivers satisfaction concerning the management of pain in rehabilitation.

There is the first step of Professional Pratice assessment.

Material and methods.– A validated questionnaire, assessing the management of pain in care unit, was distributed to all caregivers (nurses and nursing assistant, hospital service agents, physiotherapists, occupational therapists, Medical Doctors) and all patients allowed for a period of 3 months. The questionnaire assessed several dimensions such as: the pain information gathering, the transmission of this information, the pain information management, the treatment adjustment due to the expression of pain. The analysis was descriptive as a percentage.

Results.– Three sources of dissatisfaction were identified: the difficulty of gathering information about pain support, that will be simple and of easy access to all caregivers; the difficulty of relaying such information; the lack of information of the patients concerning pain mechanisms and adjustment of treatments.

Thus, it appears important to improve the information and painful patient’s role in the collection and transmission of it. It could enhance professional practices in the fight against pain, essential to a well-conducted rehabilitation.

Discussion.– The second step in this evaluation consisted of the creation with teams of therapists and caregivers of a personalized book of collected information painful during the day, placing the patient at the center of the care of his pain.

Further reading

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Study of the counseling role of the Physical Medicine and Rehabilitation (PMR) specialist with patients initiating claims for damages on personal injury, analysis of 20 cases

F. Mette a,*, M.A. Cecaldi b

a Hôpital de Mayotte, BP 04, 97600 Mamoudzou, Mayotte
b Cabinet PREZIOSI-CECCALDI, Mayotte

*Corresponding author.
E-mail address: francois@mette.re

Keywords: Expertise; Injury; Compensation; Rehabilitation

Objective.– We have analyzed the virtues of breaking down barriers between the healthcare and legal sectors while studying the rehabilitation of the wounded.

Population and method.– We have analyzed the records of 20 patients whom we are counseling on the compensation proceedings.

This is a total cross-section of the concerned population. We have studied the following:– gender and age of the accidented patient;– type and date of accident;– mode of accountability;– mode of trigger of the legal action;– intervention of the PMR counselor, appreciation of his/her competences;– intervention of the specialised lawyer, appreciation of his/her competences;– estimation of the patient’s fate in case of no remedy;– financing of the competences;– record updates.

Results.– The analysis demonstrates the importance of the Medical Rehabilitation Specialist in the initiation, establishment and monitoring of indemnity claims for injury records, but also his/her decisive contribution in the forensic assessment of the handicap.

The financial aspect that is often rebuked by the medical profession must be seen in its true dimension as a rehabilitation opportunity rather than a finality.

Discussion.– The Medical Rehabilitation Specialist may be reluctant to commit for relational, professional or contractual reasons. The existence of a compensation perspective questions him/her on the scope of his/her mission.