

**Full display of programme n° 4 :**

> Accreditation - Page 1/9 - General presentation

**:: Identification data :**

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Years certification : 1984 (recertification 2006 Nr 1942)

Name of unit : Médecine Physique et de Réadaptation  
Hospital or other facility : Centre Hospitalier Privé Saint-Grégoire  
Address : 6 bd de la Boutière CS 56816  
Postal Code : 35768  
City : SAINT-GREGOIRE CEDEX  
Country : FRANCE

**:: Title of the programme of care :**

01. General Physical and Rehabilitation Medicine

**:: Description of the programme :**

TARGET POPULATION : persons of any age; suffering from musculo-skeletal and neuromotor impairments. The programme excludes the management of cognitive impairments, cardio-respiratory and pelvic dysfunction.

AIMS AND GOALS : treatment of acute and chronic pain, correction of progressive or disabling deformities of the limbs and the spine, rehabilitation and guidance after surgery, especially after ACL reconstruction and after knee arthroplasty.

PROCEDURE : ambulatory consultation. Most patients are referred, either by their GP or by one of the orthopaedic surgeons, who operate in our private hospital. However, free access remain possible for any patient. The first step is to set out a comprehensive medical and functional diagnosis by clinical and, if necessary, complementary investigations. This leads to decide the most appropriate strategy, which can be based on educational guidance, immediate intervention (manual therapy, local injections...), the prescription of physiotherapy (inside or outside our facility), the prescription of orthoses or prostheses. A follow up of the patient is scheduled, either on a planed protocol or on demand, according to the kind of situation.

THE UNIT DELIVERING THE PROGRAMME : our unit is a private medical office, inside an important private hospital (350 beds, 150 surgeons and physicians). In a building devoted to outpatient clinics, our PRM office is on the same floor than the orthopaedic clinic (11 surgeons) and a physiotherapy office (9 physiotherapists).

MEANS DEVOTED TO THE PROGRAMME : the PRM office is composed with 2 consultation rooms, a technical room devoted to orthotics and to isokinetic assessment. We are equipped also with EMG, podographic and balance platform, Spinal Mouse®, shock waves and cryotherapy. The physiotherapists facility, beside our office, includes an 80 m<sup>2</sup> training room, 8 individual boxes and a 12 m<sup>2</sup> rehabilitation pool with 3 levels of depth. All imaging techniques are available inside our hospital : Xrays, Ctscan, MRI, echography, scintigraphy, doppler...

SAFETY AND PATIENT RIGHTS : we do our best to cope with the "Référenciel de moyens des cabinets libéraux" issued by the SYFMER (French PRM Professional Union). An emergency trolley is equipped with drugs and all the necessary equipment for respiratory and cardiac resuscitation. Information about our programmes is displayed on our website : <http://www.orthopedie-et-readaptation.com>.

THE PRM SPECIALIST IN THE PROGRAMME : two PRM specialists work in separate rooms. They are fully responsible for the medical and the functional diagnosis at each stage of the programmes. The treatment can be either operated by themselves or delegated by the mean of a medical prescription.

TEAM MANAGEMENT IN THE PROGRAMME : since all practitioners have an independent private practice, there is no hierarchy between PRM specialists and other participants to the patients care. No mandatory pathway is imposed to patients. Even though, there is a general agreement about the main goals to reach and about the features of treatments. This harmonization is made possible by frequent exchanges of opinions and information (oral and written reports), joint examinations of patients and regular CME

meetings organized within the Private Hospital, but open to any external physicians, physiotherapists or nurses.

An orthopaedic workshop facilitates an easy cooperation with external private orthotists and prosthetists for any kind of device (mainly foot, knee and spine).

#### EVIDENCE BASED MEDICINE OF THE PROGRAMME, ORGANIZATION AND RECORDS

Our programmes are based on published guidelines and medical literature (Pubmed, Cochrane, Haute Autorité de Santé (<http://www.anaes.fr/>) ) and on our internal exchanges of experiences. All medical and functional information about each patient is recorded in a digital database. After each consultation, several copies of the medical report are immediately printed, for the patient, for his GP and for his physiotherapist. Detailed prescriptions are given as well.

MONITORING AND OUTCOMES : those stored data can also be used for an assessment of the programmes, as we did in 1998 for ambulatory rehabilitation after ACL reconstruction. We intend to go further in this way in the following years.

