

CAPTURES NUMERIQUES RETOUR D'EXPERIENCE



EVOLUTION INCIDENCES EN CONSULTATION



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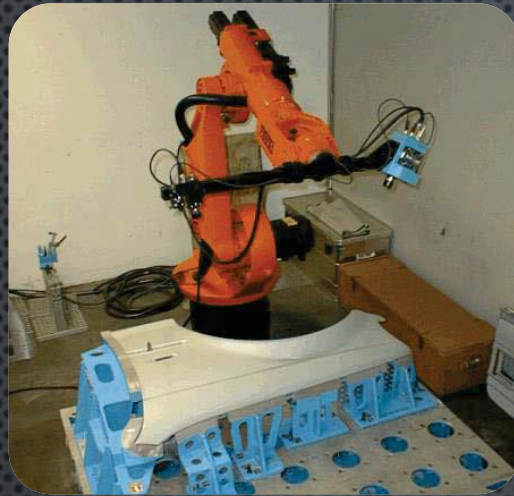
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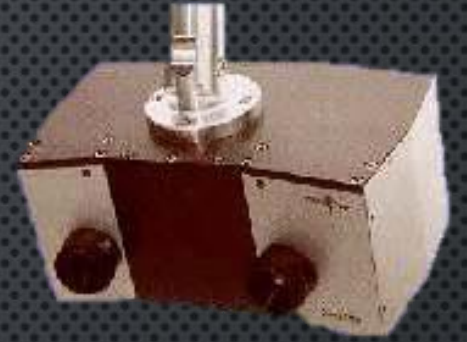


Développement
Technologie
Scanner 3D



Scanner 3D
Avec contact

Développement
Scanner
Par triangulation
1978



1960

1970

1980



Encre



Carbone



Moulage



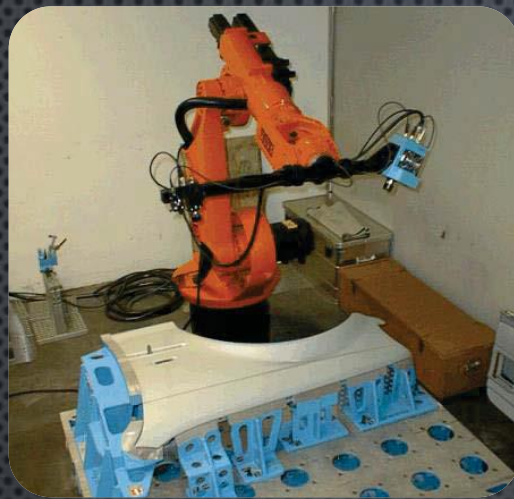
podographe



Video-podoscope

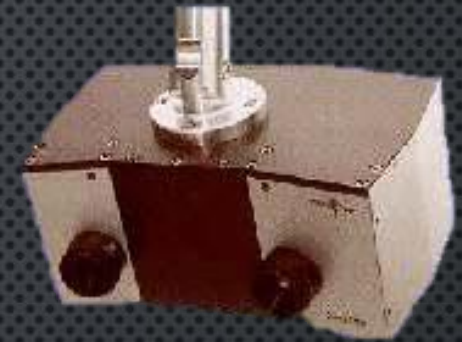


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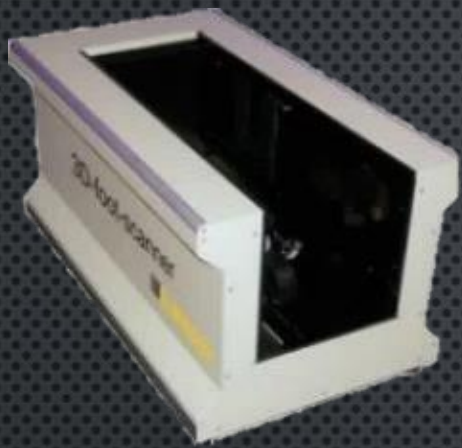


podographe



Video-podoscope





Développement
du scanner 3D
Podo-orthèse



Numérisation 3D
lumière
structurée



1990

1994

CFAO
formes



2000

Scanner 3D
Par triangulation
Orthèses plantaires



2009

2010

Scanner 3D
Triangulation et
Lumière structuré



2015





Pied diabétique : terrain à risque

Table 3 Independent predictors of new diabetic foot ulceration, using Cox's proportional hazards multiple regression analysis

