

THE CLINICAL EXPERIMENT “KINETOTHERAPY IN THE HIP DEGENERATIVE PATHOLOGY” LACU-SĂRAT, BRĂILA

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Key words: recovery, physical program, arthroses, functional.

Abstract

Degenerative arthritis is defined as the process of cartilage, commonly found in load-bearing joints. Clinical trial was conducted in Salt Lake Recovery Center, a group of 121 patients between April 2007 - April 2009. The batch was composed of men (25%) and women (75%) who were aged 40-60 years (30%) and 60-70 years (70%). Symptoms of audience was chronic pain (65%) of cases and acute pain (35%) of cases. Symptoms of audience was chronic pain (65%) of cases and acute pain (35%) of cases. Accompanied by gait disturbance (tipping the pelvis (70%) and lameness (30%). The present study reinforces the idea stipulated in the literature that recovery can improve the sequels pathology coxofemorale functional status of patients with rare coxofemorale according to: recovery treatment applied adresabilității precocity, orthopedic hygiene compliance of hip throughout life. The latter goal should be prescribed for all people vulnerable to coxarthrosis.

Introduction

In recent years literature presents frequent information on exploration and interpretation on the hip symptomatology and new techniques for investigating the hip (TC, NMR) allowing a good knowledge of the substrate anatomical-functional and functional pathology of the hip. (1)The tricky balance of the symptoms often generates confused diagnostics leading to their overestimation or the underestimation of the hip pathology.

The objectives of the study were the following:

1. Inventory and a more precise definition, clinical and paraclinical on the degenerative pathology of the hip, primary as well as secondary one.
2. Developing a methodology on an appropriate recovery balneal physical treatment.
3. Assessing objectively the results of post-treatment, the limits and possibilities for recovering these sequels.

4. Studying the possibilities of primary and secondary prophylaxis in people with predisposition.

ARTHROSES is defined as a degenerative process of the articular cartilage, frequently found in the bearing articulations.

Arthrozes' initial stage (*clinical asymptomatic*) (Fig.1)

The debut of the superficial destructive on the articular cartilage. "Laminasplendes" damaged, spindle – shaped condrocytes (Hist) The erosion of the collagen fibers emptied of basic substances (Electron microscopy) Fibers fascicles tangentially lying completely denudated (EM)(2)

Stage 2 of Arthrozes (morning rigidity, pain while walking).The aggravation of the destructive process in deep radial areas (Hist)Ulceration produced inside the cartilage, denudated condrocyte about to be destructive (EM scavenging) Condrocytels cavities empty between denudated collagen fibers.

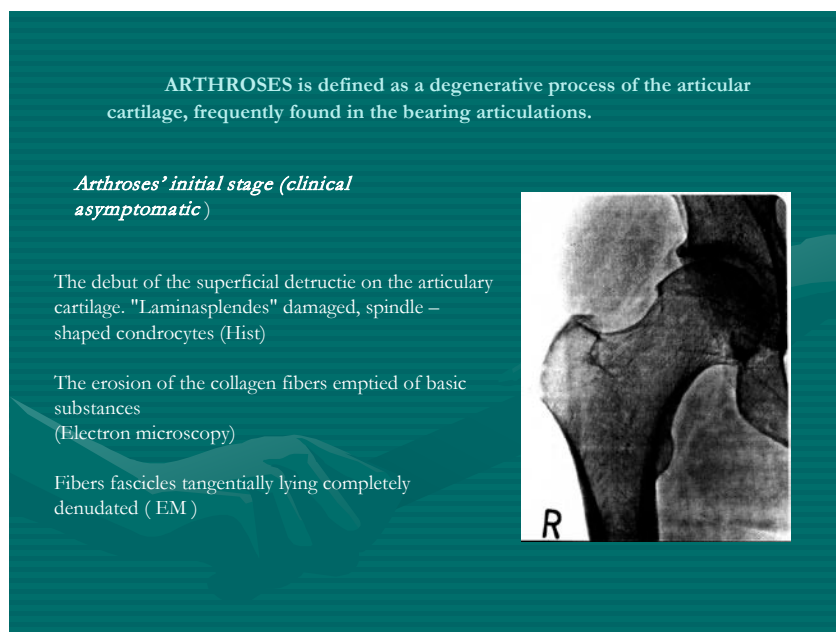


Fig.1
Arthrozes' initial stage (*clinical asymptomatic*) (6,7)

