

delivered oral information individually. 66% of the therapists agreed that a written document is useful to guide the patient's self-training programme.

The two other investigations are currently in process.

Discussion.— The results of the three studies and the methodology will be analysed.

Reference

[1] Condouret J, Cohn J, Ferret JM. Évaluation isocinétique à deux ans des ligamentoplasties du LCA au tendon rotulien et aux ischiojambiers. *Rev Chir Orthop* 2008;94S:375–82.

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CO36-004-e

Limiting educational disruptions in patients with chronic LBP

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Keywords: Low back Pain; Therapeutic Education; Educationnal Workshop

Objective.— Therapeutic education is now a part of functional restoration programs (multidisciplinary or back schools) for patients with chronic LBP. However, predictive factors of treatment outcome are still unclear. Therefore new strategies aiming at limiting factors contributing to LBP chronicity (FC) need more individual analysis. A shared educational assessment does not always detect these factors, which are often poorly defined by the binomial patient/health care team leading to ruptures (educational target not defined and/or not understood, misdiagnosis, inadequate follow-up). The objective is to provide an educational tool to optimize the diagnosis, the ownership, and the treatment of FC.

Material and method.— A specific educational workshop concerning low back pain FC was co-constructed with patients. Patients can choose among recognized risk factors of chronicity. Individual and group discussions are proposed. Each patient recognizes his own risk factors, redefines and appropriates them, and builds a stage in its own treatment plan.

Results-discussion.— This workshop allows the patient:

- to recognize its own factors leading to his own chronicity, often misdiagnosed by the bio-medical model;
- to share its experience with other patients and interact with the determinants of its own health;
- to build a specific stage of his educational and care program;
- to set individual goals, accurate and suitable for personal monitoring. A decision tree built on this model is proposed.

Conclusion.— This workshop is part of a structured educational program and aims to define additional targets (education assessment) to limit educational disruptions related to unclear treatment plan.

Further reading

van der Hulst M, et al. A systematic review of sociodemographic, physical, and psychological predictors of multidisciplinary rehabilitation or back school treatment outcome in patients with chronic low back pain. *Spine* 2005;30:813–25.

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Setting up a help workshop for caregivers of hospitalized brain injured patients by a multidisciplinary team

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Keywords: Brain injured patients; Caregivers; Therapeutic program; Handicap; Multidisciplinary team

The help workshop for caregivers aims to improve their awareness of the deficiencies experienced by brain injured patients and their consequences for daily life activities, to set up ways to compensate for the restriction of activity and to establish protective measures for the caregivers themselves. The goal is to maximize safety and comfortable conditions. The caregivers play an essential role in care (or support) and the development of a life project. They are the resource persons of hospitalized patients (neurologic lesion, sensitive and motor and/or behavioural and cognitive handicaps).

Aim.— This was a prospective study, focusing on the assessment of the set up and on satisfaction with the caregiver help workshop.

Equipment. Patients. Method.— The 3-h meeting was conducted jointly by six therapists (welfare officer, occupational therapist, physiotherapist, physician, speech therapist and psychologist) once a month since October 2011. It consisted of 3 workshops: health and social aspects; motor and sensorial aspects; behaviour and cognitive aspects. Supportive elements were shared by all three workshops: explanatory booklet, slide presentations, practical applications, demonstrations, quiz and group discussion.

Results.— Five meetings were set up with 35 caregivers, representing 17 different patients. The caregivers were mainly family members: spouse (26%), relatives (26%), children (23%) and friends (23%).

The pathologies were: right hemispheric stroke (53%), left hemispheric stroke (29%), cerebral anoxia (6%), traumatic brain injury (6%) and meningitis (6%). According to the caregiver satisfaction questionnaire, 47% of them value the workshop “satisfactory”, 42% “very satisfactory” and 1% “not very satisfactory” or “unsatisfactory”.

Discussion.— This workshop has enabled to formalize the place of the caregivers and to guide them in accompanying their brain injured close relatives. It enables an early awareness of the disabilities and handicaps, so as to optimize safety conditions when returning home.

The group has also a therapeutic effect on the families reducing the feeling of loneliness caused by this chronic illness.

Finally the workshop encourages the caregivers to consult the various referent therapists with the patient.

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Therapeutic patient education (TPE) program to prevent falls after a stroke

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Keywords: Therapeutic education; Stroke; Falls

Methods.— The present program is built according to the methodological guidelines proposed by the SOFMER and the SFNV, by an interdisciplinary working group (physician coordinator, physiotherapist, occupational therapist, psychologist and representative of France AVC association).

Inclusion criteria.— Post stroke inpatients and their family caregivers. The program includes individual activities for learning tasks and group activities for the exchange of coping strategies. Family doctor is informed of the process at the beginning of the program in order to ensure the sustainability of the objectives after discharge from rehabilitation. An assessment is carried out concerning the patient (frequency of falls, knowledge, quality of life), and the learning process.

Results.— Twenty-six inpatients (mean age \pm SD, 64 \pm 14, 5 y) admitted in our rehabilitation hospital were included in the program during the period between 1.06.2011 and 15.12.2011. All had histories of falling. Time since onset of stroke ranged from 14 to 133 days (mean, 80) for 20 patients. Six patients had a chronic hemiplegia (> 1 year post stroke). The mean score of physical dependence PMSI was 10/16 (SD: 4) and the mean score of psychological dependence was 4/8 (SD: 2). Only 8 family caregivers (on 14 at the baseline)

were involved. Five patients didn't complete the program (due to comorbidities, depression, severe cognitive impairment and/or lack of family support).

Of the 21 patients who followed the program, only one was admitted to nursing home, 20 returned to the family home. Eight patients followed TPE monitoring between 3 and 6 months. The three-month evaluation shows that the follow-up of learning objectives with professionals health care succeeded only for 2 patients.

