

Editorial

Changing Horizons; theme of the DCRM 2014

Dear delegate and colleague,

From now on, the VRA Annual Congress will be named the 'Dutch Congress of Rehabilitation Medicine' (DCRM) in order to express our ambition to invite colleagues across the Dutch borders to exchange knowledge and experience and improve the care for our patients.

This year the Scientific Committee invites you to have a glance of the Changing Horizons in the field of Rehabilitation Medicine and discuss future directions of research and care. Research and (clinical) developments in combination with the increasing willingness of different players in this extensive field to cooperate is leading to accelerated development of Rehabilitation Medicine. We should not forget that the role of the patient is crucial. The improvement of knowledge transfer and empowerment is an important aspect of health care, and implementation of e-health can and should be very supportive. Next to the given opportunities, we have to face the challenge to guarantee financial sustainability of the health care system.



This Scientific Committee has done its utmost effort to present you an inspiring programme to facilitate the discussion for new ideas in research, education and clinical practice of rehabilitation medicine, not only in the Netherlands but also globally. The primary focus will be the patient and the development of efficient and effective rehabilitation programs by the joined efforts of scientists, clinicians, persons with disabilities and related stakeholders.

Last year, a PhD Thesis session was organized for the first time to give nominees the opportunity to present the most interesting results of their valuable scientific work in more depth. Because of the positive feedback of participants as well as presenters, this session will be continued. This year's debate session will focus on the organization of research in the field of Rehabilitation Medicine. How can collaboration between the different partners (universities, rehabilitation centers and other stakeholders) be improved? Is there a need for concentration of research in diagnostic areas? We specifically invite you to share your view on this issue.

The large number of workshops and mini-symposia, including two free paper sessions during the congress will guarantee a broad variety of interesting scientific topics. More than 30 very interesting posters will be presented in the meeting area where you are invited to discuss the interesting results of high quality research that has been performed within rehabilitation medicine.

On Thursday evening, the traditional social programme, a buffet dinner with music entertainment, will give all participants the opportunity to meet and to make new friends in the field of rehabilitation medicine.

I am very proud of the excellent program for the Dutch Congress of Rehabilitation Medicine in Rotterdam. Your participation and enthusiasm will make this congress to a success! I therefore invite you all to join us in Rotterdam and to select your favourite workshops, mini-symposia and free paper sessions.

I am looking forward to an interesting and inspiring Congress!

Prof. Rob J.E.M. Smeets MD PhD, Chair Scientific Committee

1. TIMING OF PROVIDING ANKLE-FOOT ORTHOSES IN (SUB)ACUTE STROKE PATIENTS: RESULTS ON CLINICAL OUTCOME MEASURES

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Introduction

Scientific evidence about long-term use of ankle-foot orthoses (AFOs) after stroke is lacking and no generally accepted guideline regarding the timing of AFO-provision after stroke is available.

Objective

Determine the effects of AFO-provision at different moments in time after stroke.

Patients

(Sub-)acute stroke patients with AFO-indication admitted to the rehabilitation center.

Methods

Patients were measured bi-weekly for 18 weeks, with follow-up at week 26. Two groups with different randomized moments of AFO-provision were compared: "early" (provision at inclusion) and "late" (provision 8 weeks later). Outcome measures were: Berg Balance Scale (BBS), Functional Ambulation Categories, 10-m walking test, 6-min walking test (6MWT), Barthel Index and Rivermead Mobility Index.

Results

Mixed model analysis included 33 subjects (16 early, 17 late) of which 2 subjects are still enrolled in the study (completed up to week 17). Six subjects dropped out (1 early, 5 late). Both groups showed progress over time, with predominantly higher scores in the early AFO-group. The progress in BBS and 6MWT showed statistically significant differences (resp. $p = 0.010$ and $p = 0.001$) between the early and late group over time.

Discussion and conclusions

Early AFO-provision after stroke shows a positive trend on all outcome measures, with significant differences over time for the BBS and 6MWT in favor of early AFO-provision. The differences between the 2 groups were largest up to 13 weeks.

Clinical message

Early AFO-provision in the rehabilitation after stroke seems beneficial on clinical outcome measures related to balance and mobility.

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2. UPPER EXTREMITY STRENGTH MEASUREMENT FOR CHILDREN WITH CEREBRAL PALSY: A SYSTEMATIC REVIEW OF AVAILABLE INSTRUMENTS

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Objective

To systematically evaluate the level of evidence of the clinimetric properties of instruments for measuring upper extremity muscle strength at

the "body functions & structures" level of the International Classification of Functioning, Disability and Health for Children and Youth for children with cerebral palsy.