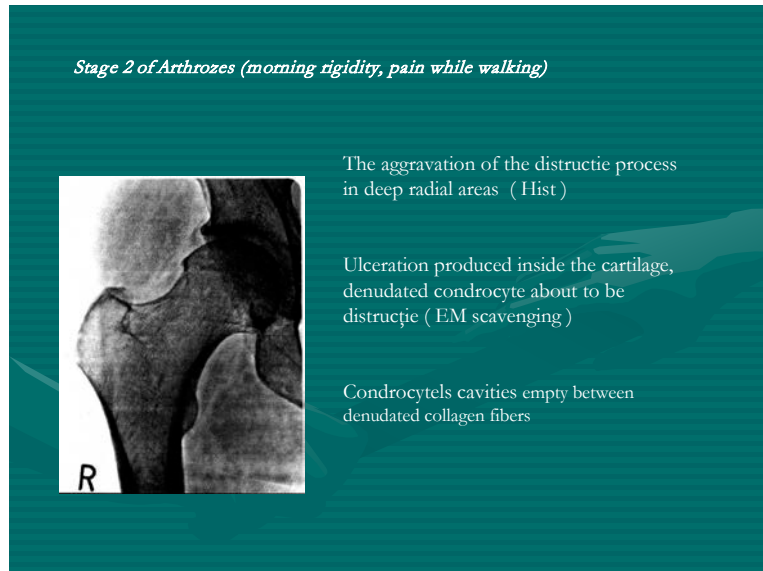


Fig.2.

Stage 3 (articular limited mobility, inflammatory outbreaks - shown arthrozes)(Fig.3)

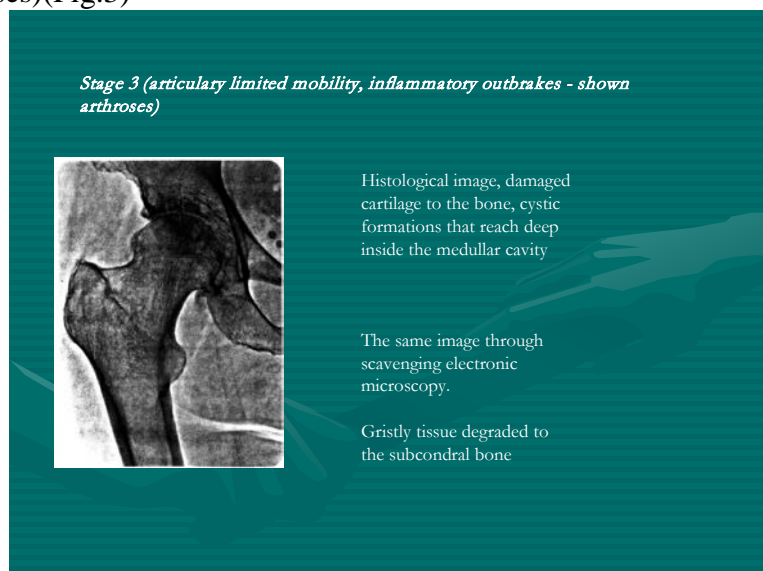


Fig.3

Stage 4 (articulation is stiff, frequent inflammatory outbreaks.

Recovery tissue inside the medullar cavity. Opening the medullar cavity and the appearance of recovery tissue. (EM of scavenging). At this stage arthrozes is a painfull and leading to infirmity disease, it is the surgical stage.(7,8).

