Activity and participation in stroke patients with aphasia: Proposition of an ICF-derived assessment tool


**Abstract**

The G-MAP questionnaire includes 24 items related to 6 ICF domains, and was assessed with the G-MAP and, within these limits which activity limitation was assessed, and 3 others were assessed with difficulty (two ASRS score 1, and one ASRS 2). The assessment was possible with alternative utterances in 16 patients aphasia (Goodglass and Kaplan’s severity score ASRS 0) was able to be assessed. The G-MAP scale includes 30 items that assess the patient’s questionnaire, Q and the examiner’s (test, T) evaluation of main postur and gait disturbances in activities of daily living, evaluating both impairments and activity limitations. The aims of this pilot study were to begin the validation process (reliability, construct validity, internal consistency, predictive validity and feasibility) and to compare evaluations of patients and examiners.

**Results**

Thirty-five stroke patients with wide functional levels were included (Barthel Index = 71.4 ± 19.7). Feasibility was good, mean time required was 25 ± 6 min for Q and T. Intradater reliability ranged from good to excellent (ICC > 0.82), interrater reliability was more moderate (0.67 < ICC < 0.9). The scale showed excellent construct validity against neuromotor-motor weakness and gait; spasticity (P < 10^{-3}), postural control (P < 10^{-5}), severity of gait impairments (GAIT scale; P < 10^{-3}), gait capacities (NFAC, 10-meter walk test, RMI; P < 0.01) and functional level (BI, P < 10^{-5}). In addition, internal consistency (α-Cronbach > 0.84) and predictive validity were excellent. Finally, evaluations of patients and examiners were highly correlated (P < 10^{-5}).

**Discussion**

The G-MAP may be used in most of aphasic persons, but data from proxy will be of interest. The present study confirms that the ICF is useful to understand aphasic persons’ difficulties and to help them in social adjustment and return to community.

**Keywords**

Aphasia; ICF; Activity; Participation

**Address for correspondence**

etienne.allart@chru-lille.fr
Introduction
Fulfilment of expectations; Satisfaction
Total hip arthroplasty; Expectations; Arthroplasty expectations;

Keywords:
Sorbonne Paris Cité, université Paris Descartes, Paris, France

Associated with satisfaction and expectations fulfilment after THA, and to surgeons’ expectations is unknown. This study aimed to assess factors fulfilled.

PRES, 27, rue du Faubourg-Saint-Jacques, 75014 Paris, France

a Service de rééducation et réadaptation de l’appareil locomoteur et des parties de l’organe pulmonaire, hôpital Raymond-Poincaré, AP–HP, Garches, France

b Université Versailles-Saint-Quentin, Guyancourt, France
c Service d’orthopédie, traumatologie, chirurgie plastique et reconstructive, CHU Gabriel-Montpied, université Claude-Monnet, Clermont-Ferrand, France
d Service de chirurgie orthopédique et traumatologie, hôpital Lariboisière, AP–HP, université Paris Diderot, Paris, France
e Service d’orthopédie, hôpital Cochin, AP–HP, université Paris Descartes, PRES, 27, rue du Faubourg-Saint-Jacques, 75014 Paris, France
f Service de médecine physique et réadaptation, hôpital Raymond-Poincaré, AP–HP, Garches, France

g Hôpital de la Marine, 27, rue du Faubourg-Saint-Jacques, 75014 Paris, France
h Service de pneumologie, CHU de Reims, Reims, France
i Université Reims Champagne Ardenne, Reims, France
j Unités de médecine physique et de réadaptation, hôpital Sébastopol, CHU de Reims, EA 3797, université Reims Champagne Ardenne, 48, rue de Sébastopol, 51092 Reims, France
k EA 3797, université Reims Champagne Ardenne, CHU de Reims, Reims, France

Introduction
– The relationship between patients’ expectations and satisfaction in total hip arthroplasty (THA) remains unclear, and the role of surgeons’ expectations is unknown. This study aimed to assess factors associated with satisfaction and expectations fulfilled after THA, and to describe in which domain patients’ and surgeons’ expectations were fulfilled.

