

e368 Session AFLAR SOFCOT SOFMER (2) : prise en charge de l'arthrose / *Annals of Physical and Rehabilitation Medicine* 56S (2013) e365–e370

Service de MPR, hôpital Cochin, université Paris Descartes, Inserm U747, 27, rue du Faubourg-Saint-Jacques, 75014 Paris, France
E-mail address: francois.rannou@cch.aphp.fr

Unknown abstract.

<http://dx.doi.org/10.1016/j.rehab.2013.07.943>

CO16-003-e

Total knee arthroplasty, unicompartimental knee arthroplasty: Indications

C. Chevillotte^{a,*}, G. Deschamps

Centre orthopédique médicochirurgical de Dracy-le-Fort, 2, rue du Pressoir, 71640 Dracy-le-Fort, France

*Corresponding author.

E-mail address: cchevillotte@yahoo.com

Keywords: Total knee arthroplasty; Unicompartimental knee arthroplasty

Unknown abstract.

<http://dx.doi.org/10.1016/j.rehab.2013.07.944>

CO16-004-e

Clinical physical and rehabilitation medicine care pathways: “patients after total hip or total knee arthroplasty”

P. Ribinik^{a,*}, M. Genty^b, F. Rannou^c, E. Coudeyre^d, F. Le Moine^c, G. De Korvin^f, A. Yelnik^g, P. Calmels^h^aService de MPR, centre hospitalier de Gonesse, 25, rue Bernard-Février, BP 30071, 95503 Gonesse cedex, France^bCentre Thermal Yverdon, 22, avenue des Bains, 1400 Yverdon-Les-Bains, Suisse^cService de médecine physique et de réadaptation, hôpital Cochin, AP-HP, université Paris 5, 75679 Paris cedex 14, France^dService de médecine physique et de réadaptation, hôpital Nord, CHU de Clermont-Ferrand, université d'Auvergne, route de Chateaugay, BP 300056, 63118 Cébazat, France^eCentre Hélio-Marin, UGECAM Paca et Corse, voie Julia, 06220 Vallauris, France^fCentre hospitalier privé Saint-Grégoire, 6, boulevard de la Boutière, CS 56816, 35768 Saint-Grégoire cedex, France^gService de MPR, groupe hospitalier St-Louis Lariboisière F-Widal, AP-HP, UMR 8194, université Paris Diderot, 200, rue du Faubourg-St Denis, 75010 Paris, France^hService de MPR, hôpital Bellevue, CHU de Saint-Étienne, 42055 Saint-Étienne cedex 02, France

*Corresponding author.

E-mail address: patricia.ribinik@wanadoo.fr

Keywords: Clinical care pathway; Physical and rehabilitation medicine; Hip; Knee; Arthroplasty

Objective.– Describe a clinical PRM care pathway for patients having total hip or knee arthroplasty taking into account patients' needs, PRM care objectives, human and material resources to be implemented, chronology as well as expected outcomes

Material and method.– Describe on a consensual way, validated by the Sofmer scientific council taking account on littérature this PRM care pathway concerns patients after primary or revision total hip (THA) or knee arthroplasty (TKA) and are classified:

– into three care sequences: stage 0 pre-operative care; stage 1 until cutaneous and muscular healing; Rehabilitation to daily life activities; stage 2: effort training program;

– and two clinical categories, each one being treated with the same six parameters according to the International Classification of Functioning, Disability and Health (WHO), while taking into account personal and environmental factors that could influence the needs of these patients. (Category 1: only one impairment and primary THA or TKA, Category 2: several impairments and primary THA or TKA or revision THA or TKA.

Care organization modalities (ambulatory physical therapy sessions, inpatient or outpatient PRM care facility) take into account patient's status, sanitary and social environment.

Discussion and conclusion.– The objective of these clinical PRM care pathways designed by Sofmer and Fedmer is to provide arguments for discussing the future pricing of the activity in follow-up rehabilitation health care facilities, by proposing other approaches, complementary to the activity-based pricing. These documents are voluntarily short in order to be useful, concise and practical. They do not describe PRM care program which list in PRM activities after THA and TKA.

Other pathways are published.

Further readingsRibinik P, Le Moine F, de Korvin G, Coudeyre E, Genty M, Rannou F, Yelnik A, Calmels P. PRM clinical care pathways: Patients after total hip arthroplasty. *Ann Phys Rehab Med* 2012;55:540-45.Ribinik P, Le Moine F, de Korvin G, Coudeyre E, Genty M, Rannou F, Yelnik A, P, Calmels P. Physical and rehabilitation medicine care pathways: Patients after total knee arthroplasty. *Ann Phys Rehabil Med* 2012; 55: 533–9.<http://dx.doi.org/10.1016/j.rehab.2013.07.945>

CO16-005-e

Functional coxometry. Comparative study between Healthy and hip arthrosis subjects studied by EOS system



S. Bendaya

CHU Rothschild, Paris 12, 5, rue Santerre, 75012 Paris, France

E-mail address: samy.bendaya@rth.aphp.fr

Keywords: EOS; Coxarthrosis; Pelvic and acetabular parameters; Standing
This study describes a quantitative analysis with EOS 2D/3D system of 30 asymptomatic subjects (HG) and 30 coxarthrosis subjects (CG).

Method.– Radiographs Biplanes EOS of standing patients were processed to perform a 3D reconstruction of the pelvis and the hip [1]. We extracted quantitative parameters and analysed the 60 members of the HG, and the 60 members of the CG. To perform this study we used the student's statistical method, *p*-value < 0.05.

Results.– The incidence [2] angle is similar in both populations. T test was positive for the following parameters of CG (sacral slope, HKS, Idelberg and Franck, femoral mechanical angles, and femoral head eccentricity). We observe a greater level of right and left asymmetry in coxarthrosis subjects for femoral head and the HKS angle.

Discussion.– The arisen of a degenerative osteoarthritis of hip induces an increasing of SS that has been until now described only on qualitative profile plan [3,4]. The increasing of SS induces waterfall of postural events that influences femoral and acetabular orientation.

Conclusion.– We observe a larger sacral slope in CG witness excessive strain of the lumbosacral junction in osteoarthritis (Very common combination between hip and lumbar spine). Some parameters of pelvic and acetabular vary between the HG and CG. Further studies standing and sitting position are needed to confirm our results.

*Hôpital Rothschild AP-HP, 5, rue Santerre paris 12

**LBM arts et Métiers Paristech, bd de l'Hôpital Paris 13

***Hôpital Pitié salpêtrière, Service d'orthopédie, bd de l'Hôpital paris13

References[1] Dubouset. et al. A new 2D and 3D imaging approach to musculoskeletal physiology and pathology with low-dose radiation and the standing position: the EOS system. *Bull Acad Natl Med* 2005;189(2):287–97.[2] Duval-Beaupère. et al. A Barycentremetric study of the sagittal shape of spine and pelvis: the conditions required for an economic standing position. *Ann Biomed Eng* 1992;20(4):451–62.[3] Okuda. et al. Stage-specific sagittal spinopelvic alignment changes in osteoarthritis of the hip secondary to developmental hip dysplasia. *Spine (Phila Pa 1976)* 2007;32(26):E816–9 [Takashi et al., *J Arthroplasty* 2004].[4] Yoshimoto. et al. Spinopelvic alignment in patients with osteoarthritis of the hip: a radiographic comparison to patients with low back pain. *Spine (Phila Pa 1976)* 2005;30(14):1650–7.<http://dx.doi.org/10.1016/j.rehab.2013.07.946>