CO25-004-e
Practical guide for the development of patient education programs in chronic low back pain: Methodological considerations and results
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Keywords: Low back pain; Therapeutic patient education; Guideline

Objective. To establish specific recommendations for management or information on the needs of teams delivering Therapeutic patient education (TPE) for chronic low back pain [1].

Method. In order to collect the expectations and needs of teams, we conducted a qualitative study using focus group on the basis of semi-structured interviews. From a verbatim analyzed by three experts of the working group, themes and ideas groups were organized and used as a structure for the development of the guide.

Results. Three hospital teams (Lariboisière, Salpêtrière and Montpellier) were enrolled in this work. Four major themes emerged from this work: provide a better understanding on what is TPE for low back pain patient, awareness of the possible organizations of programs, know how to evaluate a program and better describe the role and responsibilities of stakeholders. In each theme a theoretical framework incorporating lumbar disease is developed and accompanied by teaching and technical sheets. Links between professionals and educational structures are suggested.

Conclusion. We confirm the interest of teams for TPE in the management of CLBP patients and provide a guide for teams based on their identified needs.

Reference
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CO25-005-e
Educational therapy of adolescent idiopathic scoliosis treated by brace
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Keywords: Therapeutic patient education; Scoliosis; Adolescent; Brace

Introduction. Idiopathic scoliosis treated by brace asent with The Therapeutic Patient Education (TPE) according to the Regional Care Agency in 2013.

Objectives. To improve compliance, understanding about scoliosis and its progress and preserve quality of life.

Methods. Adolescents between 12 and 15 years old with a tolerance for younger children who are still in adolescent problematic; evolutional scoliosis diagnosis and orthopedic treatment indication.

Educational diagnosis during the week of brace adaptation; PET program is shape by 5 workshops on 1 day time: expression group between adolescents around the brace, experience about daily life with the brace, physical activity with brace, expression group between parents.

Discussion. The TPE objectives engage the adolescent, his parents, his physiotherapist and his physician on the conservative treatment of scoliosis and allow each of them to acquire adaptability capacities and self-care capacities. Evaluation questionnaires completed by the adolescent and his parents are in analysis.

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CO33-001-e
SOFMER task force for patient therapeutic education promotion
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Keywords: Patient therapeutic education; SOFMER

Objective. Description of SOFMER patient therapeutic education (PTE) task force.

Method. Creating a steering committee PTE/SOFMER and workgroup by major sectors of care with three main objectives: state of the art, development of clinical practice guidelines for the implementation of TPE, scientific validation approaches.

Results. Several working groups were set up on various topics: stroke, spinal cord injury, bladder disorders, cardiovascular diseases, low back pain, osteoarthritis, amputation, multiple sclerosis. Literature reviews have been published as well as practice guidelines. Physicians’ trainings were also implemented.

Conclusion. The implementation of a structured strategy under the auspices of the SOFMER permitted the development of PTE in the field of PMR.

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CO33-002-e
Therapeutic education program for intermittent catheterization
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Keywords: Self-intermittent catheterization; Educational therapy

Clean Intermittent Self-Catheterization (CICS) is the gold standard for managing chronic urinary retention, which allows the patients to improve their quality of life and to reduce the complications of upper urinary tract infections. The self-catheterization apprenticeship requires a structured educational approach, specifically targeted to comprehension, performance, follow-up and adaptation of self-catheterization. The education is essential; CISC is a delegated act, which must be learned and thus taught. This act requires diverse prerequisites: motor, sensory and visual possibilities, coordination, motor schema programmation, movement performance and cleanliness. However, because of the technique is invasive and abnormal, the patient’s understanding of the technique’s advantages is just as necessary to obtain a perfect compliance for the treatment.

This requires structures and staff specifically trained in this type of education (doctor, nurse, occupational therapist, psychologist...). A level of knowledge necessary for this “course” is indispensable: vesico-sphincterian physiology, anatomy of the perineum, and various self-catheterization methods. The analysis of the feasibility, the immediate acceptance and the medium- and long-term compliance necessitates a structured educational approach aimed at the patient’s comprehension, performance and appropriate follow-up of the self-care that is self-catheterization.

Further reading
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CO33-003-e
Therapeutic education for pressure ulcer care management in paraplegics: The ETP SOFMER guide
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Keywords: Therapeutic education; Self-management; SOFMER guide; Spinal cord injury; Pressure ulcer

Introduction.– Pressure ulcer is the most common complication after spinal cord injury and is frequently in this population as an educational theme of predilection [1]. Therapeutic education by improving the understanding of the patients’ needs enables the team to personalize the care management offered.

