represents 22% of the contacted population. The data from 115 people have been exploited. The average age of the population is 42 years. The level of motor disability, travel difficulties, sleep disorders, pain, urinary and transit disorders negatively influence the quality of life. On the other side, sex, employment, epilepsy, communication and swallowing disorders, active sexuality had no influence.

**Discussion/conclusion** Our results are closed to the literature with some variations, they emphasize the decrease in quality of life in adults with cerebral palsy. Some factors appear more important and require definitely more attention to improve the quality of life experienced by patients: travel difficulties, pain, urinary and transit disorders and sleep disorders.

**Keywords** Cerebral palsy; Health related quality of life

**Disclosure of interest** The authors have not supplied their declaration of conflict of interest.

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"It has to be painful to be effective": Children with cerebral palsy and physical therapy

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**Introduction** Cerebral palsy (CP), the most common cause of motor disability in childhood, is responsible for activity limitations and pain that occurs during physical therapy. The purpose of this study was to analyze the report of children with cerebral palsy on the physical therapy activities, to identify painful gestures and locations and to explore the management of pain developed by the children and therapists.

**Materials and methods** Eighteen children with PC with a pain numerical scale > 2 (mean 13.1 years, 10 F/8 H) were recorded during “Focus Group” interviews. The questions followed a logical progression of the interview grid. The themes were enriched gradually until data saturation.

**Results** Three themes emerged from the interviews:

- experiences and emotional impact: notion of pleasure, physiotherapy clinical benefit but also concept of stress and boredom;
- pain: difficult experiences, guarantee of effectiveness, clinical marker. Stretching exercises were mostly reported. The relationship with the therapist had a great impact;
- pain management: development of adapting techniques to pain by children (from distraction to drugs), adaptation or not by the therapist.

**Discussion** This study confirms the reality of induced pain during physiotherapy in a sample of young children and young adults. The pain seems to be induced especially during stretching. Conceptually, the pain was associated with the efficacy and clinical improvement. The relationship with the therapist impacted the “feeling” of pain. New way of stretching and improvement in communication between therapists and patients may help in reducing the care-related pain.

**Keywords** Cerebral palsy; Experience; Pain; Physical therapy

**Disclosure of interest** The authors have not supplied their declaration of conflict of interest.

**Further reading**


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Continuous assessment of care-related pain in paediatric rehabilitation centres: Methodology, relevance and validity

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**Introduction** Children with motor disability and loss of independence who require multidisciplinary care are followed in paediatric rehabilitation centres. They undergo many care activities which can be painful. The aim of this study was to evaluate the feasibility, clinical relevance and the validity of a methodological paradigm for the continuous assessment of care-related pain.

**Method** Two paediatric rehabilitation centres participated in the study. Each week, 1–3 children were randomly selected from each centre. The level of pain or discomfort produced by each care activity was rated using the FLACC-r scale and a visual analogue scale rated by the carer (VAScarer) and the patient (VASpatient) for 5 days and 1 night.

**Results** Thirty-two children aged from 1–15 years (med = 7 years) were included in the study. 1302 care activities were evaluated. A total of 3.6% were rated as painful and 11% as uncomfortable. The most frequently painful activities were mouth care, transfers, standing and dressing. The most frequently uncomfortable activities were passive limb mobilisation and dressing. There was an excellent correlation between the FLACC-r and VAScarer scores ($r = 0.888$; $P < 0.05$) and a moderate correlation between the FLACC-r and VASpatient scores ($r = 0.564$; $P < 0.05$).

**Discussion** The methodology proposed in this study can be used in any type of institution for children with motor disability wishing to evaluate and reduce the frequency of care-related pain.

**Keywords** Pain; Children; Care-related pain; Paediatric rehabilitation; Care activities

**Disclosure of interest** The authors have not supplied their declaration of conflict of interest.

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The use of the brunet lezine scale for the cognitive and motor assessment of patients with profound and multiple disabilities

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