	Relative risk	95% CI	P-value
<i>History of ulcers:</i>			
(Baseline = none)	1.00		< 0.0001
Present	5.32	3.71–7.64	
Past	3.05	2.16–4.31	
<i>Neuropathy disability score:</i>			
Normal (0–5)	1.00		< 0.0001
Abnormal (6–10)	2.32	1.61–3.35	
<i>Any previous podiatry:</i>			
No	1.00		< 0.0001
Yes	2.19	1.50–3.20	
<i>10 g monofilament:</i>			
Sensitive	1.00		< 0.0001
Insensitive	1.80	1.36–2.39	
<i>Foot pulses:</i>			
Normal (3,4)	1.00		< 0.0001
Abnormal (0–2)	1.80	1.40, 2.32	
<i>Foot deformity score:</i>			
Normal (0–2)	1.00		0.0004
Abnormal (3–6)	1.57	1.22–2.02	
<i>Ankle reflex score:</i>			
(baseline = 0)	1.00		0.005
1	0.40	0.10–1.65	
2	1.99	1.26–3.12	
3	2.25	1.24–4.10	
4	1.55	1.01–2.36	
Age	0.99	0.98–1.00	0.011

Récidive 50% à 2-5 ans
Consensus Development
Conference on Diabetic Foot Wound
Care, *Diabetes Care* 1999



Pied diabétique : Risque lié au chaussage

- Déformations 63%
 - Durillons 30%
- Traumatisme mineur 80 %
 - Chaussures+++
 - Brûlures, corps étrangers, chocs, ongle incarné
- Soins d'auto pédicurie 5%
 - Œdème 10 à 30 %
- Infection 1%



