Introduction:
- The Mobile Unit of School Reintegration of Limoges was created in 2017 in the framework of the action plan of Regional Health Agency in order to take into account the specificity of brain injury in children and to develop adapted accompaniment.

Patients and methods:
- The MUSR takes part of the brain injury center of Limoges, including an awareness unit, a conventional and a daily hospitalization, several units of reintegration (social, familial, professional) and a resource center.
- The MUSR is dedicated to children suffering from sequel of acquired cerebral lesion, in situation of scholar difficulties, either on the post-acute phase of the lesion, either at a distance.
- The MUSR proposes a global accompaniment by a PRM doctor, a neuropsychologist and a social worker, in coordination with all participants of the children pathway (family, educative team, private practitioners, medicosocial professionals).

Results:
- In 2017, the MUSR accompanied 34 children, of a mean age of 15 years old, presenting predominantly sequel of brain injury (85% of cases).
- At the beginning of accompaniment, a biopsychosocial evaluation was performed systematically.
- The medical follow-up needed a mean of 3.2 consultations per child.
- 74 individual sessions of neuropsychology permitted to realize neurocognitive evaluation and to lead a cognitive remediation with the child alone or in presence of his parents.
- The school reintegration was built by actions of information and mediation within the schools, with the children and the professionals (about thirty interventions).
- A social accompaniment was put in place in 17 situations.
- House calls were proposed punctually.
- A regular telephone follow-up was established (on average, per child, 4.8 phone calls with the family and 5.2 calls to the partners).
- School reintegration succeeded for all the children accompanied, thanks to the only intervention of the MUSR in 26% of cases, the implementation of common law adjustments in 36% of cases, and specific adaptations after recognition of disability 38% of cases.

Conclusion:
- The MUSR is an efficient support for the accompaniment of the pathway of children after cerebrolesion, thanks to targeted actions in the living environment and by the development of a network of partners sensitized to this specific disability.