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> Accreditation - Page 2/9 - Aims and goals

#### ⌘ This programme is applying for :

##### ⌘ Referral of patients (choose one or several) :

- Direct access Yes
- Referred from a general practitioner Yes
- Referred from a specialist Yes
- Referred from a specialist in PRM Yes

##### ⌘ Setting :

Individual practice in a private hospital

##### ⌘ Approach :

multiprofessional

##### ⌘ Stage of recovery :

- Within two weeks of onset Yes
- 2 weeks to 3 months after onset Yes
- 3 months or longer after onset Yes

##### ⌘ Type :

- Inpatients in beds under PRM responsibility No
- Inpatients in beds belonging to other departments No
- Day programme (most of the day in outpatient setting, not home) No
- Outpatient clinic (assessment and/or treatment, for up to 3 hours/day) Yes
- Community-based (in the patient's home or workplace or other relevant community location, e.g. sports centre) Yes

##### ⌘ Targets of the programme :

- Which impairments does your programme focus on? See "limitations of body function or body structure :

BODY STRUCTURES - CHAPTER 1 STRUCTURES OF THE NERVOUS SYSTEM

- + s110 Structure of brain
- + s120 Spinal cord and related structures

BODY STRUCTURES - CHAPTER 7 STRUCTURES RELATED TO MOVEMENT

- + s710 Structure of head and neck region
- + s720 Structure of shoulder region
- + s730 Structure of upper extremity
- + s740 Structure of pelvic region
- + s750 Structure of lower extremity
- + s760 Structure of trunk

BODY FUNCTIONS - CHAPTER 7 NEUROMUSCULOSKELETAL AND MOVEMENT-RELATED FUNCTIONS

- + Functions of the joints and bones (b710-b729)
- + Muscle functions (b730-b749)
- + Movement functions (b750-b789)

- Which activity limitations does your programme focus on?

ACTIVITIES AND PARTICIPATION - CHAPTER 4 MOBILITY

- + Changing and maintaining body position (d410-d429)
- + Carrying, moving and handling objects (d430-d449)
- + Walking and moving (d450-d469)

- Which participation restrictions does your programme focus on?

ACTIVITIES AND PARTICIPATION - CHAPTER 8 MAJOR LIFE AREAS

- + Education (d810-d839)
- + Work and employment (d840-d859)
- + Economic life (d860-d879)

ACTIVITIES AND PARTICIPATION - CHAPTER 9 COMMUNITY, SOCIAL AND CIVIC LIFE

d920 Recreation and leisure - d9201 Sports

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> Accreditation - Page 3/9 - Location and safety

**⚡ Does your programme have a designated and accessible space ?**

- For assessments and consultations ? Yes
- For an ambulatory or day care programme ? Yes
  - For inpatient beds ? No
  - For therapeutic exercises ? Yes
- For training in independence and daily living No
- For vocational and/or recreational activities ? No

**⚡ The safety concerns of persons in your unit programmes relate to :**

- Emergencies (fire, assault, escape) Yes
  - Medical emergencies Yes
    - Equipment Yes
  - Handling of materials Yes
    - Transports No

**:: The safety of persons in the programmes of your unit is provided by :**

- Written standards from National Safety Bodies Yes
- Written standards from National Medical Bodies Yes
  - Unit-specific written rules No

**:: Periodic inspection :**

- Internal Yes
- External Yes

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> Accreditation - Page 4/9 - Patient rights

**:: Has your programme adopted a formal policy or statement of patients' rights?**

No

**:: Does this statement specify the influence that the patient should have in the formulation and implementation of the programme?**

No

**:: Is the statement known to all personnel involved in delivering the programme ?**

No

- This is checked periodically ? No

**:: Is the statement made known to and is available to all persons visiting your unit ?**

No

**:: Give at least one example of NGO activities for disabled people that staff from the programme participates in (or will participate in) :**

> Last year :

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> This year :

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> Accreditation - Page 5/9 - PRM specialists in the programme

**:: Is your programme directed/supervised by a PRM physician (not only "medical" responsibility) ?**

Yes

**:: Does he/she have a European Board Certification in PRM ?**

Yes

**:: Does he/she meet National or European CME/CPD Requirements ?**

Yes

- Number of CME or EACCME points earned in the last 3 =  
years :