Macfarlane, *Diab Med*, 1997
Reiber GE, *Diab Care*, 1999



Pied diabétique : Rôle centrale de la neuropathie



Perte sensibilité de protection

Déformations, réductibles ou non
→ modification de la
biomécanique du pied



Altération de la trophicité cutanée

Pied diabétique : importance de la décharge

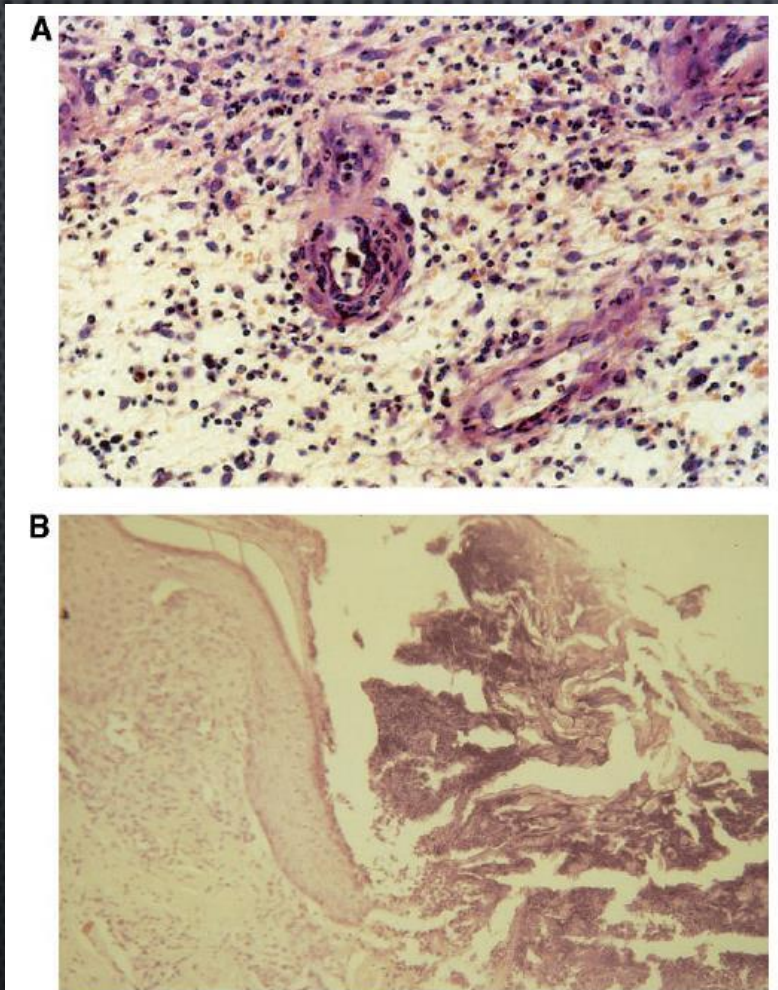


Figure 2—Phlogistic infiltrate in a section of a lesion in group A, involving both arterioles and perivascular spaces, and dispersed in all of the subcutaneous layer (A). This is the edge of a lesion from group A. The interruption of the skin, the eschar covering the bottom of the ulcer, and the cellular debris more relevant near the edge of the ulcer (B) are evident.

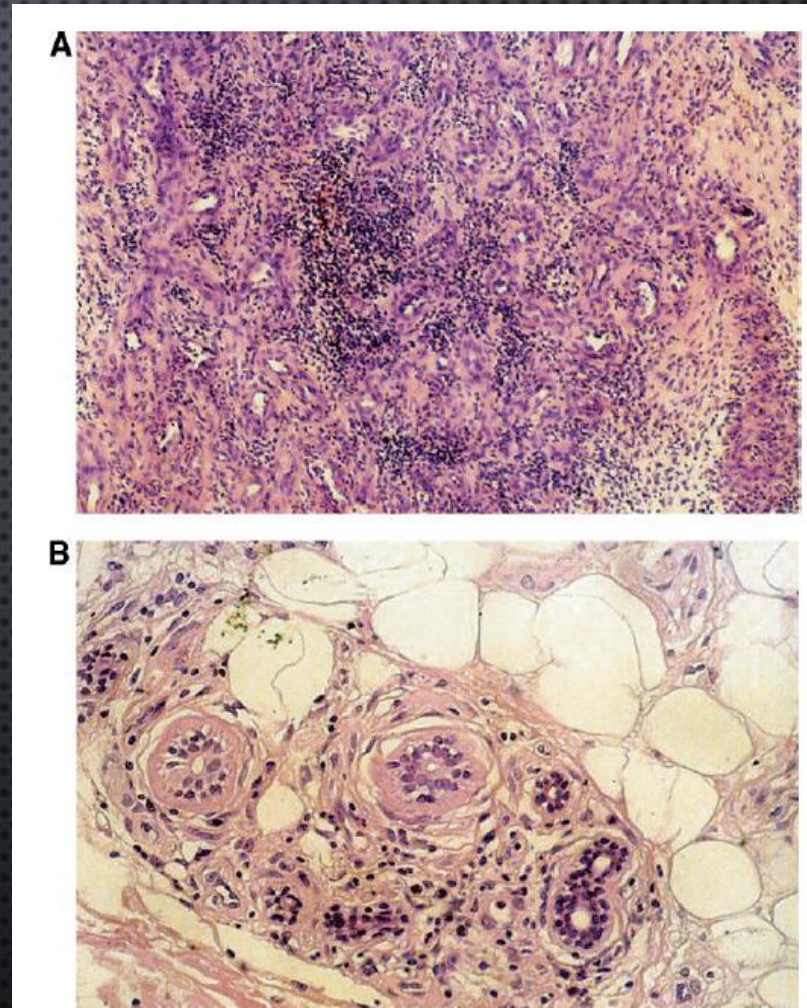
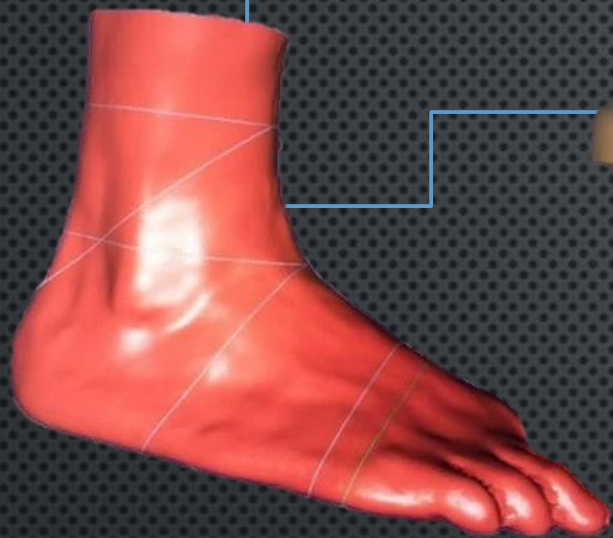