Methods.– The design of the ETP pressure ulcer guide was conducted according to the SOFMER methodology, i.e. constitution of a working group, literature review and best practices study. The working group included members of APF, SOFMER, PERSE and AFIPAG.

Results.– The guide underlines the educational outcomes, needs evaluation, various educational actions possible and assessment of educational approaches. It is made of theoretical and methodological reminders as well as practical examples.

Discussion.– This guide can help teams design or update their educational approaches in the field of pressure ulcer management in persons with SCI. It can be the base for evaluating clinical practices in PM&R settings.

Reference

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CO33-004-e

The Common European Framework of Reference and teaching of neurological semiology in a PRM department: Providing a task-based approach

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Keywords: Teaching; Medical semiology; Task-based approach; Common European Framework of Reference

Objective.– The Common European Framework of Reference constitutes the basis of language teaching in Europe and stresses the need of autonomy through a “task-based approach”. We aimed to study the relevancy of this approach in a Physical and Rehabilitation Medicine (PRM) department for the training course of neurological semiology.

Material.– We alternately compared two educational methods, simultaneously in a spinal cord injury (SCI) unit and in a general-neurological PRM unit: a “task-based approach” (TBA) and an “observational approach” (OBA). Thirty-eight students were included. Final clinical examination of a hemiplegic patient by the students was assessed with specific grids and questionnaires evaluated the students’ point of view.

Results.– When TBA was applied to the specialized unit and OBA to the other unit, the final level was similar between both groups. When TBA and OBA were applied in the opposite way, TBA group’s level was maximized and OBA minimized. Estimation of the training course is always better for TBA groups.

Discussion.– TBA seemed to improve students’ “knowledge mobilization”. Acquired level of students who examined only SCI patients during the training course was as high as the other students when evaluated on the examination of a brain-injured patient. It also represented a time-saving method.

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Strategies for using evidence to improve outcomes in rehabilitation

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Keywords: Knowledge translation; Evidence based practice

Introduction.– Evidence is needed to improve patient outcomes in rehabilitation and clinical practice often lags behind research evidence. Knowledge translation involves both creating and applying knowledge, and several activities are necessary to change professional behavior in favor of evidence based practice (EBP). The aim of this study was to describe methods used to integrate EBP in clinical work at Sunnaas hospital 2003–2013.

Materials and methods.– Three hundred and twelve health professionals (physicians, psychologists, PTs, OTs, nurses, social workers and speech pathologists). A strategy was used to academize all health-professional groups, establish international co-operation and combine clinic/university/research positions. EBP projects, Journal Clubs and inter-disciplinary teamwork were used to change clinical behavior. Competency groups consisting of clinicians and researchers have developed guidelines for specific topics.

Results.– An increase from 3 PhD/1 Professor 2003 to 30 PhD/15 Professors 2013, 15% of employees have Master Degrees. Evidence-based recommendations have been implemented into clinical practice for cognitive rehabilitation, spasticity, urology, aphasia and drivers license assessment. New evidence-based methods are continually integrated in the clinic as for example mirror therapy, virtual reality, and robotics.

Discussion.– Several activities and a strategic plan were needed to build an inter-disciplinary research environment and to integrate EBP into clinical practice.

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Posters

P184-e

Turkey filet with olive: Relevant phantom model to learn ultrasound-guided botulinum toxin injections

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Keywords: Spasticity; Botulinum toxin; Medical education; Ultrasonography; Simulation

Objective.– To develop a cheap and available phantom model to learn ultrasound-guided botulinum toxin injections and evaluate its acceptability.

Methods.– Eight residents performed an exercise that consisted in injecting an olive, serving as the target, placed within a piece of turkey filet with ultrasonography guidance. For each attempt three scores measures the quality of the image, the accuracy of the injection and the duration of the exercise. The residents were asked to assess on a visual analogic scale the perceived difficulty of the exercise and their satisfaction with the session. The ability of the resident to add correctly the legend to an anatomic and ultra-sonographic chart was also measured.

Results.– The phantom does allow the practice of echo-guided injections. All residents obtain an acceptable score for at least one of their three attempts. Anatomic knowledge appears to be insufficient.

Discussion/Conclusion.– A short session of training on such a phantom model is relevant as part of an overall training program in order to learn intramuscular botulinum toxin injection.

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