

FEATURES OF THE RECOVERY OF WALKING SKILLS IN CEREBRAL STROKE.

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Introduction. Currently, cerebrovascular diseases occupy one of the leading places in the world in terms of mortality, morbidity with disability and disability of the population [2]. Vascular diseases of the brain are one of the most common causes of a decrease in the quality of human life in all countries of the world [3]. In this regard, the study of methods of restorative treatment for cerebral stroke remains an urgent problem. The restoration of motor functions in the first days of the disease leads to a decrease in mortality and complications, as well as a decrease in the patient's dependence on others in the first three months after a stroke and an improvement in the quality of life by the end of the first year [1].

Keywords: cerebrovascular diseases, restoration of motor functions, stroke, quality of life.

ОСОБЕННОСТИ ВОССТАНОВЛЕНИЯ НАВЫКОВ ХОДЬБЫ ПРИ МОЗГОВОМ ИНСУЛЬТЕ.

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Аннотация. В настоящее время цереброваскулярные заболевания занимают одно из ведущих мест в мире по уровню смертности, заболеваемости с инвалидизацией и нетрудоспособности населения [2]. Сосудистые заболевания головного мозга являются одной из наиболее распространенных причин снижения качества жизни человека во всех странах мира [3]. В связи с этим изучение методов восстановительного лечения церебрального инсульта остается актуальной проблемой. Восстановление двигательных функций в первые дни заболевания приводит к снижению смертности и осложнений, а также уменьшению зависимости пациента от окружающих в первые три месяца после инсульта и улучшению качества жизни к концу первого года [1].

Ключевые слова: цереброваскулярные заболевания, восстановление двигательных функций, инсульт, качество жизни.

The purpose of the study. To study the features of restoring walking skills with the help of orthopedic means in patients with cerebral stroke in the early recovery period.

Materials and methods of research. 46 patients participated in this study (24 men and 22 women) aged 49.2 ± 10.5 years with acute ischemic stroke of various localization. All patients underwent early rehabilitation using standardized treatment (drug therapy, kinesotherapy, mechanotherapy, massage, physiotherapy).

Results. Position treatment, passive gymnastics and massage were started from the first days after the stroke. The verticalization of patients was carried out using a vertical table and a lift designed to move the patient from the "sitting" position to the "standing" position. In the acute period, special attention was paid to learning to

walk, which began in bed. Passive and then active exercises simulating walking were carried out. As soon as the patient's condition allowed them to stand on their feet, training began to stand on both legs, then alternately standing on a healthy and paretic leg, then we moved on to the exercise "walking on the spot". When the patient mastered these exercises, they proceeded to teach him to actually walk. When teaching walking, special attention was paid to the education of triple flexion of the paretic leg (in the hip, knee and ankle joints) and to the patient's observance of correct posture. Walking disorders after a stroke could be associated with a pathological foot position, manifested by plantar flexion and supination. This led to an incorrect transfer of body weight when walking with an unreliable support on the outer edge of the foot. To correct the incorrect installation of the foot in our department, orthopedic products for the ankle and knee joints were successfully used in case of their instability. Stabilizing orthoses prevented unwanted movements, such as plantar flexion in the ankle joint or overextension in the knee, which improved walking function.

Conclusion

This approach in the rehabilitation of stroke patients led to improved walking skills, correct positioning of the foot when walking, and adaptation of the patient to balance when walking based on a paretic leg. By the use of orthoses on the knee joint of the paretic leg revealed an improvement and rapid adaptation of the ligamentous apparatus to the vertical load, as a result, prevention of "wobbling" in the knee joints, improvement of the patient's psychological state, i.e. the absence of fear of falling, feeling the supporting and fixing function of the orthosis. Orthopedic products for the ankle joint contribute to its effective fixation, prevent complications with muscle spasticity and the formation of the Wernicke—Mann pose. During the experience of

working with orthoses, stroke patients also improved the skills of correct foot placement, and further movement in general.

Literature

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