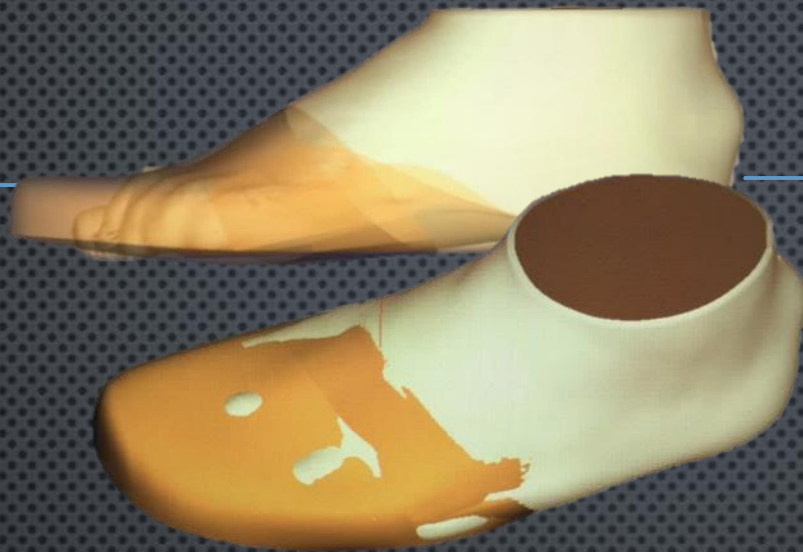
Figure 3—Sections of ulcers of group B. A: Active proliferating granulating tissue rich in newly formed capillaries. B: Regeneration of epidermal annexes well evident in a section of the sweat glands.