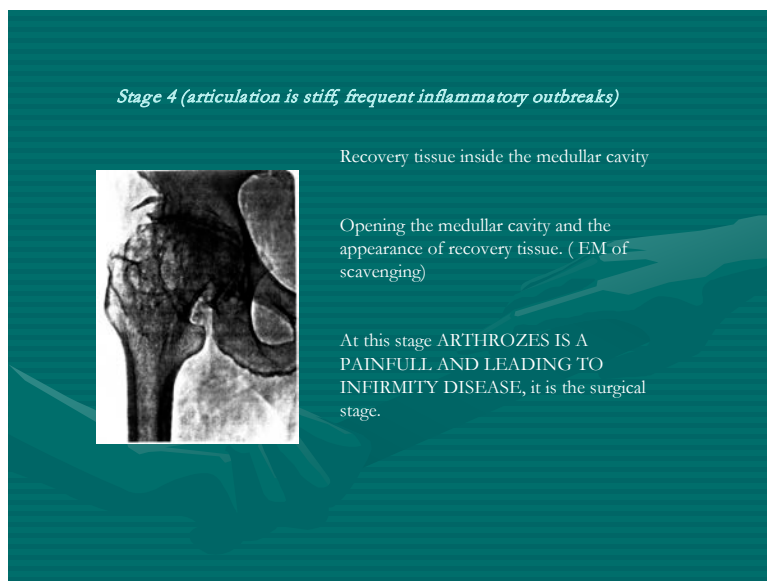


Fig.4

Kynetotherapy. *Objectives*: increasing mobility, increasing muscular force maintaining and recovering equilibrium. Kynetical program: Active exercise, passive, active withresistance, instability while walking in order to regain coordination. Kynetic at home, posturi, izometry, massage; Depending on the stage of the disease, exercising walking with a walking stick or frame.(4,5)

Material - method

The clinical experiment was done in the Lacu Sarat balneophysiotherapy place on a 121 pacients group no, between April 2007-April 2008 . The group was formed of men(25%) and women (75%) with ages between 40-60 years old (30%) and 60-70 years old(70%); 30% came from the urban environment and 70% from the rural environment, of different professions: 5% drivers, 10% housewives, 5% welders, 55% retired, 5% engineers, 10% teachers and 10% farmers.

The group was

- 50% found with primary coxarthrozes,
- 50% secondary (25% fracture of col femural, 25% aseptic necrosis)
- 45% of the patients had secondary scoliosis, and 55% hiperlordoza.

The addressability symptomatology was the chronicle pain 65% and the acute pain 35%. Accompanied by walking disorders: 70% basin tipping and 30% limping.

The following graphics show the enumerated statistics. (Fig.5)

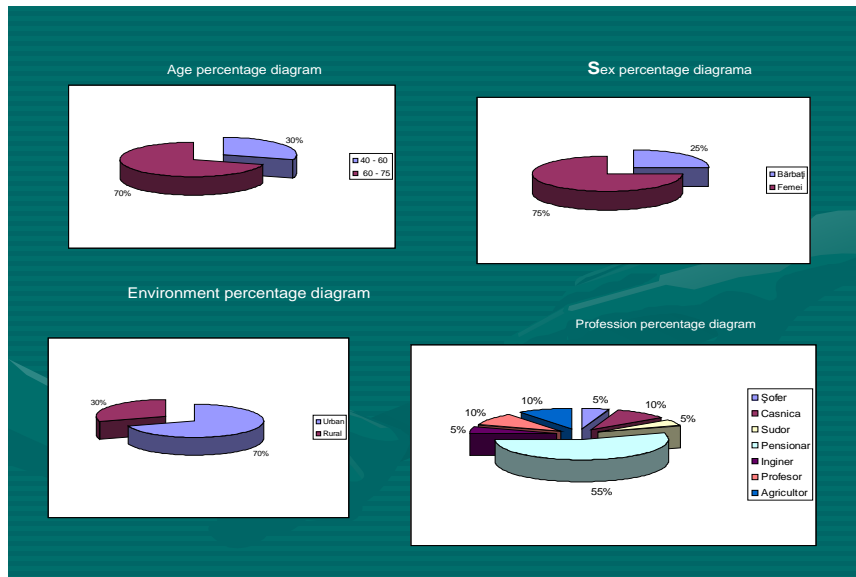


Fig.5

The following graphics show the enumerated statistics: diagnosis, basin bent, pain and vert'spositioning. (Fig.6)

The group studied benefited from aqua therapy, physiotherapy and kinetics therapy implemented through kinetics programs specific for every phase as such: for acute patients we carried out posturing according to Ketonal, patients in sub-acute phases benefited from Williams training, chronic phases benefited from training for abdominal vertebral, and hip muscles tonus. On the moment of leaving the hospital, depending on the final test, patients received a kinetic program that they were going to perform at home at least twice a week.

