

Heart rate was comparable in the two conditions (94.3/min on the ground versus 92.5/min in the water, $t=0.78$, $P=0.45$). The speed in the water (17.58 ± 4.9 m/min) was correlated with speed on the ground (38.4 ± 16.2 m/min) and on average 2 slower times. In the water, both the length of the step and the cadence decreased, excepted for 3 patients. Length of step were correlated in water and ground but not the cadences, perhaps because of different adaptations to water resistance. Six patients presented a defect of control of the hemiplegic limb with difficulty returning it towards the ground and 3 lost the posterior step. The step was more difficult in the water with dynamic equinus. After stroke, aquatic walk can't be assimilated with gait with body weight support because of multiples factors (water resistance, energy, spasticity...) with probably different adaptation to water resistance.

Further reading

Jung, et al. The influence of applying additional weight to the affected leg on gait pattern during aquatic walking poststroke. *Arch Phys Med Rehabil* 2010.

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P039–EN

Interest of a self-care program associating transcutaneous electrical nerve stimulation and mirror visual feedback in the treatment of ankle complex regional pain syndrome (CRPS-1)

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Keywords: Complex regional pain syndrome; Self-care program; Transcutaneous electrical nerve stimulation; Mirror visual feedback

Background.– Taking care of CRPS-1 is not consensual and often invasive. We assessed a multidisciplinary, not invasive protocol, based on the therapeutic education of the patient.

Objectives.– To determine the benefit of transcutaneous electrical nerve stimulation (TENS) and mirror visual feedback (MVF), managed by patients themselves, in ankle CRPS-1.

Methods.– We realized a forward-looking and multicentric assessment. The patients ($n=26$), included on a duration of 3 months, presented a CRPS-1 of ankle, in agreement with the criteria of the IASP with a contributive bone scintigraphy. Our main assessment criterion was built around the therapeutic objective fixed with the patient and modelled according to the *Single Goal Attainment Scaling* (s-GAS). Other criteria were: gate duration, Wade test, single leg stance load, VAS, clinical data.

Results.– After 6 months, 20 patients had reached the fixed objectives. Sixty-nine percent of them ($n=18$) found an improvement of the locomotion.

Conclusions.– Literature evoke 68% of healing of the CRPS-1 at 11 months, invasive program included. In this assessment, self-care program of patients educated to TENS and MVF, displayed 65% ($n=17$) of healing at 3 months and 77% ($n=20$) at 6 months.

Further reading

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McCabe CS. A controlled pilot study of the utility of mirror visual feedback in the treatment of CRPS-1. *Rheumatology (Oxford)* 2003;42:97–101.

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Vladimir Tichelaar YI. Mirror box therapy added to cognitive behavioural therapy in CRPS-1 patients. *Int J Rehabil Res* 2007;30:181–8.

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P040–EN

Construct validity of the French version of the PRWE (Patient Rated Wrist Evaluation) with the French version of the DASH (Disabilities Arm Shoulder and Hand) is good to very good in a population of patients with wrist injuries in an inpatient rehabilitation unit

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Keywords: PRWE questionnaire; Wrist; Construct validity

Objective.– The Patient-Rated Wrist Evaluation is a specific questionnaire for the wrist [1]. It consists of 15 questions with a total score of 100. It was recently translated into French [2]. However, its validity has not been tested in this language. The Disabilities Arm Shoulder and Hand (DASH), with well-established psychometric properties, is considered as the reference questionnaire for the evaluation of upper extremities. The objective of this study is to measure the construct validity of the PRWE-F with the DASH-F in patients with wrist pathology.

Patients and methods.– Fifty-one patients (40 m, 11 w, mean age 42 years), 25 fractures of the radius and 26 lesions of the carpus.

Questionnaires PRWE-F and DASH-F at entry and at discharge (0 to 100). Calculation of the construct validity of the PRWE-F comparing with the DASH-F with Pearson correlation coefficients (r) at entry and at discharge. Level of significance (α) was set at 5%.

Results.– Correlation DASH/PRWE at entry: $r=0.799$ (95% CI 0.671 to 0.881), $P<0.0001$. Correlation DASH/PRWE at discharge: $r=0.847$ (95% CI: 0.745 to 0.910), $P<0.0001$.

Discussion.– The construct validity of the two instruments indicates that they measure the same concept. Our correlation between DASH-F and PRWE-F, going from 0.799 to 0.847, are comparable to those published in different languages (0.71 to 0.84) [3,4]. The questionnaires PRWE-F can thus be used in rehabilitation patients presenting with wrist pathologies; it is comparable to the DASH but described by MacDermid [1] to be more specific. Compared to the DASH it has the advantage of consisting of two dimensions. Its construct validity is excellent. This questionnaire should be evaluated in other populations, and it should be compared with hand questionnaires more specific than the DASH.

References

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P041–EN

Post-stroke fatigue

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Keywords: Fatigue; Stroke; MFI-20

Objective.– Post-stroke fatigue is a common symptom that can be disabling; however, it has not been a subject of extensive research. The aim of the present study was to determine the different domains of fatigue occurring after stroke and to identify possible predictor factors of post-stroke fatigue.

Patients and methods.– Thirty consecutive patients meeting inclusion criteria who were admitted for inpatient rehabilitation to a specialized unit following their first stroke were evaluated. Inclusion criteria were: the occurrence of a