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N° de déclaration d'activité : 11 75 116 30 75



## GENOU LIGAMENTAIRE et KINESITHERAPIE :

### A – Programme détaillé

#### DUREE

Six jours en présentiel :  
- 42 heures de formation

#### NOMBRE DE STAGIAIRES

- Minimum : 14 (sauf cas exceptionnels)  
- Maximum : 20

#### FORMATEURS

- Dr Pierre CHAMBAT, Chirurgien du Genou, co-fondateur du Centre Orthopédique Santy à Lyon
- Damien DRICOT, Kinésithérapeute, expert en rééducation du genou
- Grégory VIGNE, Docteur en Sciences du Sport, expert en réathlétisation
- Yann FOURNIER, Médecin du sport au centre orthopédique Santy, médecin de l'OL
- Francois GABRIEL, kinésithérapeute libéral et enseignant IFMK/Lyon 1/DU kiné du sport
- Meven LEGUEN, master en réathlétisation

#### 1) OBJECTIFS

La chirurgie réparatrice du ligament croisé antérieur représente 40 000 interventions par an. La rééducation et la réadaptation sportive suite à cet acte est longue et parfois complexe. Aujourd'hui il est important de faire évoluer notre pratique et ce pour deux raisons.

La première : les protocoles de rééducation actuels, basés sur des données temporelles, ne permettent pas l'adaptation et la quantification de l'évolution propre de chaque patient. En utilisant des données fonctionnelles, nous allons pouvoir restructurer le protocole et répondre à ces deux problématiques.

La deuxième : selon les études, 15 à 20% des plasties du LCA auront une chirurgie dans les 5 ans.

Quelles en sont les raisons ? Pouvons-nous agir pour tenter de diminuer ces statistiques ?

Le premier module va permettre aux kinésithérapeutes de faire évoluer leurs pratiques en répondant à ces questions. La visée de ce stage est de permettre une remise à jour complète des savoirs et savoir-faire afin de les rendre conformes aux connaissances actuelles de la biomécanique à la physiopathologie, du bilan au traitement en passant par des travaux pratiques.

La gestion postopératoire reste une étape charnière dans la qualité du résultat des plasties du LCA. Elle s'étend sur une période de 6 mois depuis la convalescence postopératoire immédiate jusqu'à la reprise l'activité sportive.

La question du retour au sport reste la préoccupation principale des athlètes opérés d'une rupture du LCA et la nécessité d'optimiser les délais de reprise reste omniprésente. A ce jour, la reprise du sport est basée sur des critères d'évolution clinique et de délais depuis la chirurgie.



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Le retour au sport repose bien entendu sur un examen clinique précis et une évaluation laximétrique. Néanmoins, il est désormais nécessaire de s'appuyer sur d'autres critères indispensables à la restauration d'un genou stable et sûr.

Une mesure de force à l'aide d'un bilan iso cinétique permet de détecter un déficit entre le membre opéré et le membre sain et/ou un déséquilibre entre le quadriceps et les ischio-jambiers.

Il convient désormais d'ajouter une évaluation du contrôle neuromusculaire au bilan final des patients opérés pour s'assurer du bon développement des qualités physiques requises et valider la possibilité de retour au sport.

La prise en charge globale du genou post chirurgie se doit d'aborder le syndrome douloureux rotulien (ou syndrome fémoro-patellaire).

En effet, le SDR - responsable à lui seul de plus de 25% de la pathologie du genou du sportif – peut avoir une origine secondaire associée à des complications liées à une ligamentoplastie du ligament croisé antérieur. Il paraît donc indispensable – dans ce contexte - de savoir gérer les complications liées au SDR.

