

francophone des plaies et cicatrisation (SFFPC).

**Methods.**— A formalised consensus bring answers to 4 questions [3,4]:

- predictive risk factors;
- mattresses for patients at risk or with PU;
- dressings for prevention, cleansing or infected PU;
- therapeutical education.

**Results.**— Each question find an answer for building in protocols according to patients.

**Conclusion.**— Few evolution from 2001 to 2012. Guidelines are built on consensus with low-level references.

**References**

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CO31-003-e

### Pressure ulcer perception in persons with spinal cord injury: Results of a qualitative study

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**Keywords:** Pressure ulcers; Perception; Therapeutic education; Self-management; Spinal cord injury

**Background.**— This work focused on exploring the perception of pressure ulcer and its prevention in persons with SCI.

**Method.**— A qualitative study was conducted using the Health Belief Model [1]. One hundred and sixty-two patients participated in the study. Answers were analyzed based on the grounded theory [2].

**Results.**— Six themes were defined “identify what could become a problem”, “daily prevention actions”, “detecting the onset of a problem”, “managing the onset of a problem”, “access to nursing care for pressure ulcer” and “health impact of pressure ulcers”.

**Discussion and conclusions.**— The Health Belief Model is a good informative framework to better understand the life experience of persons with SCI and bring forward a discussion on evaluating their care management and adjusting it to the specific needs of this population.

**References**

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### Therapeutic efficacy of ultraviolet C for adjunctive treatment of chronic wounds in elderly

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**Background.**— A clinical randomized controlled trial was carried out to assess the effectiveness of adjunctive UVC therapy on chronic wounds in elderly.

**Methods.**— Total 42 elderly subjects (73 ~ 91 years) with at least one chronic wounds were recruited and randomized to 2 groups received UVC irradiation plus conventional wound care or conventional wound care alone during the study period. UVC was applied to the wounds bed and the 1 cm skin around the edges of the wounds for 3 ~ 120 seconds directly or with quartz glass light conductor. Conventional wound care consists of moist wound dressings, selective debridement of devitalized tissue, and other biophysical technologies indicated for the wound characteristics or associated symptoms. The outcomes were the effective rate and the time to complete healing of the reference wounds.

**Results.**— The effective rate of 96.2% with chronic wounds were obtained after the UVC therapy. The mean time to complete healing of all wounds in the UVC group was 11.02 ± 2.27 days and in the conventional wound care group was 21.40 ± 2.06 (P < 0.01).

**Discussion.**— UVC therapy in addition to conventional wound care increased wounds healing rates. UVC irradiation may be a less invasive treatment option for chronic wounds.

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### Burn rehabilitation: A challenging case report

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**Keywords:** Burn rehabilitation; Heterotopic ossification; Critical illness polyneuropathy; Scarring

**Background.**— Burn rehabilitation is a complex issue. There are many comorbidities associated such as heterotopic ossification, neuropathies, pain and scarring that make them a true functional recovery challenge.

**Methods.**— The authors report a case of a 30-year-old female with 45% TBSA burn sustained in a car accident. She was transferred to our physical medicine and rehabilitation (PMR) department for functional recovery. At admission, she presented global mechanical pain and severe loss of range of motion, elbows and knees heterotopic ossification, critical illness polyneuropathy and left common peroneal nerve lesion due to compartment syndrome. She started a rehabilitation programme, including hydrotherapy, occupational and physical therapy. Surgical excision of lesions in the right elbow was performed. Due to pain during right elbow mobilization, several brachial plexus block were performed, as well as botulinum toxin infiltration of elbow flexors muscles, with no significant improvements. She was submitted to a second more aggressive surgical procedure and maintained the nerve blocks, presenting better functional results.

**Discussion.**— PMR doctors should be aware of the different complications that might appear in burn patients in order to prevent and treat them as soon as possible, for an effective transition to community.

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### Technological innovation: Modelling process and digitization by the fast scan for the creation of face and neck transparent orthosis after deep burns

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**Keywords:** Burns; Transparent orthosis; Digitization; Face; Neck

**Background.**— Transparent orthosis for face and neck are widely used for the treatment of deep burns. This orthosis creation needs modelling process, usually