In the service, we also work together with different caregivers and providers with the aim to satisfy all the needs (TC-AVC 59/62 network and structures and specialized professionals, associations with families).

Conclusions: Assessment of caring enables an improvement of independence and autonomy especially through the different activities, struggling against idleness, reorganizing a way of life, encouraging the patient’s independence with referral when needed towards more specialized structures. The assessment of caring provides a relief for the family to a certain extent as well as possibilities for resuming occupational activities and improving quality of life. After discharge from the unit, a long-term specific follow-up is essential. Indeed the situations often remain very fragile both for the patient and for close relatives.

Further reading

CO28-006–EN
Predictive value of an early Glasgow Outcome Scale score for severe Traumatic Brain Injury (TBI) patients

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Keywords: Traumatic brain injury; Outcome; Prognosis

Background:– Glasgow Outcome Scale (GOS) is a useful outcome scale for TBI patients. Its early assessment by neurologists predicts later disability, and evaluations at 1, 9, and 15 months post-TBI are highly correlated. This global disability evaluation is often used by critical care practitioners to assess prognosis for these patients.

Objectives:– To study the validity of early GOS score assessed at the end of intensive care for later prognosis for severe TBI patients. It is part of a larger regional prospective inception cohort study assessing the care network and one-year outcome after a severe TBI in the Parisian area (France), the Paris-TBI study.

Methods:– All adult patients with severe TBI (initial Glasgow Coma Scale score of 8 or less) in the Parisian area were recruited prospectively by mobile emergency services. Between July 2005 and April 2007, 504 patients were recruited, acute care mortality rate was 45%. GOS was assessed by critical care practitioners at discharge from intensive care and at one year by a trained neuropsychologist, for 119 patients of the cohort. Construct validity measure of early GOS used initial severity variables. Its predictive value used comparison measure with one-year GOS.

Results:– Patients were male in 83%, mean age was 35.7 ± 16.1, mean initial Glasgow Coma Scale score was 5.7 ± 1.8. Early GOS score showed strong correlation with initial severity variables. Early and late evaluations of GOS were significantly correlated (ρ < 0.001), but correlation was poor, with a Spearman’s coefficient of 0.33, and a weighted kappa statistic of 0.32 (95% confidence interval = [0.16–0.49]). One-year GOS was more favourable than early GOS for 39 (33%) patients, identical for 53 (45%) patients, and worse for 27 (23%) patients.

Discussion:– This suggests that for several patients, early GOS evaluation underestimated real disabilities. Early assessment of disability by critical care practitioners is a poor predictor of outcome for severe TBI patients, and should not be used to inform patients or families on prognosis of TBI, or for decisions on post-acute care.


CO28-007–EN
Who gets admitted to rehabilitation? Perceptions of clinicians and managers in two Canadian provinces working in clinical programs for persons with a brain injury?

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Keywords: Rehabilitation; Head injury; Admission criteria; Services; Tools

Context:– Variations in admission practices to post-acute rehabilitation care for persons with a traumatic or acquired brain injury (TBI/ABI) have been reported in the literature suggesting care systems may not be optimal or equitable, and that there is a need for evidence-based practice guidelines valid across different healthcare contexts.

Objectives:– To document stakeholders’ perceptions of admission policies and practices within TBI/ABI inpatient rehabilitation programs in two Canadian provinces and to examine variations in perceived admission practice in publicly-funded facilities.

Study population:– Health care professionals, including program managers, caring for persons with TBI/ABI in 16 inpatient rehabilitation facilities in Quebec and Ontario (n ≈ 250).

Methods:– An ongoing web-based survey including general questions about program policies and questions related to two clinical vignettes of a patient with a TBI and an ABI (non-traumatic anoxic brain injury). Survey content was developed following item generation by a group of experts/clinicians from across the continuum of care for persons with TBI/ABI. Respondents indicated whether their program had policies or guidelines to assist when admitting patients to their program, outcome measures used to assist in these decisions and clinical characteristics of persons they would likely admit to their program.

Results:– To date, 28 professionals responded to the survey; 82% of them reported their program had a policy/guideline to assist in admission decisions, but only 22% reported the guideline was « always respected ». The Functional Independence Measure (FIM), Glasgow Coma Scale score and Berg Balance Scale were among the tools used to assist in admission decisions. Preliminary results suggest variation across facilities and provinces in the admisibility of patients who are reluctant to participate in rehabilitation therapies, who are confused and require constant supervision, have chronic psychiatric illnesses or are verbally and/or physically aggressive.

Discussion:– The variability across facilities in the perceptions of admisibility of patients with certain clinical characteristics suggests that uniform rehabilitation admission criteria do not exist in Quebec and Ontario. They may also reflect the varying level of expertise and capacity of the different facilities and their different mandates. The results also highlight the need to develop decision-making algorithms to assist in identifying rehabilitation candidates.