Under the above mentioned circumstances, thoroughly implemented kinetics-therapy based on programs categorized by a strict schedule and pain progress clinical phases, represent a hypothesis in solving acute, prevention of relapse casualties and recovery of hipartrosis remainings by adequate Ketonal posturing and Williams programs. By processing the information collected the following results have been obtained: overall basic coefficient for hipartrosis ranges between 84-90% and the final one ranges between 98-100% with a

functional gain of 9-15 and average 12%; for sub-acute phases, it was obtained an overall basic coefficient ranging between 80-89% and a final one ranging between 94-97% and the functional benefit varied between 11-15 and an average of 13%.

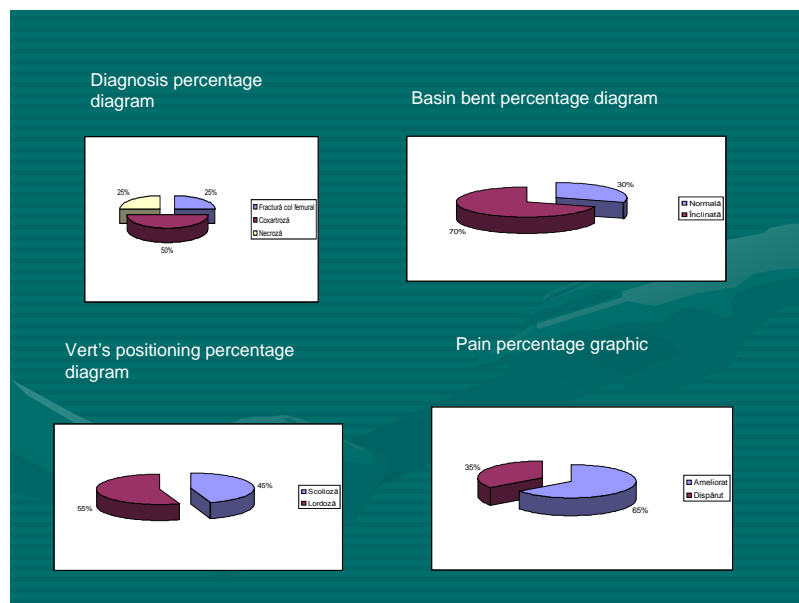


Fig.6

Results and talks

Following the study results assessment, the conclusions are: in the acute phases, kinetic posturing according to submitted graphs represents 70-90% of the therapy efficiency; in the medium phases, kinetics-therapy improves functionality to 25-30%.. I have to mention that the kinetics-therapeutic treatment has been associated to the aquatic and physical treatment and our study strengthens the idea mentioned in the special literature that the kinetics-therapeutic treatment under all its shapes is appropriate in this context. Using it as the sole method would be hazardous particularly in the acute and sub-acute phases; healing quality and duration in, acute and chronics hipartrosis ,casualties depends on the strength the specialist medicine gets the patient aware of using posturing method in acute phases and appropriate positions during daily activities preventing relapse: position at the workplace, when eating, sleeping, in the transport means, walking, prolonged. Kinetic treatment is benefic method for recovery the walking, modified after hipartrosis. The enclosed graphic presents the walking evolution following the kinetic treatment Kinetotherapy; Diminishing of the pain to disappearance.

Increasing articular mobility Gaining a stabile hip for walking and ortostațiune. The group studied benefited from aqua therapy, physiotherapy and kinetics therapy implemented through kinetics programs specific for every phase as such: for acute patients we carried out posturing according to Ketonal, patients in sub-acute phases benefited from Williams training, chronic phases benefited from training for abdominal vertebral, and hip muscles tonus. On the moment of leaving the hospital, depending on the final test, patients received a kinetic program that they were going to perform at home at least twice a week.