### Contenu :

Théorique, conceptuel, technologique et pratique (Voir infra)

### Objectifs généraux :

Le participant sera capable après une analyse de la pratique actuelle et des recommandations de :

- Analyser et évaluer un patient, sa situation et élaborer un diagnostic kinésithérapique
- Concevoir et conduire un projet thérapeutique kinésithérapique, adapté au patient et à sa situation (incluant la dimension éducative)
- Concevoir, mettre en œuvre et évaluer la prise en charge kinésithérapique

### Objectifs spécifiques :

A l'issue de la formation, les kinésithérapeutes stagiaires auront acquis des savoirs et des savoir-faire processuels et techniques, **ils sauront** :

- Avoir une vision globale de la prise en charge du genou post chirurgie reconstructrice du LCA
- Utiliser des savoirs anatomiques et biomécaniques, utiles à la prise en charge
- Utiliser des savoirs physiologiques et physiopathologiques
- Elaborer un bilan-diagnostic kinésithérapique, un raisonnement clinique et un programme de soins avec des techniques adaptées aux spécificités des lésions et des traitements
- Assurer un suivi du patient en coordination avec les autres acteurs de santé
- Construire et mettre en œuvre une rééducation adaptée en fonction du type de lésion et des particularités du patient
- Mettre en œuvre un protocole de rééducation en se basant sur des niveaux de récupération motrice plutôt que sur des données temporelles
- Valider le passage de la réhabilitation sportive à la réathlétisation.
- Effectuer une évaluation continue de sa pratique professionnelle et de l'évolution de l'état de santé du patient

Par ailleurs, A l'issue de la formation, les stagiaires **maitriseront** :

- Concernant le développement de qualités physiques
  - o Une vision précise de la stratégie de planification d'une réathlétisation
  - o L'ensemble des outils nécessaires à la réalisation des séances dans toutes leurs composantes
    - o Le contenu d'un module de 12 séances de réathlétisation, pour les pratiquants d'activités physiques, et sportifs amateurs et avec un focus rapide sur les apports supplémentaires pour des sportifs de haut niveau.



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- Concernant une méthodologie d'évaluation
  - o La méthodologie pratique de passation du test « K-STARTS ».
  - o La méthodologie pour rédiger un rapport synthétique du test (pour transmission aux médecins et chirurgiens suiveurs)
  - o Les bases pour définir les objectifs précis de la réathlétisation
- Concernant le syndrome douloureux rotulien
  - o La reconnaissance des signes fonctionnels pouvant orienter sur un SDR
  - o Les bases de la prise en charge en rééducation
  - o Les bases pour orienter les objectifs de réathlétisation

## 2) RESUME

### SEMINAIRE 1

#### De la chirurgie à la réhabilitation pour l'activité physique ou sportive

#### Premier jour : 9h00-12h30 & 13h30-17h00

##### Jour 1

###### Matin :

Contenus :

9h00-9h30

- Restitution des grilles « Pré-formation » (pré-test) et tour de table

9h30-11h30

- Constats et origines de la méthodologie
- Anatomie et physiopathologie du genou
- Rappels anatomiques, physiologiques et biomécaniques

11h30-12h30

- Choix et intérêts de la plastie lors d'une ligamentoplastie du LCA

###### Après-midi :

Contenus :

13h30-15h30

- Les attentes à 6 mois post opératoire :
- L'évaluation analytique : l'isocinétisme

15h30-17h00

- L'évaluation fonctionnelle : le K-STARTS
- Evaluation de la fin de la réhabilitation sportive : le TAR (Test d'Aptitude à la Réathlétisation)

#### Deuxième jour : 9h00-12h30 & 13h30-17h00

##### Jour 2

###### Matin :

Contenus :

9h00-11h00

- Comment faire évoluer les protocoles de prise en charge post-opératoire du genou après LCA

- Les niveaux de récupération motrices et tests associés

11h00-12h30

- Les facteurs de risques de reprise chirurgicale
- Analyse vidéo des stratégies motrices : Exemples et méthodologie.
- Analyse vidéo des stratégies motrices : mise en pratique.

### Après-midi :

Contenus :

13h30-15h30

- La phase inflammatoire : comment la faire évoluer ? Mise en pratique.
- Le retour à la marche : comment le faire évoluer ? Mise en pratique.

15h30-17h00

- Le renforcement musculaire : comment le faire évoluer ? Mise en pratique.
- La réadaptation de l'activité physique ou sportive : comment la faire évoluer ? Mise en pratique.