Discussion.— It seems difficult to involve health care providers in the follow-up of TPE outside the hospital. The low participation of family caregivers can be understandable by our geographical constraints. Coordination by mobile teams of Rehabilitation could facilitate the continuity of TPE.

Further reading

www.sofmer.com/Eléments pour l'élaboration d'un programme d'ETP spécifique au patient AVC/chutes.

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Study of the educational needs of patients having suffered, more than one year earlier, a right hemispheric stroke with unilateral spatial neglect (USN) and anosognosia: Protocol testing

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Keywords: Educational need; Therapeutic education; Caregiver; Stroke; Unilateral spatial neglect; Anosognosia; Qualitative research

In Neurovascular disease, patients have to simultaneously accept activity limitation and prevent recurrence by secondary prevention. Therapeutic Education's programs would help them to handle their disabled and diseased body by improving self-care management [1]. Unilateral spatial Neglect and anosognosia, which often exist after a right hemispheric stroke, could make difficult patients' acquisition of new competences.

Objectives.— To test qualitative research study protocol which aims:

- to explore patients and caregivers's educational needs, more than one year after a stroke involving Spatial Unilateral Neglect and/or anosognosia;
- to correlate patients' needs with neuropsychological residual impairment, independence in daily activities, and his own health statut.

Methods.—

- population: people (and their formal and informal caregivers) who had a right stroke more than one year earlier, with USN and/or anosognosia, and who benefitted from rehabilitation in Pierre Chevalier Centre;
- testing: after testing semi-structured interview guides Content validity and Face Validity, Construct Validity and Feasibility [2] were studied with 3 patients/caregivers, randomly selected from population. Audio-taped interviews benefitted from thematic analysis.

Results.— From 25 questions of the patient's guide, five questions were moved, and two took place.

We decided to keep formal an informal caregivers opinions, to really appreciate residual NSU and Anosognosia. Relevant would be confirmed to cross interview 's patient, caregivers and health professional.

Interviews analysis drove to distinguish 22 criterions in 3 major categoria (neuro-vascular disease, abilities, and environment).

EuroQol concepts would be preferred to SF36 one's.

Conclusion.— This prospectiv protocol will be used with patients/caregivers according to principle of data saturation.

References

- [1] Plan d'actions national « Accidents vasculaires cérébraux 2010-2014 », Avril 2010.
- [2] Fermanian J. Validation des échelles d'évaluation en médecine physique et de réadaptation : comment apprécier correctement leurs qualités psychométriques. *Ann Readapt Med Phys* 2005;48(6):281–7.

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Communications affichées

Version française

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Intérêt d'un programme d'éducation thérapeutique avant la mise en place d'une prothèse totale de genou

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Mots clés : Prothèse de genou ; Éducation thérapeutique

Nous avons mis en place dans notre service un programme d'éducation thérapeutique avant la mise en place d'une prothèse de genou. Après un bilan individuel partagé les futurs opérés sont invités à une réunion d'information collective au cours de laquelle nous parlons avec eux de l'anesthésie, de la chirurgie et de la rééducation. (Support vidéo, paper board, outils thérapeutiques). Ce programme d'éducation thérapeutique est effectué un mois avant la mise en place de prothèse.

Objectifs.— Évaluer l'intérêt pour le patient d'un programme d'éducation thérapeutique avant la mise en place d'une prothèse totale de genou. Ce programme a pour objectif d'élaborer avec les patients et leur accompagnant un projet thérapeutique. Il se termine par une séance de rééducation collective sur le plateau technique en présence de patients opérés d'une prothèse de genou deux semaines avant eux. Cette séance permet au patient de mettre un visage sur les thérapeutes qui les prendront en charge, et de découvrir les différents ateliers du plateau technique qui seront utiles pour la rééducation.

Patients.— Groupe 1 : tous les patients ayant participé au programme d'éducation thérapeutique avant la mise en place de prothèse de genou tricompartimentale à plateau rotatoire, opérés par le même chirurgien, ayant suivi le même protocole de rééducation. Groupe 2 : les patients n'ayant pas suivi le programme d'éducation thérapeutique.

Méthode.— Analyse des processus : un processus est défini comme un ensemble d'activités corrélées et interactives qui transforme des données d'entrée en données de sortie. L'analyse de processus permet d'identifier, de décrire et d'améliorer un processus. Une fois le processus choisi et les objectifs clairement définis, nous le décrivons par : les éléments d'entrée et de sortie (besoins, exigences, la satisfaction, etc.), la méthode pour atteindre les objectifs (tâches, acteurs, etc.), la méthode pour évaluer les objectifs (indicateurs, etc.). L'amélioration du processus porte notamment sur l'identification de dysfonctionnements et le suivi des indicateurs. Dans notre programme, nous avons donc décrit les différentes étapes de l'organisation du programme d'éducation thérapeutique. Afin d'évaluer l'impact du programme sur les patients, nous avons demandé aux participants de remplir un questionnaire avant puis après la réunion. Suite à cela, nous avons défini des actions d'amélioration. Le degré d'anxiété avant la réunion puis après la réunion a été évalué par le questionnaire d'autoévaluation de l'anxiété état-trait STAI Forme Y-A et Y-B. Spielberger CD, 1983 (traduction française Schweitzer MB et Paulhan I, 1990. D'après Guelfi JD). — Enquête patients et accompagnants – Comparaison EVA à J5 et J21 (admission et sortie du patient).

Résultats et discussion.— Nous avons montré que cette réunion permet une meilleure gestion de la douleur au 5^e jour post opératoire, et diminue l'anxiété préopératoire du patient et de son accompagnant.

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