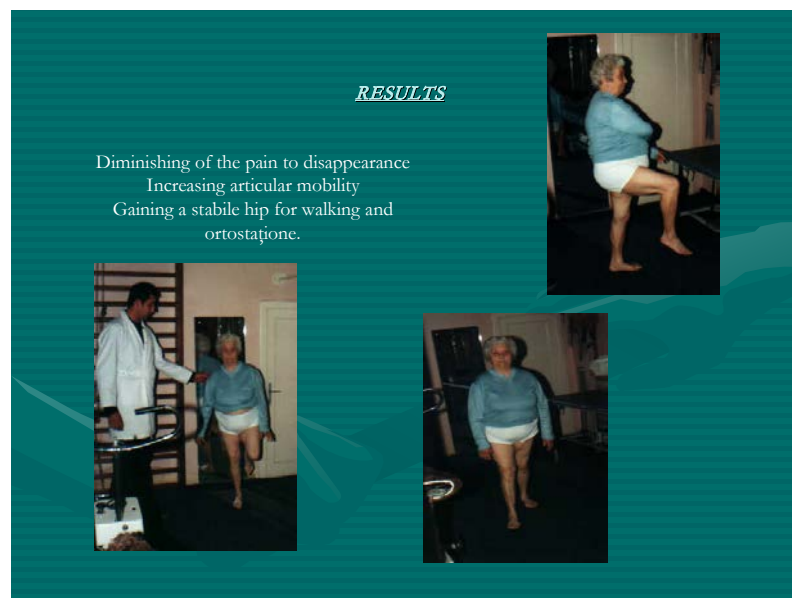


Fig.8

Conclusions

The results depended on; The treatment precocity. The type of clinical- functional pain. The treatment methodology. The patient's operation.

Results accomplished; VERY GOODIN; In correction of the station and dynamic dysfunctional syndromes. In correction disappearance of the mialgic clinical sindrom. GOOD; increased mobility in 55% of the cases, Remarkable progress in the unipodal instability. Equilibrium walking- a 100% recovery wick.STTIONING:66 patients evolved from walking to walkingstick,25 patients evolved from walking stick to walking without support,11 patients did'nt evolve from the walking stick,

19 patients evolved from walking without difficult support to walking without easy support.

The present study strengthens the idea stipulated in the medical literature and that the recovery of the damages from coxofemoral pathology can improve the functional state of the patients suffering from coxofemoral affections depending of: The recovery treatment and the adressability precocity.

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Titlu: Experiment clinic “Kinetoterapia în patologia degenerativă a șoldului” Lacu-Sărat, Brăila.

Cuvinte cheie: program kinetic, artroza, funcționalitate, recuperare.

Rezumat: Artroza se definește ca proces degenerativ al cartilajului articular, frecvent întâlnit la articulațiile portante. Experimentul clinic a fost realizat în cadrul Centrului de recuperare Lacu Sărat, pe un lot de 121 pacienți, în perioada aprilie 2007- aprilie 2009. Lotul a fost format din bărbat (25%) și femei (75%) ce aveau vârsta cuprinsa între 40-60 de ani (30%) și 60-70 de ani (70%). Simptomatologia de adresabilitate a fost durerea cronică la (65%) din cazuri și durerea acută (35%) din cazuri. Însoțite de tulburări de mers: (basculare de bazin (70%) și șchiopăt (30%). Studiul de față întărește ideea stipulată și în literatura

de specialitate că recuperarea sechelelor patologiei coxofemorale poate îmbunătăți starea funcțională a pacienților cu afecțiuni coxofemorale în funcție de: tratamentul recuperator aplicat, precocitatea adresabilității, respectarea igienei ortopedice a șoldului pe tot parcursul vieții. Cel din urmă deziderat trebuie prescris pentru toate persoanele predispuse la coxartroză

Titre: Le expérience clinique "kinésithérapie dans la pathologie DEGENERATIVES hop" LACU-Sarat, Brăila.

Mots clés: la récupération, le programme de physique, arthroses, fonctionnelle.

Resume: Arthrite dégénérative abstraite est définie comme le processus de cartilage, on trouve couramment dans les articulations portantes. Essai clinique a été mené à Salt Lake Centre de récupération, un groupe de 121 patients entre avril 2007-avril 2009. Le lot était composé d'hommes (25%) et femmes (75%) qui étaient âgés de 40-60 ans (30%) et 60-70 ans (70%). Les symptômes de l'auditoire était chronique de la douleur (65%) des cas et une douleur aiguë (35%) des cas. Les symptômes de l'auditoire était chronique douleur (65%) des cas et une douleur aiguë (35%) des cas. Accompagné de troubles de la marche (basculement du bassin (70%) et de la claudication (30%). La présente étude renforce l'idée stipulé dans la littérature que la récupération peut améliorer l'état de séquelles coxofemorale pathologie fonctionnelle des patients atteints de coxofemorale rares selon: le traitement de recouvrement appliqués adresabilității précocité, Hygie orthopédiques le respect de la hanche tout au long de la vie. Ce dernier objectif doit être prescrit pour tous les gens vulnérables à une coxarthrose.