**CO38-006-e**

**Burned hand: Is there a relationship between cutaneous sensory loss and functional ability?**

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**Background.** Burned hand outcome is related to skin contracture, fingers deformities or amputations. Cutaneous sensory loss is often reported after burns. Somatosensory loss is common in neurological diseases, with negative consequences for motor control hand [1]. What about for burned patients?

**Methods.** Twelve burned patients and 13 controlled subjects were included:
- pressure, discriminative, thermal and pain sensibilities were tested;
- hand impairment was tested using Box and Block Test, Purdue Pegboard Test, grip strength;
- the two groups were compared and a correlation data analysis examined the relationship between sensibility and hand tests.

**Results.** Cutaneous sensory disturbances and decreased functional hand performances were objectified in patients compared with controls. A significant correlation was found between pressure sensibility and functional hand evaluation by the Box and Block Test and the Purdue Pegboard Test.

**Conclusions.** Cutaneous sensory impairment affect burned hand ability. These findings suggest the central neurological impact of cutaneous sensory disorders, for motor control of the hand in burned patients.

*Reference*


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**CO38-007-e**

**Nutritional care for elderly burned patients in rehabilitation units**

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**Keywords:** Burn; Malnutrition; Elderly

**Background.** The care of malnutrition is a major issue for elderly patients with burns. In order to assess the severity and evolutivity of patients’ malnutrition treated in our unit in 2012, we conducted a retrospective study on 149 patients by comparing other 60 years to their younger counterparts. Patients at risk of malnutrition were identified by using the Nutritional Risk Index (NRI) based on albumin and weight loss at two times: the admission and the departure of the unit.

**Methods.** Digitization by the fast scan is tested for creation of face and neck transparent orthosis (20) in 14 burned patients. Evaluation of the procedure: duration, patient/operator benefits. Clinical evaluation of the equipment: efficiency, implementation delay.

**Results.** The scan digitization is quick and easy. No pain or stress, are reported by patients. Skin pressure by orthosis is good. The deadline for implementation of orthosis is related to the time of scar tissue epithelialization.

**Conclusion.** CT scanning has many advantages for the creation of transparent orthosis after burns, to the patient and the operator.

*Reference* [1] the entrance is evaluated at 81.02 coinciding with high risk of malnutrition and decrease at mean of 10% to the output, corresponding to middle risk of malnutrition.

Malnutrition care includes impact assessment of fragility and complications occurred in intensive care unit. It leads to an individualized care plan with high protein diet and adapts to any deficiencies and individual features. This study demonstrates the need for ongoing management of malnutrition in multidisciplinarity and a need of relay output.

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**CO38-008-e**

**Quality of life of the burn patient, between binding care and sequelae**

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**Keywords:** Burns; Scars sequelae; Binding treatment; Quality of life

**Objectives.** The burn patient expected to regain its previous body image without that the proposed care allow to do so, then they sound on the quality of life (QOL) by binding them more difficult to accept that all the patient fails to project into the future when the effects and QOL be improved [1].

**Methods.** Comparison between QOL measured by the Burn Specific Health Scale and the real-life experience of the member patients of the Association des Brûlés de France collected by simple open retrospective non-directive questionnaire.

**Results.** One hundred and sixty-five patients responded or 13.2%. The results are complementary: the burned patient QOL improved over time, with a certain fatalism about the effect on the daily lives of sequelae (psychological, social, scarring or in combination) that will never disappear completely.

**Discussion.** These results justify to have a validated burn QOL scale in French, without spending additional investigations. Anyway, the quality of life will always be burned marked by the persistence of effects that are expressed in everyday life.


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**CO38-009-e**

**Ethics and rehabilitation of the burn patient: How far to respect the principle of autonomy?**

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**Objectives.** The management of burn patients in a specialized rehabilitation unit should allow it to rebuild to regain his family, social and professional place. He expects to return to his previous body image but the proposed care, rehabilitation sessions, custom-made pressure (compression of scars about 30 to 35 mmHg during 23 h/24 for 18 or even 24 months), are all the more difficult to accept that they cannot restore as before the same prior condition, creating an ethical tension [1].

**Methods and results.** The difficulty of care indeed takes place in this balance between the compliance in the care and their refusal: how far should we accept the principle of autonomy which returns the free patient to choose the care? And how the health care team accepts this autonomy of the patient?

**Discussion.** These difficulties require a constant ethical interrogation to improve the adhesion of the burn patient and their caregivers to these bind-