### SEMINAIRE 2

#### Les grands principes de la réathlétisation

**Journée : 9h00-12h30 & 13h30-17h00**

- Les différentes phases de La réathlétisation
- Détermination des objectifs individuels
- Acquisition de la « boîte à outils » d'exercices de réathlétisation
- Exercices de proprioception
- Exercices de coordination
- Exercices de force
- Cas concrets : mise en place de séances de force max.

NB : les participants à la formation observeront des séances individuelles et collectives réalisées au sein du centre ATHLETIC. Ils seront mis en situation lors d'exercices pratiques.

### SEMINAIRE 3

#### Développement des qualités physiques, évaluation et cas particulier du syndrome douloureux rotulien

**Premier jour : 9h00-12h30 & 13h30-17h00**

Contenus :

Développement des qualités physiques en réathlétisation

- La méthodologie concrète sur 3 niveaux
  - o Proprioception
  - o Coordination
  - o Force
- Exercices de mise en pratique
  - o Explication du contexte
  - o Mises en situation
  - o De briefing de séance
- Planification type
  - o Planification chez le sportif amateur : protocole de 12 séances
  - o Adaptations chez le sportif de haut niveau : protocole de 12 séances et plus

**Deuxième jour : 9h00-12h30 & 13h30-17h00**

Contenus :

SDR et réathlétisation

- Présentation de la physiopathologie du syndrome douloureux rotulien :
  - o Démarche diagnostic
  - o Principes thérapeutiques
- Prise en charge en rééducation :
  - o En rééducation classique
  - o En iso cinétisme
- Prise en charge en réathlétisation
  - o Théorie
  - o Planification
- Mise en pratique des exercices

**Deuxième jour : 9h00-12h30 & 13h30-17h00**

Contenus : K-STARTS

- Présentation du test :
  - o Revue de la littérature scientifique
  - o Méthodologie du test K-STARTS (test à 6 mois post op)
- Observations et mise en pratique
  - o Observation de tests
  - o Mise en pratique individuelle
- Interprétations des résultats
  - o Présentation des résultats
  - o Mise en relation entre les résultats bruts et les recommandations de réathlétisation

### 3) METHODOLOGIES

- Analyse des pratiques par grille d'évaluation « pré formation » (**pré-test**)
- Restitution au formateur des résultats de ces grilles d'analyse des pratiques préformation, question par question au groupe et à chaque stagiaire
- Partie présentielle d'une durée de 42 h comportant des échanges sur les résultats de l'évaluation pré-formation (**pré-test**), d'un face à face pédagogique de d'enseignement cognitif, selon les méthodes pédagogiques décrites ci-dessous, principalement centré sur les problèmes ou lacunes révélés par les évaluations.
- Analyse des pratiques par évaluation post formation
- Restitution individuelle au stagiaire de l'impact de la formation sur la pratique professionnelle
- Restitution statistique, au formateur, de l'impact de sa formation sur la pratique

### **B – Méthodes pédagogiques mises en œuvre**

Les différentes méthodes pédagogiques sont employées en alternance, au fur et à mesure du déroulement de la formation :

- **Méthode participative - interrogative** : les stagiaires échangent sur leurs pratiques professionnelles, à partir de cas cliniques et des résultats des grilles pré-formation (pré-test)
- **Méthode expérientielle** : modèle pédagogique centré sur l'apprenant et qui consiste, après avoir fait tomber ses croyances, à l'aider à reconstruire de nouvelles connaissances
- **Méthode expositive** : le formateur donne son cours théorique, lors de la partie cognitive
- **Méthode démonstrative** : le formateur fait une démonstration pratique, sur un stagiaire ou un modèle anatomique, devant les participants lors des TP
- **Méthode active** : les stagiaires reproduisent les gestes techniques, entre eux, par binôme.

Afin d'optimiser la mise en œuvre de ces méthodes, les supports et matériels mis à disposition sont :

- Projection PPT du cours, photocopié et / ou clé USB reprenant le PPT
- Si besoin et en fonction du thème de la formation : tables de pratiques (1 pour 2), tapis, coussins, modèles anatomiques, consommables (bandages, élastiques, etc...).

### **C – Méthodes d'évaluation de l'action proposée**

- Evaluation « pré » (pré-test) et « post formation » (post-test)
- Questionnaire de satisfaction immédiate
- Questionnaire de satisfaction à distance



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