Pied diabétique : appareillage

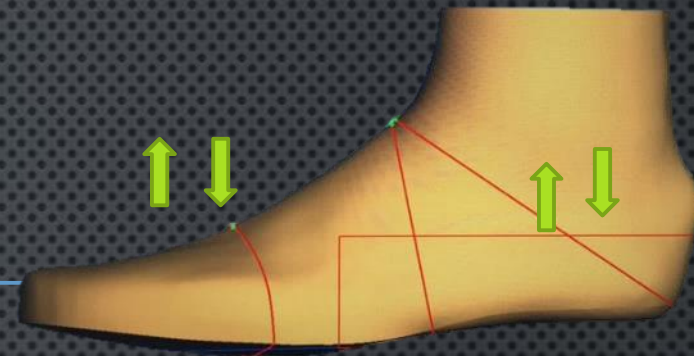




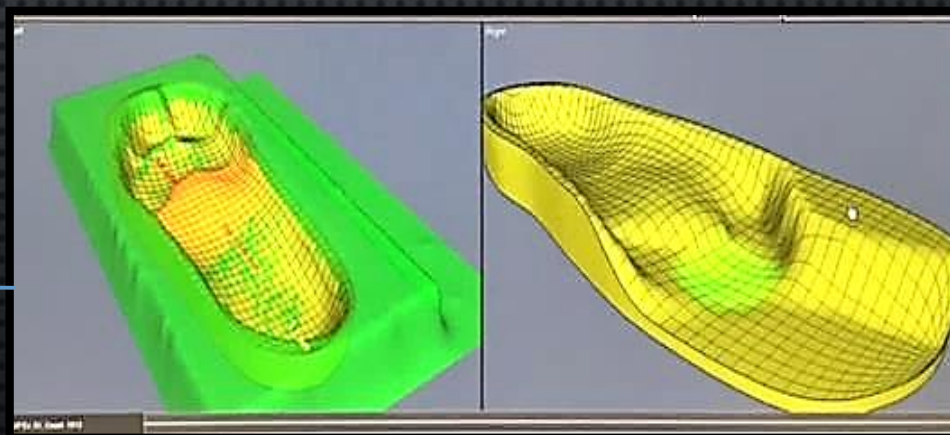
Scan 3D



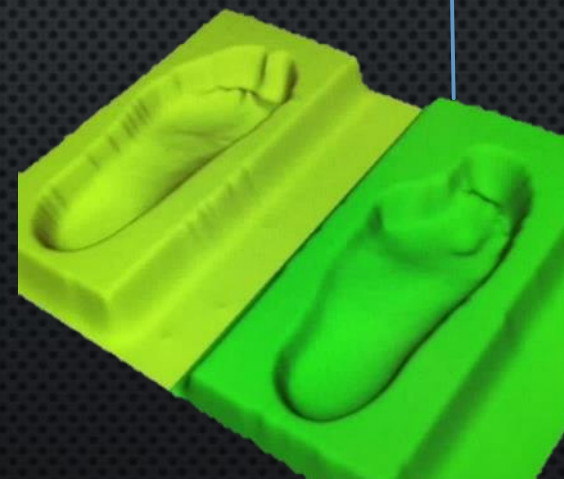
CAO



Usinage CNC



CAO répartition de charges



Scan 3D

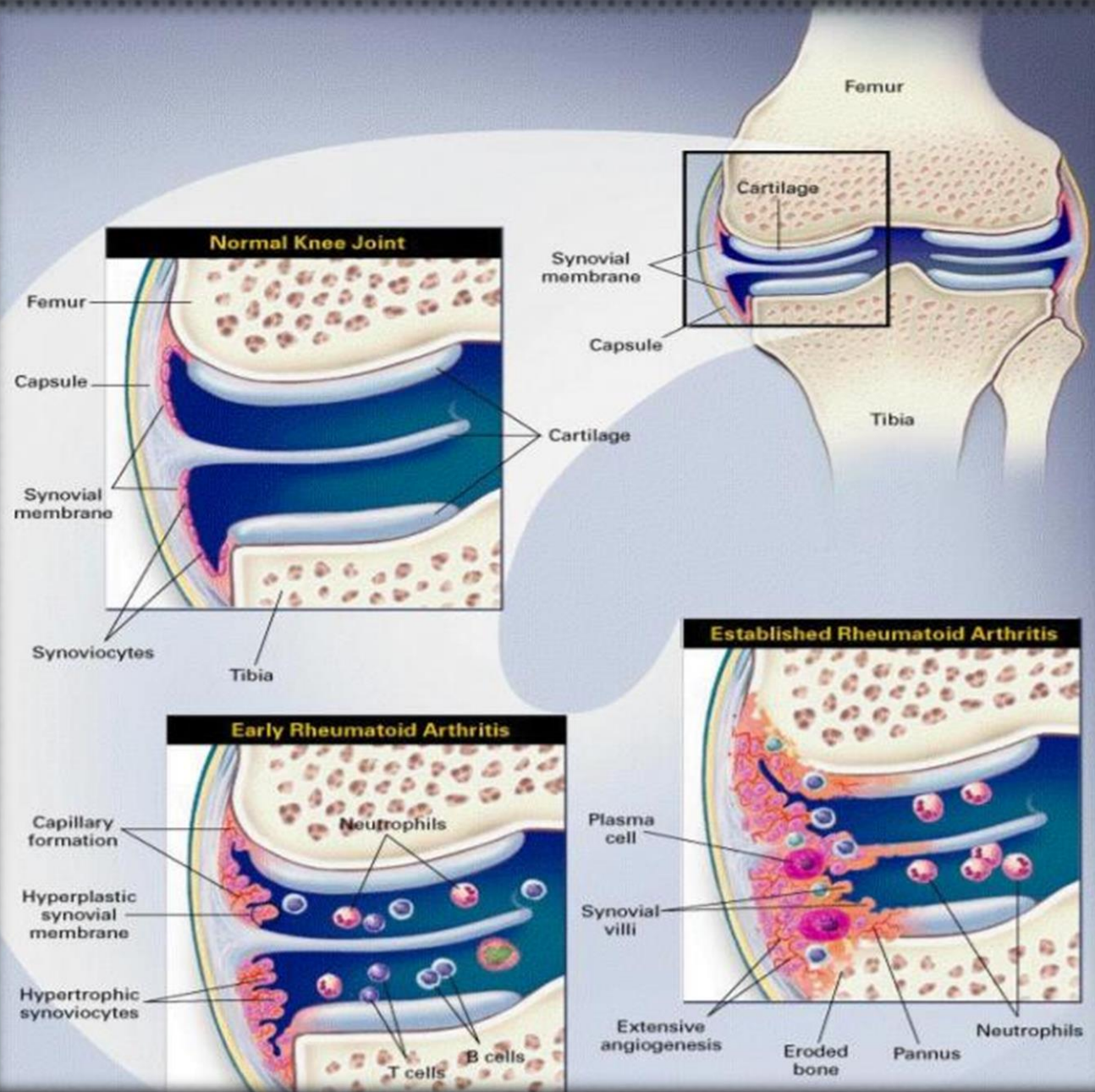


Pied rhumatoïde

- Atteinte du pied dans 90% des PR
- Arthrite érosive
→ déformations, destructions
- Synovite → affaiblissement des structures de soutien
- Répercussions fonctionnelles