Methods.– Preoperatively, 132 patients on waiting list for THA in three tertiary care centres and their surgeons had been interviewed to assess their expectations using the Hospital for Special Surgery Total Hip Replacement Expectations Survey (THR survey) [1]. One year after surgery, 123 patients were contacted by phone to complete a questionnaire on their expectations’ fulfilment (THR survey), satisfaction, functional outcome (Womac), and quality of life (SF 12).

Univariate and multivariate analyses were performed to assess determinants of satisfaction and expectations’ fulfilment.

Results.– Surgeons’ expectations were more realistic than patients’ for relieving night pain and removing the need of a stick. Patients and surgeons had too optimistic expectations regarding cutting toenails, putting on shoes, improving sport, sexual and professional activity. In the group of patients who were satisfied (n = 113), preoperative mental well-being was higher and surgeons’ expectations were more optimistic. Expectations’ fulfilment was the only independent determinant of satisfaction (adjusted OR 1.08, 95% Confidence Interval [CI] 1.04; 1.12, P < 0.001). Expectations’ fulfilment could be predicted before surgery by a younger age (regression coefficient –0.55 [95% CI –0.88; –0.21], P = 0.002), a better mental well-being (0.56 [95% CI 0.14; 0.99], P = 0.03) and a lower disability (–0.96 [95% CI –1.82; –0.11], P = 0.001). After surgery, functional outcome was its main determinant (–2.10 [95% CI –2.79; –1.42], P < 0.001).

Conclusion.– The fulfilment of patients’ expectations, independently of their preoperative level, determines satisfaction after THA. It could be predicted before surgery by a younger age, a better mental well-being and a lower disability. Surgeons have reliable expectations of postoperative satisfaction, and could improve information of patients on expected outcomes.

Reference

http://dx.doi.org/10.1016/j.rehab.2013.07.268

CO26-007-e

Reintegration to Normal Living Index in a population of community-dwelling people with slowly muscular diseases

F.-C. Boyer*, a, A. Rapi n, a, L. Percebois-Macadré, a, J.-M. Coulon, a, G. Bellassian, b, E. Re grain, b, V. Bombart, c, M. Tou ssaint-Thorin, d, F. Carré-Pigeon, e, J.-C. Merot, f, P. Na zeyrolles, f, D. Perdu, e, M.-P. Chama u, r, g, R. Ta iar, h, D. Gaillard i

a Centre de référence des maladies neuromusculaires, CERNEST, hôpital Sébastopol, CHU de Reims, EA 3797, université Reims Champagne Ardenne, 48, rue de Sébastopol, 51092 Reims, France
b EA 3797, université Reims Champagne Ardenne, CHU de Reims, Reims, France
c Unités de médecine physique et de réadaptation, hôpital Sébastopol, CHU de Reims, Reims, France
d Unités de médecine physique et de réadaptation, hôpital Américain, CHU de Reims, Reims, France
e Service de génétique médicale, CHU de Reims, Reims, France
f Service d’ORL, CHU de Reims, Reims, France
g EA 3797, université Reims Champagne Ardenne, Reims, France
h Service de pneumologie, CHU de Reims, Reims, France
i Service de neurologie, CHU de Reims, Reims, France

Keywords: Questionnaire; Scale; Validity; Reproducibility; Neuromuscular diseases

Introduction.– Reintegration to normal life index (RNLI) is a generic scale and assesses the degree to which the patient has been able to return to a normal life. This questionnaire has not been used, validated and interpreted for a sample of people with slowly genetic muscular diseases.

Patients and methods.– Prospective study with consecutive inclusions of patients with neuromuscular diseases in referral centers of Reims, Dijon and Besançon between April 2004 and June 2011. Patients included were age 18 years or more. Administration of five times RNLI D0, D15 for 2/3 of them, one year, three years and five years. The analysis of socio-demographic data, scores of scales and statistical tests are calculated by SPSS 21 software.

Results.– Hundred and twenty-four patients were included, 75 men (60.5%). The average age was 36.3 ± 11.2 (minimum 18, maximum 60). The Barthel Index is an average of 77 ± 28 (min 10, max 100). It is counted myotonic patients (n = 50), dystrophinopathies (n = 32 including 8 Duchenne), FSHD (n = 18), ASI (n = 8), LGMD (n = 12), congenital muscular dystrophies (n = 3), oculopharyngeal dystrophy (n = 1). Hundred and two patients have no missing data RNLI at the initial time with an average score of 70 ± 20 (min 7 and max...