

**Keywords:** Prosthesis of the knee; Educational therapeutic program

We have set up an educational therapeutic programme in our ward for patients scheduled for implantation of a knee prostheses. After individual assessment, future patients are invited to an information meeting during which we talk with them about the anaesthesia, the surgery and rehabilitation (video, paper board and therapeutic tools).

**Targets.**– Evaluate the benefit of the therapeutic education for the patient before installing the prosthesis. The goal of the programme is to elaborate a project with the patients and their entourage during their therapy. At the end there is a group session of rehabilitation in the presence of other patients who had undergone surgery two weeks earlier. This meeting allows a face-to-face encounter between the patients and the therapists that will be providing them care and the discovery of the various tools that will be used during the rehabilitation. This educational therapeutic programme is conducted one month before fitting a total knee prosthesis.

**Patients.**– Group 1: All patients who participated in the educational therapeutic programme before the installation of a rotatory 3 compartment knee prosthesis, operated on by the same surgeon and having followed the same rehabilitation protocol. Group 2: All patients who did not participate in the educational therapeutic programme.

**Method.**– Process analysis A process is defined as “a logical series of related transactions that converts input to results or output”. Process Analysis is an approach that consists in identifying, describing and improving a process. Once the process chosen and the objectives clearly defined, the next step is the process description with:

- the input and output results (needs, specifications, satisfaction, etc.);
- a method to achieve objectives (steps, responsibilities, etc.);
- an assessment method

The process improving is principally based on identifying dysfunctions and on indicators monitoring. For our programme, we have described the several steps to organize our therapeutic education program. In order to assess the programme impact on the patients, we asked them and their entourage to fill in a questionnaire, one before the meeting and one after the meeting. The final step was the definition of improvement actions. The degree of anxiety before the meeting then after the meeting was estimated by the Questionnaire of self-assessment of the anxiety: “state-trait” STAI Forme Y-A and Y-B. Spielberger CD, 1983. (French translation Schweitzer MB and Paulhan I, 1990. From Guelfi JD). Patient and entourage enquiries Comparison EVA to J5 and J21.

**Results and discussion.**– We have shown that these meetings allow for better pain management as of the 5th postoperative day, and decrease the anxiety prior to the operation for the patient and their entourage.

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## An experience of education and rehabilitation medicine in the common form of Ehlers Danlos syndrome.

### About 180 cases

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**Keywords:** Ehlers-Danlos syndrome (EDS); Notification of the disability; Physical medicine and rehabilitation; Carers; Patient organizations

**Introduction.**– Ehlers-Danlos syndrome is a debilitating genetic disorder affecting connective tissue. It is not uncommon but rarely diagnosed because it is not well known. The announcement of the syndrome, its consequences and the therapeutics to be undertaken is difficult for patients who experience doubt and denial. The absence of genetic testing complicates the process.

**Methodology.**– This was an education group designed to connect people with Ehlers-Danlos Syndrome and their families with professionals and other patients. One-day sessions were held in the Hotel-Dieu Hospital in Paris: 30 patients relatives, doctors, caregivers. The morning session was held in an amphitheater with discussions about presentations by professionals in diagnosis or treatment of Ehlers-Danlos syndrome. Afternoon workshops took place in the local MPR unit. Conferences (slides or films of interventions were available on the ASED website. Beyond the conferences, regular information was provided via Internet and via information documents.

**Results.**– Six training sessions have been held since September 2010. Themes (papers or workshops) on genetics, pathophysiology, pain, sleep, digestive problems, respiratory, gynaecological, proprioceptive, psychological, social acceptance, general aspects. The average attendance per session was 60 persons (30 patients, 20 caregivers, 12 caregivers). The satisfaction rate was high and related to the fact the patients met professionals and were in contact with other people with similar difficulties.

**Discussion.**– This first experiment has reached its first goal of awareness and prevention of specific applications (risk of bleeding, risk of scarring) and specific treatment (compression garments, intrapulmonary percussiveventilation, oxygen therapy).

**Conclusion.**– It is also important that this programme is associated with physician training in order to improve awareness of the syndrome in the medical community, still the main obstacle hindering progress of patients.

**Further reading**

Hamonet C, Mazaltarin G, Deparcy D. Ehlers-Danlos, un syndrome ignoré. Apports spécifiques de la MPR. Lett Med Phys Readapt 2011;27:196–202.

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## Role of a therapeutic education program in preventing falls after neurological disease

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**Keywords:** Risk of fall; Therapeutic education

**Objectives.**– For three years the program “Neurochute” can benefit, for neurological patients (head injury, stroke, Parkinson’s), knowledge and skills-based falls prevention through education and adapted physical activity. The main objective of this type of program is simple: reduce the number of falls and associated consequences (fractures, hospitalization...).

**Method.**– This outpatient program is conducted in two stages: the first is devoted to assessments (assessing disability, quality of life questionnaire, educational diagnosis), the second devoted to education with a situation of risk of falling, and explanations implementation of the statement falls by patients. Patients spend an educational diagnosis to assess their knowledge and skills on various topics such as knowledge of their pathology, the consequences of a fall... Education therapeutic uses different tools including videos created specifically with: simulation of situations at risk of falling,

soil survey, personalized exercise to physical activity, the habitat management, technical aids.

**Results.**– Compared with the risk of falling, the results seem so far unquantifiable given the low number of patients covered by this program so far. Nevertheless, this study shows the feasibility of this type of multidisciplinary management and the specific role of adapted physical activities in the prevention of falls in the neurological patient.

**Discussion.**– In the near future, our goal is to maintain contact with individual patients to assess the long-term effectiveness of this program. Moreover, before the low number of association offering physical activity suitable for this patient category, creating an associative device offering adapted physical activity (phase 3) is being developed.

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