CO28-008–EN
Holistic rehabilitation program and returning to school for children with traumatic brain injury

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Keywords: UEMS; Physical and Rehabilitation Medicine; Quality of Care; Programmes of Care; Europe; Slovenia; Traumatic brain injury; Child; Quality of life; School reentry
Holistic early rehabilitation for children after traumatic brain injury (TBI) is the key to better recovery and quality of life. Many children after TBI recover relatively well but our 20-year experience shows that most of them need some special engagement in (re)entering school programs. After intensive early treatment in acute settings the child with TBI sequelles is admitted to the rehabilitation institution. The individualised rehabilitation program focuses on typical issues of mobility, self-care, feeding, cognitive functions, communication, behaviour and social interaction. Rehabilitation process moves from impairment towards helping the patient finding ability to compensate for the functional loss. By using functional outcome measures and assessment tools, goals of rehabilitation process are planned. Interdisciplinary team including medical doctor, specialist of physical and rehabilitation medicine, nurses, physiotherapist, occupational therapist, psychologist, speech therapist, engineers of orthotics and prosthetics, social worker has to set clear, specific and realistic rehabilitation goals for the patient and monitor the effectiveness of interventions.

Program for school (re)entry begins already in the phase of early intensive rehabilitation in rehabilitation institution. In the process of early rehabilitation program teachers of hospital school are involved. They work step by step with children in collaboration with other team experts, introducing gradually school curriculum contents to individual work with the child. Before school (re)entry a team meeting is organized with teachers from the school, which the child will enter. Detailed information to the teachers is given, short and long term education plans are made. One member of the team, psychologist or speech therapist, is appointed as the contact expert for the school program. Team meetings of rehabilitation team and school experts are planned, at least twice in the first year. Parents and children are invited and asked to give to their comments. The duration of follow up depends on child school success but it lasts at least 2 years.

Conclusion.-- Early intensive holistic interdisciplinary rehabilitation program is the way to better outcome after TBI in children. For most of the children the school (re)entry program has to be individually adapted, gradually developed through close collaboration between rehabilitation team, family and school.

doi:10.1016/j.rehab.2011.07.216

CO28-009–EN

Comparison of the benefit on fatigue and quality of life of a short programme of physical training for multiple sclerosis between two groups of high or low EDSS level

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Keywords: Multiple sclerosis; EDSS; Physical training

Introduction and aim. -- The benefit of physical training (PT) has been shown for multiple sclerosis (MS), often for EDSS scores lower than 6.5. This work poses the hypothesis of an equivalent benefit independently of the level of activity limitations thanks to the choice of programmes according to the EDSS score.

Patients and method. -- Patients with MS included at the University Hospital of Nantes, parallel work with the same protocol at the Hospital of Cholet (49). Two groups: A (EDSS score = 6 to 8; n = 7) and B (EDSS score = 1 to 5.5; n = 4).

All declare a disabling fatigue. PT-protocol: 3 individually trained sessions per week:
- muscular strengthening according to the clinical presentation;
- short rally with a wheelchair (A), endurance on cycloergometer (B);
- physical adapted (play) activity chosen with each patient.

Pre- and post-PT assessment: fatigue (EIF-SEP scale) and quality of life (SEP-59) globally and compared between the two studied groups. Statistics tests: Student t-test (parametric data), Mann-Whitney U-test and Wilcoxon-test (non-parametric data).

Results. -- Mean EDSS score: A-group = 6.6 ± 0.7; B-group = 4.1 ± 1. Fatigue (EIF-SEP): improvement after PT for both groups (P < 0.05) for the “social role” and “physical” dimensions with no significant difference between the two groups; reduction for these two dimensions and for the “social link” dimension of the difference of mean score between the two groups before and after PT. Quality of life (SEP-59): global improvement for 8 out of 14 categories, with no significant difference between the two groups.

Discussion. -- This work, that may be considered as a pilot-study for a larger study, shows that a PT program, adapted according to disabilities and activity limitations, is able to improve on “subjective” data linked to fatigue and quality of life the health level of patients with MS independently of the EDSS score.

Further reading


CO28-010–EN

Reflections for the implementation of a Multidisciplinary program for chronic back pain

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Keywords: Low back pain; Chronic conditions; Multidisciplinary programs; Therapeutic education; Personal strategies

Multidisciplinary functional rehabilitation programs are considered to be the treatment of reference for patients with chronic low back pain. Elaboration of such programs is complex, however, and little description is found in the literature. To serve as reference for teams interested in this work of elaboration, we present the approach followed to develop the Prodige© program (PROgramme Dos des Institutions Universitaires Genevoises).

The preparation phase, consisting of focus groups with patients and a review of the literature, allowed to identify essential concepts such as the superiority of the biopsychosocial model, the understanding of back pain as a dysfunction, the importance of remaining physically active, the necessity of improving crisis management by taking into account fear-avoidance mechanisms, and the importance of a clear, coherent information to increase therapeutic adhesion.

This phase continued with multidisciplinary reflection and the definition of key concepts. It is essential to have a unified message to which every team member adheres. Thus, regardless of individual senses of identity, a coherent and therapeutic message can be delivered.

The next phase involved the selection of appropriate tools and techniques. Using a cognitive-behavioral approach, the sessions are personalized according to objectives negotiated with each patient in the beginning of program, based on initial assessments of expectations, handicaps, physical abilities, psychic consequences, degree of kinesiophobia and work status.

The concept of back pain as a musculoskeletal dysfunction is clarified during educational sessions, allowing a better understanding of the role of movement. The patient gains confidence via gradual exposure to situations perceived as dangerous. An evolution towards autonomy is favored by a personalized program of exercises and ergonomic techniques. Patients are invited to maintain a notebook with personally helpful information to aid them in managing future recurrences.

This work permitted the creation of a multidisciplinary program in terms of content and interaction between professionals, resulting in a rich and unified message to increase the efficiency of the program Prodige©.