either only on the clinical intuition or observational studies. The medicine based on the evidence crosses today all the disciplines of rehabilitation. We never needed to show the efficacy and to compare the costs/benefit of the TPE programs [1–3]. If the TPE efficiency programs cannot be compared between them in term of costs/effectiveness, the authorities and the professionals of health will be unfocused. Poorer, that will strengthen the chronically sick patients to expect a miracle treatment and to refuse to take part in the TPE programs considering them as “optional”. From this perspective of proof demonstration the first work showed that the adapted physical-activities will produce a crucial role in the aim to maintain the behavioral changes induced by the TPE programs [4].

References
http://dx.doi.org/10.1016/j.rehab.2013.07.299

CO07-002-e

Educational needs of post-stroke patients and their caregivers
D. Berminiker a,*, R. Sautreau b, K. Bammoun c, S. Louty b, J.C. Daviet c, J.Y. Salle a
a Hémipass, pôle de Neurosciences, service de MPR, hôpital de J-Rebeyröl, CHU de Limoges, Limoges, avenue du Biaison, 87042 Limoges, France
b Hauve, EA 6310, université de Limoges, Limoges, France
c Havae, EA 6310, pôle de Neurosciences, Hémipass, service de MPR, hôpital de J-Rebeyröl, HU de Limoges, université de Limoges, Limoges, France
*Corresponding author.
E-mail address: hemipass@chu-limoges.fr

Keywords: Patient therapeutic education stroke
Objective.– Show the importance of educational needs of the post-stroke patients and of their caregivers.
Methods.– Retrospective study on 62 patients supported by our multidisciplinary mobile team of post stroke outpatient (HEMIPASS) in 2012. We classified the different actions in eight domains: taken back by occupation, research of adapted transport, developments of the domicile, self-government in AVQ, administrative files, coordination of care, support of the patient and aidants and actions of education they the same divided into four groups. Different domains could concern the same patient.
Results.– Different undertaken actions were: help to return to work (6%), research of adapted transport (24%), home adaptations (13%), rehabilitation in activities of daily living (35%), local authorities/support services (38%), coordination of care (43%), psychological support in patient (40%) and in caregivers (45%) and actions of education (100%). This actions of education concerned four main topics: cognitive and communication problems, physical and cognitive consequences after a stroke.
Discussion.– This work confirms the importance of educational needs of post stroke patients and their caregivers [1–3]. In our study, needs and concerns of the patients and their caregivers are those habitually brought back [2,3]. Situations taken care by the mobile teams for post stroke patients are advantageous for the creation of programs of Therapeutic Education of Patient (ETP) according to recommendations of HAS [1–3].

References

CO07-003-e

Organization of a multi centered therapeutic education programme (TEP) for patients after a stroke
N. Beuzelin a,*, C. Jokic b, P. Ho Van Truc c, M. Hamon b, A. Desvège e, E. Faguais e, M. Godignon e, C. Thiberghien e, M. Fourreau e, F. Boisgontier e, F. Léory e
a CHU de Caen, service de médecine physique et réadaptation, avenue de la Côte-de-Nacre, 14033 Caen cedex 9, France
b SSR Système nerveux, centre hospitalier, 14260 Aunay-Sur-odon, France
c IMPR du Bois-de-Lébisey, allée des Boiselles, 14200 Hérouville Saint-Clair, France
d Réseau de santé du Bessin, 3, rue François-Coulet, 14400 Bayeux, France
*Corresponding author.
E-mail address: beuzelin.nathalie@gmail.com

Keywords: Therapeutic Education Programme; Stroke; Programme; Chain Objective.– Legislation being favourable (loi HPST, Plan AVC 2010-2014) and following the publication of guidelines by the SOFMER and the SFNV on post-stroke Therapeutic Patient Education (TEP), three structures of aftercare and rehabilitation (SSR) and a health network formed a steering committee (COPIIL). Its main mission is to develop and structure the educative practice for patients after a stroke following two ways:
– prevention of cardio-neuro-vascular risks;
– physical and cognitive consequences after a stroke.
Materials and methods.– The COPIIL, created on December 5th, 2011, gathers competent professionals for stroke reeducation (PRM doctors, health care managers and physiotherapist) or for PTE (master or university degree). The COPIIL develops a general methodology following the evaluation of professional practice:
– description of the current situation (questionnaire for SSR professionals);
– choice of improvement axis and an action plan;
– evaluation.
Among the actions of the plan, the COPIIL develops an interview guideline for educative diagnosis, constitutes eight multidisciplinary work groups in SSR wards, distributes the different themes, coordinates and synthesizes works, anticipates evaluation tools and prepares the authorization file for the programme for the Regional Health Agency.
Results / Discussion.– Results show that professionals have a poor knowledge on TPE. The improvement axis emerging was to form professionals, to develop a TPE programme on eight themes dealing with secondary prevention and frequent consequences after a stroke, following learned societies’ recommendations. The COPIIL meets once a month. The drawing up of the programme on the eight themes is actually in its final stage. Each working group is directed by two experts, one on the theme and the other on TPE. Patients and their caregivers were involved. The authorization request for the programme is planned for September 2013. The methodology’s main interests consist in its overall vision of sequelae of stroke and its regional use by the coordination team of the stroke chain.
Further reading
www.sofmer.com/ Eléments pour l’élaboration d’un programme d’Éducation Thérapeutique spécifique au patient après AVC.
http://dx.doi.org/10.1016/j.rehab.2013.07.300

CO07-004-e

Education and chronic back pain
I. Tavares a, H.B. Tran, C. Hérissón
CHU Lapeyronie, avenue du Doyen-Gaston-Giraud, 34000 Montpellier, France
*Corresponding author.
E-mail address: isabelletavares@yahoo.fr