**:: The two Main Tasks for the PRM specialist in your Programme are to :**

- Treat comorbidity No
- Assess the rehabilitation potential of the patient No
  - Analyse & treat impairments Yes
- Coordinate interprofessional teams Yes

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> Accreditation - Page 6/9 - Team management in the programme

**:: Which rehabilitation professionals work on a regular basis (minimum of once every week) in your programme ?**

- Psychologists No
- Physiotherapists Yes
- Occupational therapists No
- Social workers No
- Speech & Language therapists No
  - Vocational specialists No
  - Nurses No
- Orthotists/prosthetists assistive technicians/engineers Yes
- Other (please specify) No

**:: How often does your staff receive formal continuing education (mark as is) ?**

- in team rehabilitation :

every year

- in their own profession :

every year

**⚡ Do team activities in your rehabilitation programme include the following ?**

- Is the patient at the centre of a multiprofessional approach ? Yes
  - Do you always give informed choices of treatment? Yes
    - Do you regularly promote family involvement ? Yes

**⚡ Does your organisation of multi professional team working include :**

- holding regular team meetings with patient's records only No  
(more than 2 members)
- holding regular team meetings (more than 2 members) Yes  
with the presence of the patients
- joint assessment of the patient or joint intervention Yes
- regular exchanges of information between team members Yes

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> Accreditation - Page 7/9 - Evidence Based Medicine of programme ; organization and records

**⚡ Do you use evidence-based strategies or published clinical guidelines in your rehabilitation programme (textbooks do not apply)?**

Yes

**⚡ Name a minimum 3 of references published in indexed journals and up to two national guidelines.**

Please, note the location of those guidelines. Textbooks do not apply.

references 1 :

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=11351222&query_hl=2&itool=pubmed_docsum)

[db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list\\_uids=11351222&query\\_hl=2&itool=pubmed\\_docsum](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=11351222&query_hl=2&itool=pubmed_docsum)

Rousseau B, Dauty M, Letenneur J, Sauvage L, De Korvin G. Rehabilitation after anterior cruciate ligament reconstruction: inpatient or outpatient rehabilitation? A series of 103 patients - Rev Chir Orthop Reparatrice Appar Mot. 2001 May;87(3):229-36 (article in French).

De Korvin G. Canciani J.P., Rousseau B. Rééducation des ligamentoplasties du genou en ambulatoire. Ann. Orthop. Ouest, 2001, 33, 19-22.

references 2 :

Haute Autorité de Santé (France)-Spine

<http://www.anaes.fr/ANAES/framedef.nsf/0/71e60e94c17622aec125667f0023974b?OpenDocument>

Physiotherapy in common neck pain and whiplash (May 2003) Guidelines

Diagnosis and management of acute low back pain (<3 months) with or without sciatica (February 2000) Guidelines

Diagnosis, management and follow-up of patients with chronic low back pain (December 2000) Guidelines

Diagnostic, prise en charge et suivi des malades atteints de lombalgie chronique (Décembre 2000)

Rapport, ISBN 2-914517-05-X -Recommandations

Prescribing physiotherapy for low back pain (September 2005)

Massokinésithérapie dans les lombalgies communes Supplément au n° 38 du Concours Médical du 16

novembre 1996 - Recommandations et Références en Massokinésithérapie, ISBN 2-910653-68-4  
 Prise en charge kinésithérapique du lombalgique (Conférence de consensus - 13 novembre 1998)  
 Prise en charge masso-kinésithérapique dans la lombalgie commune : modalités de prescription  
 (Septembre 2005)

references 3 :

Haute Autorité de Santé (France)- Lower limbs  
 Massokinésithérapie après mise en place d'une prothèse totale de hanche Supplément au n° 38 du  
 Concours Médical du 16 novembre 1996 - Recommandations et Références en Massokinésithérapie, ISBN  
 2-910653-68-4  
 Massokinésithérapie dans le cadre du syndrome fémoro-patellaire non opéré Supplément au n° 38 du  
 Concours Médical du 16 novembre 1996 - Recommandations et Références en Massokinésithérapie, ISBN  
 2-910653-68-4  
 Massokinésithérapie dans les suites de ménisectomie arthroscopique Supplément au n° 38 du Concours  
 Médical du 16 novembre 1996 - Recommandations et Références en Massokinésithérapie, ISBN 2-  
 910653-68-4  
 Massokinésithérapie dans les suites précoces de ligamentoplastie pour lésion du pivot central du genou  
 Supplément au n° 38 du Concours Médical du 16 novembre 1996 - Recommandations et Références en  
 Massokinésithérapie, ISBN 2-910653-68-4  
 Rééducation de l'entorse externe de la cheville (Janvier 2000)  
 Rééducation de l'entorse externe de la cheville - EPP (Novembre 2004)

references 4 :

