**Introduction**

Les formes à révélation neurologique de maladie de Wilson représentent environ 35 % des cas. Il faut donc penser à maladie de Wilson devant tout signe neurologique ou psychiatrique chez l’enfant ou l’adolescent et réaliser un bilan. L’hétérogénéité des signes cliniques provoque souvent une errance diagnostique et explique le délai diagnostique moyen de 6 à 36 mois ce qui influence péjorativement le pronostic. Divers traitements chélateurs sont disponibles pour diminuer la morbi-mortalité spontanée de cette affection. La rééducation est un volet important de la prise en charge qu’il faut débuter tôt avant l’installation des complications neuro-orthopédiques, d’où l’intérêt d’une prise en charge multidisciplinaire de ces patients.

**Pour en savoir plus**


http://dx.doi.org/10.1016/j.rehab.2012.07.609

**Discussion/Conclusion**

Cette enquête apporte des arguments favorables au développement de séjours de répit pour les enfants polyhandicapés et l’expérience pose la question de la place de l’hôpital dans ce type d’offre de soins. Elle met également en évidence le manque total de connaissance de cette possibilité d’accueil par les médecins généralistes.

**Pour en savoir plus**


http://dx.doi.org/10.1016/j.rehab.2012.07.610

**Recommandation**

La majorité des séjours donne satisfaction, en permettant des modifications de traitement médicamenteux ou d’appareillage, un recours à des avis spécialisés, une réévaluation de l’état clinique et une amélioration de la relation des enfants avec leurs familles à leur retour à domicile. Les parents sont rassurés par le milieu médical et hospitalier.

**Discussion/Conclusion**

Cette enquête apporte des arguments favorables au développement de séjours de répit pour les enfants polyhandicapés et l’expérience pose la question de la place de l’hôpital dans ce type d’offre de soins. Elle met également en évidence le manque total de connaissance de cette possibilité d’accueil par les médecins généralistes.

**Pour en savoir plus**


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**English version**

**P026-e**

**Transportation of children: Health vs. medical social**

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**Introduction.**—Health transports are subject to special attention in the current economic climate. They are part of the care pathway and contribute to the quality of care. There is a specificity regarding the children. A comparative study between a health facility and a medical social establishment hosting a similar population was conducted. It showed that costs were significantly lower in the medical social for equivalent quality services.

**Health sector.**—The texts regarding medical transports concern the approval of transporters and the rules of medical prescription as well as its reimbursement. They are not very precise for children. Only the ambulances, the LHV and the agreed taxis are appropriate. Sanitary transportation are mostly supported by the Social Security. The prescription is made by the physician, the ordered is the patient (the child’s parents).

**Medical social sector.**—There is no reference text. Transportation is made for the majority by vehicles for disabled people, by taxis. Medical social transportation are fully in charge of the institution that organizes them (often by tenders).

**Comparative study of the costs.**—Eighteen percent of the cost supported by Social Security for the health establishment, 6.73% for the medical social establishment.

Proposals to improve the relevance of medical transportation of children. Now, an interpretation with common sense of the rules allows to prescribe a way of transportation of the children and particularly to the little ones adapted while reducing significantly the cost without compromising quality:

– the transfer of responsibility for transportation to health facilities for the complete organization;
– to have thought to specify the transportation arrangements of children (e.g., conferences discussions);
– include in the cost of hospitalization days and even weeks of health facility the cost of transportation;
– open the possibility for other carriers than currently planned by the legislation (vehicles for the disabled people, transportation company…).

**Further reading**

Eyssartier D. Rénovation du modèle économique pour le transport sanitaire terrestre. 2010.

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**P027-e**

**Shaken baby syndrome websites**

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**Keywords:** Shaken baby syndrome; Inflicted brain injury; Website; Prevention; Diagnosis; Guidelines

**Introduction.**—Shaken baby syndrome (SBS) is an inflicted head injury, which can have very serious consequences in term of mortality and morbidity. Shaking is an extremely violent gesture, which is often repeated. Missed diagnoses increase the risk of recurrence. Moreover, judges and lawyers often have preconceived ideas resulting in inadequate judgments. A public audition has been organized by the SOFMER in order to help professionals diagnose shaking. Diagnostic criteria enabling to better diagnose SBS have been...
Objective.

Island

Keywords: Disability; Disabled sports; Child; Patient education; Reunion

Materials/patients.

“Handi’Hôp”. with the regional disabled sports. We want to share our experience of the group activity and physical education in a pediatric MPR services and in partnership

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Methods.

amputation of member, osteogenesis imperfect. The animations performed are postoperative), severe burn, neuromuscular diseases, traumatic brain injury, session. The pathologies involved are numerous: cerebral palsy (or followed by

Discussion.

short presentation and Sports Illustrated. Some children have perpetuated their gym use. The publication will include a assessment children’s progress, depending on the sport, as they learn the sport.

Results.

