

Flaccid tetraparesis after a crisis porphyria: Report of a case

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Keyword: Porphyria polyneuropathy axonal rehabilitation

Background.— Acute intermittent porphyria is an inherited metabolic disease. The objective of this study was to report a case of PAI onset, with peripheral neurological and flaccid tetraparesis.

Results.— This is a girl, aged 17, who complained of epigastric pain associated with vomiting, motor weakness of the lower limbs upward quickly, review found a flaccid tetraparesis areflexic, generalized muscle atrophy. Electromyography concluded to a motor axonal polyneuropathy. Drugs prescribed before admission, known to be porphyrinogenic were stopped. Taking a daily multidisciplinary approach including a driving rehabilitation equipment with occupational therapy clinical improvement of peripheral polyneuropathy has been slow and incomplete. There was a partial recovery of motor deficit.

Discussion.— The acute crisis usually begins with abdominal signs followed by psychiatric disorders and/or neurologic signs. Spontaneous evolution of the crisis is mostly favourable, if no therapeutic mistakes are made. Other neurological and psychiatric manifestations plants, rare, have been described during an acute attack of porphyria. Neurological complications devices have an autonomic neuropathy and peripheral sensorimotor or purely motor polyneuropathy, axonal 4 members.

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P028-e

Relation between kinesiophobia and personal evaluation of activity

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Keywords: Chronic low back pain; Kinesiophobia

Objective.— Fear of movement, has been proven to be central in the explanation and understanding of chronic pain. Kinesiophobia is the important variable of the fear-avoidance model. The assessment of perceived functional ability for work-related activities is important in the management of patients with chronic low back pain (CLBP). We investigated the relationship between kinesiophobia and perceived functional ability comparing the Tampa Scale of Kinesiophobia (TSK), the Fear-Avoidance Beliefs Questionnaire (FABQ), and the Performance Assessment and Capacity Testing (PACT).

Methods.— One hundred and seventy-nine patients integrating an intensive 3 weeks functional multidisciplinary rehabilitation program for CLBP have completed the above mentioned questionnaires.

Results.— There was a clear relationship between the Tampa scores and the PACT-score. A high apprehension score was followed by a low PACT-score, but there was no relationship within the FABQ.

Discussion.— We conclude that there is a strong relation between fear of movement and self perception of functional capacities. The utility of a comprehensive rehabilitation programs that address kinesiophobia is reinforced.

Further reading

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Ankle proprioceptive signals relevance for balance control on various support surfaces

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Keywords: Proprioception; Ankle sprain

Objective.— The purpose of this study was to test the effect of unstable surfaces support on the proprioceptive signal reliability originating from the ankle joint.

Methods.— Ten healthy young subjects, 6 males, 4 females participated in the study. EMG's and postural data were registered (1000 Hz). Subjects were instructed to stand as still as possible on a force plate on three different surfaces: stable, unstable specific, and unstable unspecific. Muscular vibration was applied on the paraspinals or the fibularis when subjects were standing on each of the different support conditions. The relative proprioceptive weighting (RPw) was appraised from the CP speed and the surface [1].

Results.— Results demonstrated that unstable specific support surface maintains the reliance on ankle proprioceptive signals and increase the ankle evtor muscles activity for balance control. This suggests that it is possible to design balance exercises, which selectively increase ankle evtor muscles activity and, at the same time, preserve the reliance on ankle proprioceptive signals for balance control.

Reference

[1] Brumagne S, Janssens L, Knapen S, Claeys K, Suuden-Johanson E. Persons with recurrent low back pain exhibit a rigid postural control strategy. Eur Spine J 2008;17:1177–84.

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P030-e

Functional outcome of surgical correction of spastic equino-varus foot deformity in adults: About 5 cases

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Keywords: Equino-varus foot; Spasticity; Surgery; Rehabilitation

Purpose.— The objective of this work is to present the clinical and functional outcomes of treatment of spastic equino-varus foot deformity in 4 patients out of 5 feet.

Methods.— Retrospective study involving one woman and three men, with a mean age of 25 years. Aetiologies were severe head injuries in 3 cases and consequences of a spinal tumor made in one case. Surgical treatment included a lengthening of the Achilles tendon with cast immobilization for 6 weeks, followed by rehabilitation. Recovery of vertical integration and walking and relief of walking aids and abandonment of the port of orthopedic shoes were evaluated.

Results.— Our results were considered good in 5 cases, however, patients are kept parasite movements related to spasticity and mild varus component.

Discussion.— Spastic equino-varus foot deformity sounds on the functional performance and independence during the recovery phase of patients. It is better controlled, thanks to advances in surgery and rehabilitation medicine. Surgery worth discussing whenever this deformation is limited to a free quality of life.

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