Arthrite rhumatoïde



Pied valgus

Arthrite tarsienne: talo-naviculaire et talo-calcaneéenne.
Fragilisation du couple de torsion

Hypotonie des muscles de soutien

→ Distension capsulo-ligamentaire
(favorisée par ostéopénie, poids, hyperlaxité)

→ Affaissement arche interne
et arche antérieure

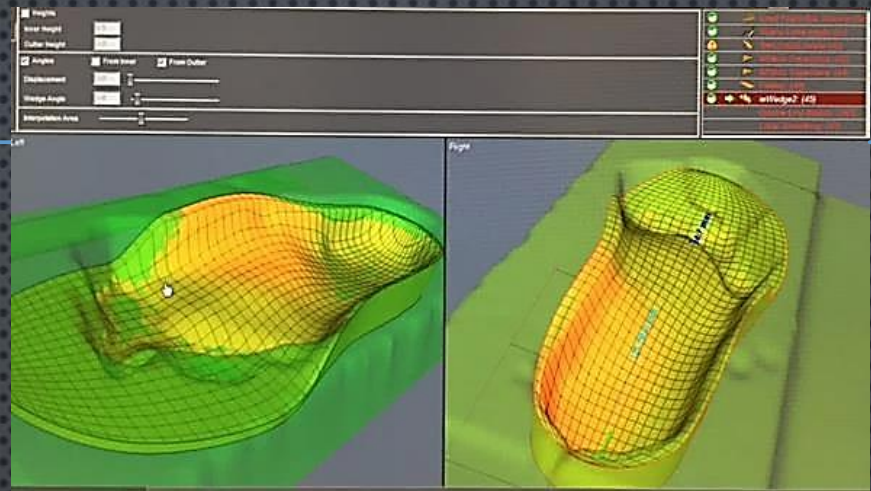
→ pied valgus

→ et métatarsus varus

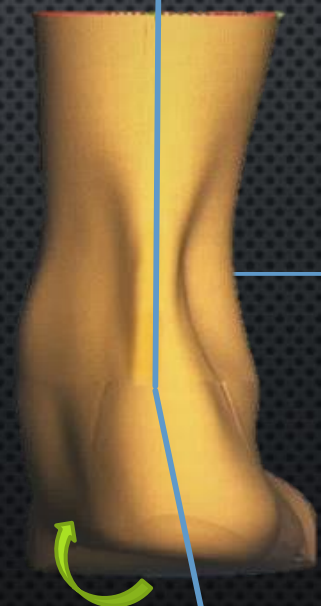
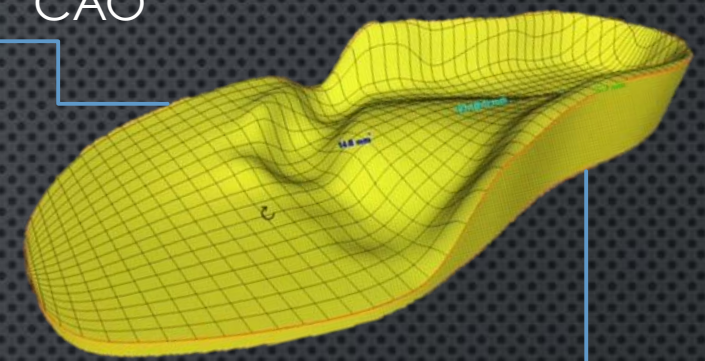