Haute Autorité de Santé (France)- Upper limbs  
 Modalités de prise en charge d'une épaule douloureuse chronique non instable chez l'adulte (Avril 2005)  
 Pathologies non opérées de la coiffe des rotateurs et masso-kinésithérapie (Avril 2001)

references 5 :

Haute Autorité de Santé (France)- Miscellaneous  
 Masso-kinésithérapie dans la conservation des capacités motrices de la personne âgée fragile à domicile  
 (Avril 2005)  
 La sclérose en plaques (Conférence de consensus - 7 et 8 juin 2001)  
 Les appareils d'isocinétisme en évaluation et en rééducation musculaire : intérêt et utilisation (Février  
 2001)  
 Méthode d'élaboration d'une démarche de soins type à domicile pour une population définie de personnes  
 en situation de dépendance (Mai 2004)  
 Modalités, indications, limites de la rééducation dans les pathologies neuromusculaires non acquises  
 (Conférence de consensus - 26 et 27 septembre 2001)

**:: Does your programme show evidence of sustainability ?**

- Established part of public service : No
- Has existed for more than 3 years : Yes
- Has received national accreditation (where available) :

**:: Do the rehabilitation records have a designated space within the medical files ?**

Yes

**:: Do you have written criteria for :**

- Admission No
- Discharge No

**:: Do your rehabilitation plans include written information about aims and goals, time frames and identification of responsible team members ?**

Yes

**⚡ Do you produce a formal discharge report (summary) about each patient?**

Yes

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&gt; Accreditation - Page 8/9 - Monitoring and outcomes

**⚡ How many new patients (registered for the first time) are treated in your programme each year :**

1500

**⚡ In your day care or inpatient programme :**

- What is the mean duration spent in therapy by patients on = active days  
this programme
- How many hours a day do the patients spend in therapy. = hours

**⚡ Give the mean duration of stay spent in the programme :**

= days

**⚡ Does your programme have an overall monitoring system in addition to patient's records ?**

No

**⚡ Are the long term outcomes of patients who have completed your programme regularly monitored ?**

No

- Impairment (medical) outcomes : No
- Activity/Participation (ICF) outcomes : No
- Duration of follow up of the outcomes : 3 - 6 months

**⚡ Do you use your outcome data to bring about regular improvements in the quality of your programme's performance ?**

Yes

**⚡ Do you make the long term overall outcomes of your programme available to your patients or to the public ?**

No

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&gt; Accreditation - Page 9/9 - Audit spiral



**:: Which are the most positive points (strong points) of your programme ?**

1. Strong cooperation with orthopaedic surgeons, radiologists, orthotists and physiotherapists makes possible a comprehensive approach of musculo-skeletal problems without hospitalization and in a short period of time.
2. Our system is very open to community based rehabilitation. Our experience in education and guidance of self-rehabilitation are appreciated by patients as well as their surgeons.
3. Our close cooperation with orthotists has let us to select the most accurate solutions amongst a wide range of possibilities, which we have tested in various conditions for 25 years.
4. Information management by the means of a medical database, immediate reports given to patients, public website with our programmes ([www.orthopedie-et-readaptation.com](http://www.orthopedie-et-readaptation.com)), CPD meetings with surgeons, physicians and physiotherapists.

**:: Which are the weak points of your programme ?**

Monitoring and assessment of our programmes need to be completed. We only did it once, for our follow up programme after ACL reconstruction.

**:: Which action plan are you setting up, in order to improve your programme ?**

1. To update the existing programmes and to write down some more.
2. To complete our website with more descriptions of procedure and more illustrations.
3. To start an assessment of our programmes and to publish one paper each year in an indexed journal.

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