

**Keywords:** Patella; Injury cascades; Rehabilitation

The clinical history reported a man 82-years-old, independently at home, which is hosted at the waning of a fractured patella operated. It shows the current passing between two different patterns of functional consequences in rehabilitation: –tradition depicts the resulting injuries cascades whose parentage is expected, and we know prevention; –currently, the news of the possible consequences, with no specific timeline as much lesional eruptions that prolong hospitalization, are bringing constantly subject to square the rehabilitation process.

Here, we meet over the months, repeated falls, the gradual removal of osteosynthesis iterative revision surgery, massive nasal hemorrhage with surgery, two episodes of mental confusion, musculoskeletal and urinary tract infection, the subdural hematoma traumatic unoperated. A chain of events that transform a simple initial lesion in a journey episode where the word end never seems to be able to write. Widower patient alone very helped by her children returned to her home after 8 months of hospitalization, with a vertical functional despite the dismantling patellar helped by a brace bolt.

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### Complex regional pain syndrome type 1 in a rehabilitation facility

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**Keywords:** Complex regional pain syndrome; Frequency; Rehabilitation

**Objectives:**

- to refine the frequency of this pathology;
- to educate teams disseminating the results of the investigation;
- to understand the difficulties of the diagnosis.

**Methods.**– In an institution with 154 inpatients beds, a cross section assesses the prevalence of CRPS according to the criteria of Veldman which include:

- pain, edema, skin color, skin temperature, joint stiffness;
- signs present on a wider than the initial trauma;
- the increase in symptoms after using the member area.

**Results.**– The diagnosis of CRPS is held for 27 of the 152 patients (17.8%) with a higher frequency for the upper extremity and neurological framework.

**Discussion.**– Veldman criteria are relevant to their frequency and summation. Determinants are:

- the excess;
- doubt.

We did not find any correlation with sex, age, Barthel Index, analgesics, post-operative pain. The element that approach significance is the length of inpatient rehabilitation. These results are consistent with the literature.

**Conclusion.**– The dystrophy is a crippling disease still very present in rehabilitation. The clinical diagnosis is difficult, willingly ignored. Team training is essential.

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### French validation of the Foot Function Index (FFI)



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**Keywords:** Metrology; Foot; Rheumatoid arthritis; Questionnaire; Foot Function Index

**Objective.**–French validation of the Foot Function Index (FFI), self-administered questionnaire comprising 23 items scored on a visual analogic scale, range from 0 to 10 and divided into three domains: pain, function and activity limitation.

**Method:**

- translation/back translation and cultural adaptation procedure respecting guidelines for the process of cross-cultural adaptation of self-report measures;
- prospective validation among 60 RA patients who filled the FFI; demographic data and disability (VAS pain), activity limitation (HAQ) and participation restriction (Mactar) according to the ICF model were also recorded.

The retest was performed 15 days later by postal questionnaire with phone call reminder if necessary.

**Results.**– The translation procedure has achieved culturally acceptable version for French speaking patients. Reliability was assessed on two criteria: internal consistency (Cronbach's alpha) and test-retest reproducibility (correlation coefficients). Internal and external structure validity was confirmed.

**Conclusion.**– Use of a validated methodology permitted French validation of the FFI, a clinical research and everyday practice useful questionnaire.

**Further reading**

Budiman-Mak E, et al. The Foot Function Index: a measure of foot pain and disability. *J Clin Epidemiol* 1991;44:561–70.

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