Scan 3D

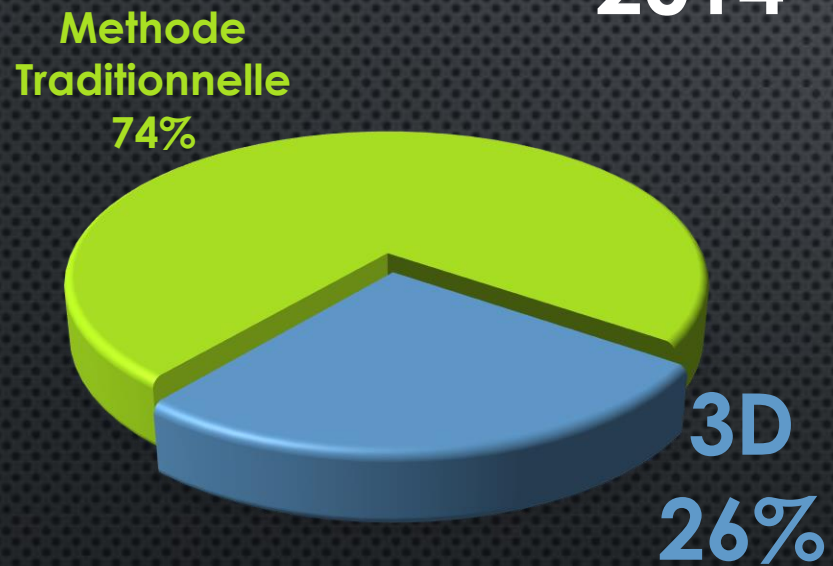


CAO

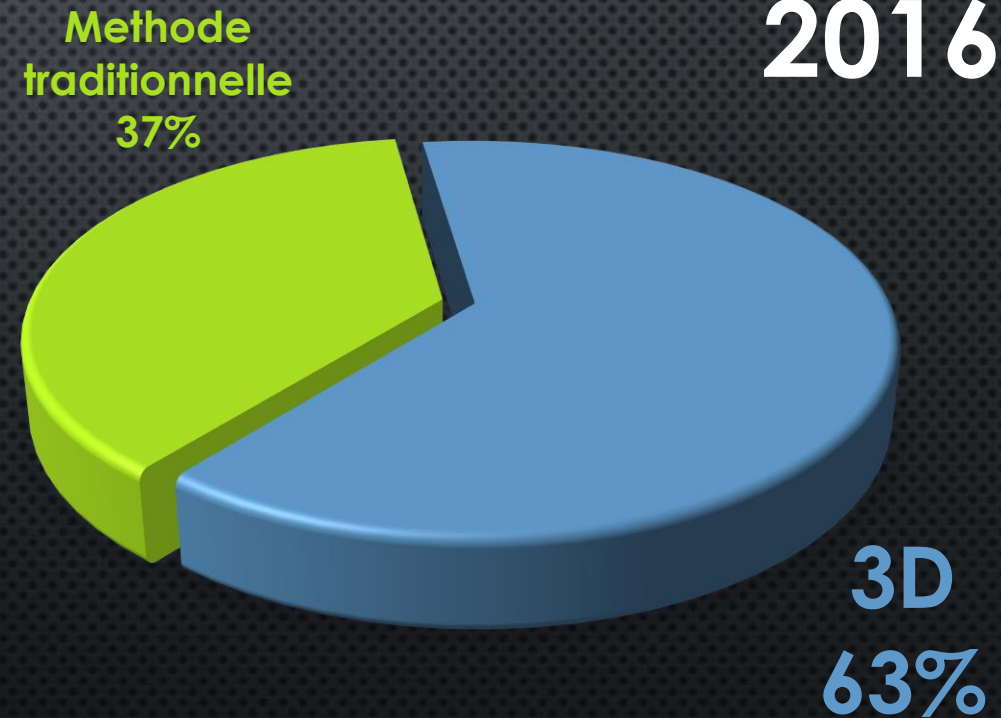


Evolution des captures Lazer 3D “formes”

