Objective.—Volition designates all the self-regulatory mental processes which determine the goal that will be achieved, as well as when and how. It is an important but unknown dimension between motivation (intention) and the implementation of an action. Results from various studies clearly suggest that volitional competencies could play a role in chronic low back pain (CLBP). Actually, there is no questionnaire allowing the assessment of volition in CLBP patients. Our objective is to develop and validate a questionnaire assessing volitional competencies in LPB patients in order to improve physical exercises in those patients and then to avoid chronicity.

Patients and method.—Items of pre-questionnaire were derived from a content analysis of semi-structured interviews (to identify facilitators and barriers to exercises) conducted with 30 CLBP patients and 8 healthcare professionals regularly involved in the management of LBP. To select the most relevant items, all of them were submitted to a panel of experts, following the Delphi method (with four rounds).

Results.—A first version of the Volitional Exercise Back Inventory (VEBI) was developed which contain 50 items related to motivation, confidence in the ability to perform physical exercises, confidence in the ability to create coping strategies, confidence to resume activity after a failure or setback and implementation intentions.

Discussion.—The next steps of our research will consist of exploratory factor analysis of the questionnaire and analysis of psychometric properties. Then, a confirmatory factor analysis will be done. It is expected that the VEBl will have a good construct validity and for some dimensions also convergent validity. This questionnaire will be helpful to identify patients who will not realize their physical exercises and will provide to healthcare professionals some information about strategies to use in order to help patients to be more physically active.

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Keywords: Volition; Chronic low back pain; Physical exercises; Questionnaire

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Measuring complexity in neurological rehabilitation: The Oxford Case Complexity Assessment Measure (OCCAM)

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Objective.—Only a few scales evaluating complexity are available, but what they really measure is controversial. We evaluated a newly developed 81-point scale based on a holistic biopsychosocial model of illness and healthcare: the Oxford Case Complexity Assessment Measure (OCCAM).

Methods.—Hundred and ten consecutive patients admitted to the neuro-rehabilitation unit of Oxford, UK, were prospectively enrolled from January to August 2012. Part 1: The OCCAM questionnaire, the Rehabilitation Complexity Score (RCS-E), the INTERMED scale, and a team judgment score (from 0 to 10) were administered to establish OCCAM validity. Internal consistency of OCCAM was assessed. Part 2: inter-rater agreement of OCCAM was evaluated. Part 3: Test-retest correlation and test-retest agreement were performed. We evaluated the ability of OCCAM to predict length of stay (LOS) > 80 days and no home discharge using ROC curves and c-statistics.

Results.—Part 1: internal consistency was moderate for the overall OCCAM scale (Cronbach’s α coefficient 0.69). Item-total correlations were all moderate to high except for two items (pathology 0.26, time 0.23). Significant correlation was found between OCCAM and both INTERMED (p = 0.694, P < 0.001), RCS-E (p = 0.736, P < 0.001), and team judgment (p = 0.796, P < 0.001). Part 2: inter-rater agreement was excellent (Weighted k = 0.95, P < 0.001). Part 3: an excellent correlation between admission and discharge scores was observed (p = 0.917, P < 0.001). Test-retest agreement was good (intraclass correlation coefficient 0.71, P < 0.001).