care of individuals with cerebral palsy with a key moment around the transition to adult care.

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Promoting activity and participation: Development and impact of an online educational resource for clinicians working with children with developmental coordination disorder (DCD).

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Keywords: Developmental coordination disorder; Physiotherapy; Knowledge transfer

Introduction.– Clinicians working with children with developmental coordination disorder (DCD) should deliver evidence-based services promoting activity and participation; however these practices are not yet universal. The Knowledge-to-Action framework and the International Classification of Functioning (ICF) were used to guide development and evaluation of an online, evidence-based module aimed at addressing physiotherapists (PTs) knowledge about DCD.

Methods.– An online module was developed to respond to PTs needs, as identified through interview (n = 9). Using a mixed methods design, PTs (n = 50) responded to scaled items and open-ended questions before and after module completion to evaluate its utility and impact.

Results.– Organized around key ICF messages, module content focuses on relevant practice areas including identification, intervention/goal planning, and evidence-based management approaches. Clinical application examples, interactive media, and self-reflective learning opportunities are included. High mean rating scores and qualitative comments post-module completion suggest the module’s usefulness. Self-reported DCD knowledge and skills increased with significant changes in 80% of items (P < 0.001).

Discussion.– An online DCD module developed for and with PTs appears to increase self-reported competence in providing evidence-based DCD management. Further research is needed to determine whether this translates into improved quality of life for children with DCD.

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The dolphin boy–design, development and implementation of a novel prosthesis for swimming in a child with bilateral hip disarticulation: A case report

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Introduction.– A disabled male (H.A.), 10 years of age, was referred to the hydrotherapy unit. H.A.’s primary diagnosis was meromelia characterized by bilateral hip disarticulation, absence of a right arm from shoulder level and left hand syndactyly of fingers 3–5. Based on the ICF, a goal setting rehabilitation program was begun.

Method.– The initial phase (16 weeks/once a week/30 min per session) was adaptation to the water environment. These sessions included respiratory exercises (i.e. expiration under the water, creating bubbles at the surface), core muscle exercises and increasing H.A.’s level of confidence in the water. In order to master swimming independently, a novel prosthesis was required. The prosthesis design was based on H.A.’s ability to control his pelvis movement in a pre-cise sequence, resembling the swimming technique of a dolphin. The second phase of the rehabilitation program focused on swimming lessons with the new prosthesis (8 weeks/once a week/30 min per lesson).

Results.– After eight lessons, H.A. succeeded swimming independently for 150 m without external support, with the exception of an inflatable neck float for head safety.

Discussion.– Following the unique rehabilitation process, H.A. acquired an independent swimming ability and a dramatic raise in self-confidence.

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P350-e

Contributions of multidisciplinary check-up for rehabilitation

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Keywords: Check-up; Rehabilitation; Multidisciplinary; Network; Child

Objective.– Clinical course of check-up on physical medicine and rehabilitation for the child under five days.

Material and methods.– Account of medicals reports, summary note of multidisciplinary meeting and consultations letters. Retrospective records since 2006.

Results.– The analysis is to continue but early date show actionable categories that have evolved over time (prescription rehabilitative, diagnostic tests and prescriptions, patient education, functional movement analysis, care options). The impact in children and their families induce decisional strategy that evolves. The decisions affect the educational tools, the activities and leisure. The therapeutic proposals are even more effective than the initial request is consistent and focused.

Discussion.– Through the analysis, the appraisal value of Physical and Rehabilitation Medicine Service is more obvious. Optimization data may allow consistent decisions. This report makes light of the significant role of the network of care system for the motor disability of the child.

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P351-e

Musculoskeletal issues in pregnancy

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Keywords: Pregnancy; Female; Musculoskeletal problems

Introduction.– Pregnancy-induced hormonal and physiologic changes increase the risk of musculoskeletal problems in pregnancy. The purpose of this report is to provide a comprehensive look at the musculoskeletal problems experienced during pregnancy.

Material and methods.– Fifty-two females who had given birth in obstetrics clinic of our hospital were included in the study. A face-to-face questionnaire was administered to gather information about participants’ demographics, obstetric history, doing exercise before and after pregnancy, musculoskeletal problems that was available before pregnancy or experienced during pregnancy.

Results.– Mean age was 29.8 ± 4.4. Among participants 16 were primagravida, 18 used to do exercise regularly before pregnancy. During pregnancy, 8 participants had a regular exercise program, 18 did exercise but not regularly, 11 had a previous musculoskeletal problem including lumbar and cervical discopathy, scoliosis, hip subluxation. The most frequent musculoskeletal complaints in pregnancy through three trimesters were low back pain (n = 29, 56%), back pain (n = 26, 50%), coccydinia (n = 21, 40%) and wrist pain/paresthesia (n = 20, 38%). Participants experienced musculoskeletal problems mostly in third trimester.