2014

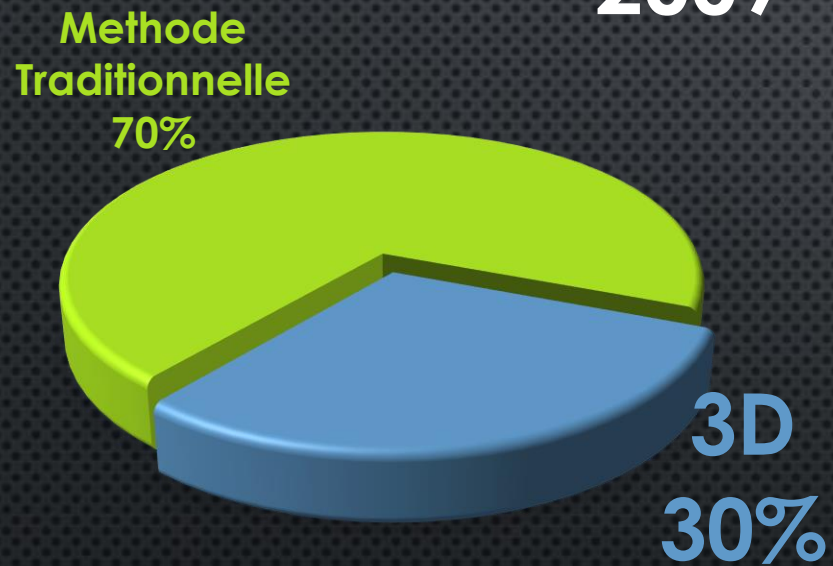


2016

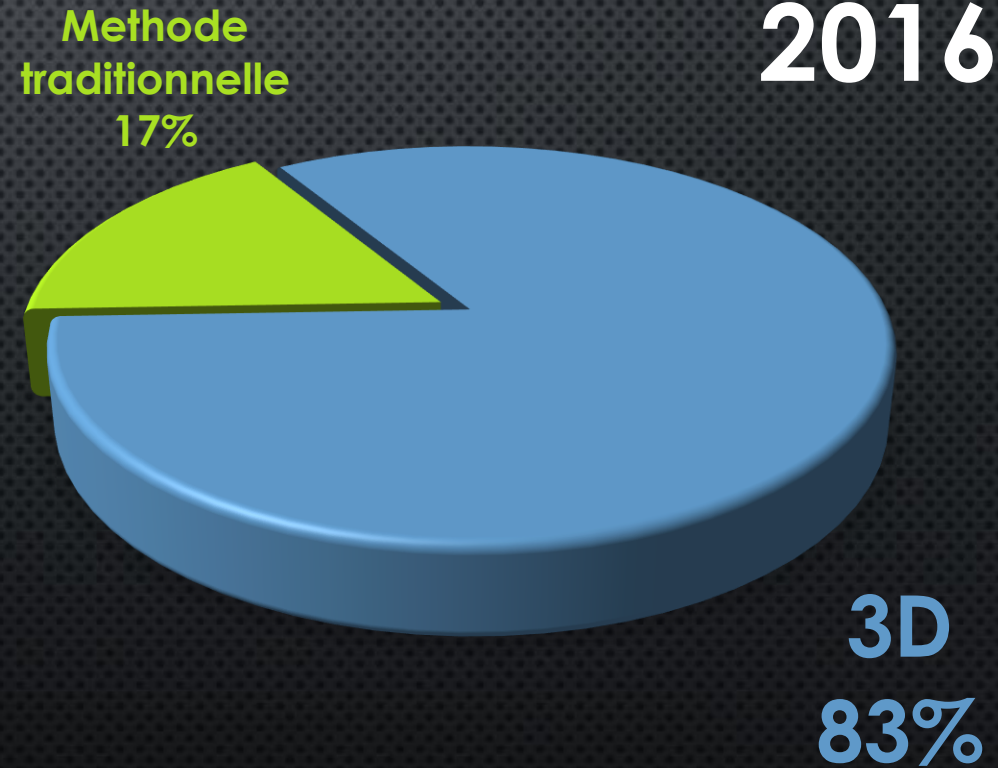


Evolution des captures Laser 3D "Orthèses plantaires"

2009



2016





- ✓ Précision
- ✓ Suivi comparatif
- ✓ Conditions de travail
- ✓ Santé



- ✓ Chutes et déchets
- ✓ Bugs informatiques
- ✓ Formation
- ✓ Dépendance fournisseur d'accès



Merci



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