The total number of sessions is 37. The sports practiced are: boccia, on handisportive 2 h weekly rehabilitation. Two sports are practiced on sessions docteurs with the consent of families. The introduction to the practice is carried

Keywords:

Volkmann syndrome; Jbira treatment; Rehabilitation

Objective.– Put the item on the particularity of Volkmann’s syndrome secondary to treatment with jbira and his rehabilitation treatment.

Materials and methods.– This is a retrospective study of five children with a syndrome Volkmann after jbira collected in the department of physical medicine, university hospital Ibn Rochd, Casablanca on 1st April 2010 to 1st December 2011.

Results.– The average age was 10.22 years, all our patients are male rural; status suffered a closed fracture of two bones of the forearm after a fall, traditionally dealt bandage by a traditional healer (jbira), a complicated syndrome resulting Volkmann within an average of 2 months to a flexion contracture of the wrist and fingers. Answer by epitrochlear muscle disinsertion in four cases and necrosectomy with muscle graft in one case and then sent for rehabilitation. The examination for admission is stiff polyarticular wrist and hand in 5 patients, VAS pain in 4 to 8 and 9 in one case, the total disability assessed by the DASH in average to 90.77. The patients received a daily rehabilitation under regional anesthesia during the first two weeks. After three months the recovery of range of motion and muscle strength was evident, VAS pain increased to 3 in 4 and 5 in one case, total disability from 55% in average. The patient still ongoing rehabilitation.

Discussion.– In our context, the Volkmann’s syndrome is a complication, still current, the traditional restraint of upper limb fractures. Once installed, the effects are sources of partial or total permanent disability. Rehabilitation is essential and a great contribution to get a functional and sensitive hand. Collaboration between the surgeon and the physiatrist and the public awareness about the dangers of jbira is essential and highly recommended.

Further reading


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References


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P028-e

Descriptive analysis of the initiation activity handisport to children’s hospital of Saint-Denis de la Réunion

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Keywords: Disability; Disabled sports; Child; Patient education; Reunion Island

Objective.– To show the interest of the disabled sports initiation, as a therapeutic activity and physical education in a pediatric MPR services and in partnership with the regional disabled sports. We want to share our experience of the group “Handi’Hôp”.

Materials/patients.– We include 4 to 10 children hospitalized in pediatric MPR session. The pathologies involved are numerous: cerebral palsy (or followed by postoperative), severe burn, neuromuscular diseases, traumatic brain injury, paraplegia, quadriplegia, Strumpell Lorrain, juvenile chronic polyarthritis, amputation of member, osteogenesis imperfect. The animations performed are selected according to the possibilities of the group of children and therefore their pathology.

Methods.– Inclusion is proposed by therapists from the hospital, validated by doctors with the consent of families. The introduction to the practice is carried on handisportive 2 h weekly rehabilitation. Two sports are practiced on sessions 4 to 5 sessions. An evaluation is conducted to see the gains in the sessions. A very special case of very serious injury

Keywords:

Etiology of atypical Volkmann’s syndrome: restraint by traditional jbira about 5 cases

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Keywords:

Volkmann syndrome; Jbira treatment; Rehabilitation

Objective.– The item on the particularity of Volkmann’s syndrome secondary to treatment with jbira and his rehabilitation treatment.

Materials and methods.– This is a retrospective study of five children with a syndrome Volkmann after jbira collected in the department of physical medicine, university hospital Ibn Rochd, Casablanca on 1st April 2010 to 1st December 2011.

Results.– The average age was 10.22 years, all our patients are male rural; status suffered a closed fracture of two bones of the forearm after a fall, traditionally dealt bandage by a traditional healer (jbira), a complicated syndrome resulting Volkmann within an average of 2 months to a flexion contracture of the wrist and fingers. Answer by epitrochlear muscle disinsertion in four cases and necrosectomy with muscle graft in one case and then sent for rehabilitation. The examination for admission is stiff polyarticular wrist and hand in 5 patients, VAS pain in 4 to 8 and 9 in one case, the total disability assessed by the DASH in average to 90.77. The patients received a daily rehabilitation under regional anesthesia during the first two weeks. After three months the recovery of range of motion and muscle strength was evident, VAS pain increased to 3 in 4 and 5 in one case, total disability from 55% in average. The patient still ongoing rehabilitation.

Discussion.– In our context, the Volkmann’s syndrome is a complication, still current, the traditional restraint of upper limb fractures. Once installed, the effects are sources of partial or total permanent disability. Rehabilitation is essential and a great contribution to get a functional and sensitive hand. Collaboration between the surgeon and the physiatrist and the public awareness about the dangers of jbira is essential and highly recommended.

Further reading


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P029-e

A very special case of very serious injury due to meatoplasty, which shows the importance of cooperation between the rehabilitation doctor and a specialised lawyer

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Keywords: Expertise; Injury; Compensation; Rehabilitation

Objective.– The field of injury has begun quite haphazardly in Reunion and Mayotte Islands. The lack of a competent association of patients has given way to a free rein in practices that leave the wounded in situations of deleterious inequality. Vigilance or the involvement of the rehabilitation colleagues is a must.

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