cuboideum) adjacent osseous structures were affected as well. In four cases the entire talus was involved, and in eleven cases only a portion of the bone was affected. Mean visual analogue scale for pain before treatment was 53.5mm. The median duration of walking boot usage is 16.2 (7 to 70) days. Patients became symptom free in a mean of 23.2 (12-40) days. 10 patients returned to daily life and sportive activities without difficulty.

Ankara Rehabilitation Protocol for Bone Stress Injury of the Talus

- Rest and /or activity modification is required to reduce symptoms to a level that can achieve pain-free activity
- Gentle non-weight bearing exercises; active range of motion and isometric exercises can begun in first week
- Acute pain usually resolves in the first 2 weeks.
- Add modalities:
  - Ultrasound
  - TENS
  - Whirlpool
- A removable walking boot used for 2-3 week. Boot removed during ROM exercises four to six times a day.
- Crutch-assisted ambulation for the first 20 days. Weight-bearing is progressed from as tolerated in boot with crutches to weight-bearing in boot only. Pain is the guiding factor for progression of weight-bearing. At 3 week, weight bearing without crutches is allowed in the boot as tolerated.
- Proprioception exercises with board, balance activities, progress to open-chain strengthening with therabands can start as pain allows on 3 weeks.
- Stationary bicycling is begun when the patient tolerates ambulation comfortably.
- High-impact exercises are held until patient has been completely asymptomatic for 1-2 week.

Conclusion. Early diagnosis and appropriate conservative treatment allow for a favorable outcome in most cases

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0011

Application of kinesio taping on the patients with leg paresis and recurvatum after acute ishemic inslult

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Kinesio taping is used for improvement of the function of muscular-skeleton weakness of different aetiology and it finds it place in rehabilitation as a part of kinesio programme-Reduction of pain, improvement of the muscle power and enzyme activity, improvement of static and stability during standing and walking, accelerates early rehabilitation treatment and the return of a patient to everyday activities of life and work. **The aim of the paper.** Determination of the importance of application of kinesio taping of the patients with leg paresis and recurvatum of the knee after acute ischemic insult during early rehabilitation. **Material and methods.** The prospective study included 200 male patients treated at the St Sava Hospital in the period 01/06/09-01/08/09. The average age of patients was 62± 7.The study included patients who have weakness of the leg-paresis for the first time and smaller degree of the arm. Patients were divided into two groups. GROUP A included patients treated by classical rehabilitation kinesio programme and the GROUP B patients with Kinesio taping within the rehabilitation programme. The rehabilitation with the kinesio taping started on the first day of rehabilitation, according to the individual plan (100 patients on m.Quadriceps Femoris, 24 m Rectus Abdominis, 32 mBiceps Femoris,68 m Quadratus Lumborum) and the tapes were changed every 3-4 days all 60 days. Kinesio programme in both groups was performed 5 days a week, 30-40 min during early rehabilitation and twice 30-40 min a day in secondary rehabilitation. Estimation of the seriousness of the neurological deficit was done by the FIM test at the beginning and in the end of early rehabilitation and after 60 days. Separately, the parameters WALKING and the ability to climb the stairs were observed. Berg's functional scale of balance was done at the beginning and in the end of early rehabilitation, as well as after 60 days. The statistical methods included: frequencies, percentage, average values, meidana, standard deviation, scope, Ficher exact test, Wilcoxon rank sum test with continuity correction and Asymptotic Wilcoxon rank sum test and Bonferroni correlation. **Results.** In the whole group of patients the values of the parameters FIM Total, WALKING, STAIRS and the Berg's scale measured in the moments 0,14,60 are statistically significantly increased (Friedman rank sum test; χ22=398,01; p< 2.2* 10-16). At the beginning of testing, there is no statistically important difference in values FIM Total and FIM WALKING between groups A and B. Value parameters STAIRS 0 and Berg's scale 0 are statistically significantly lower in Group A in comparison to Group B. After 14 days, the values of the parameters FIM Total and WALKING are statistically significantly higher in Group B in comparison to Group A. The Trend is remaining the same after 60 days. Values of the parameter Stairs 14 and 60 and Berg's scale 14 and 60 are significantly lower in Group A in comparison to Group B. **Conclusion.** Our results undoubtedly confirm the place of Kinesio Taping in early rehabilitation after acute ishemic insult of the patients with the leg paresis in faster maintenance of balance and walking. Kinesio Taping is applied according to the protocol of the International association leads to faster functional recovery, stability in walking and climbing the stairs of he patients with recurvatum of the knee after acute ischemic stroke.

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0012

Evaluation of motor development for cerebral palsy (CP) by use of the Gross Motor Function Measure (GMFM) and the Pediatric Evaluation of Disability Inventory (PEDI)

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Introduction. GMFM is established and used to assess the functional motor abilities mainly for children with CP.Å@PEDI is also developed to assess the objective activity of daily living for children with CP. Both are the only two instruments validated specifically as evaluative measures for CP. While widely used, they are limited by a ceiling effect when assessing higher-functioning children. The PEDI is further restricted to children who are 7 years old or less. The purpose of this study is to evaluate the relationship between GMFM and PEDI for children with CP. **Materials and methods.** We evaluated 22 children with CP. The age of them is from three to six y/o. We evaluated their motor function by GMFM and activity of daily living by PEDI. **Results.** There was significant correlation ($p<0.05$) between the total score of GMFM and total self-care score of PEDI for CP children. However, total sore of social skill of PEDI jumps up to high score if the total score of GMFM clears over the 50%. **Conclusion.** For CP children, there was higher correlation between GMFM and self-care score of PEDI. However, our data suggests that they need 50% of total GMFM score if they want to get social skills.

0013

How to fight diabetic depression

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Introduction. To feel frustrated is not something an unusual condition in diabetic patients. Diabetes is a chronic disease which is increasing and furthermore it includes all ages and both sex. As working team we have to think and work on maintaining and impro-