

Islombek Qosimov
*Assistant of the Department of Rehabilitation,
Sports Medicine and Physical Education, Andijan State Medical Institute,
Republic of Uzbekistan, Andijan*

Qobiljon Isaqov
*Assistant of the Department of Rehabilitation,
Sports Medicine and Physical Education, Andijan State Medical Institute,
Republic of Uzbekistan, Andijan*

Utanov Zafarbek
*Assistant of the Department of Rehabilitation,
Sports Medicine and Physical Education, Andijan State Medical Institute,
Republic of Uzbekistan, Andijan*

BASICS OF MEDICAL REHABILITATION

Resume: The rapid development of in-formation and communication and digital technologies in modern society sets high standards for the intellectual and physical development of the population. The urgent return of patients to active professional activities and the full integration of the disabled into society raises the issue. In such conditions, a set of pathogenetically based therapeutic measures combined with the concept of “medical rehabilitation” is a priority for health. The dialectic of structural and functional changes in the body during illness determines the methods of physical therapy and the possibility of using physical methods and means of different intensities for the sub-sequent rehabilitation of patients. The close connection between the process of treatment and rehabilitation marked the formation of the 70s of the twentieth century. A new medical specialty in world medicine - "Physical and Rehabilitation Medicine" has gained wide international recognition. Medical rehabilitation is a system of measures aimed at the full restoration or restoration of bodily functions lost as a result of illness or injury. Medical rehabilitation is an integral part of rehabilitation, the goal of which is to achieve the full recovery of im-paired functions due to illness or injury (or if this is not possible), the use of the disabled person's physical, mental and social potential, its most appropriate inte-gration into society (WHO, 1980) .

DISSCUSSION. Medical rehabilitation is related to the recovery of a person as a person (medical -psychological rehabilitation), the restoration and compensation of impaired cognitive functions (cognitive-behavioral rehabilitation), the restoration of labor activity to one degree or another, interrelated aspects of rehabilitation. Economic independence, integration into society (medical and social rehabilitation). Medical rehabilitation occupies a special place among them, as it forms the basis for all other elements of the rehabilitation system, which is carried out by special services and departments that are part of different departments. All types of rehabilitation for the disabled and the disabled are combined with the concept of “physical rehabilitation”. The reason for this is based on the restoration of disturbed: or temporarily lost functions of the human body, social and professional activity skills using the means and methods of adaptive physical culture. The basics of medical rehabilitation are aimed at eliminating or fully compensating for the disabilities caused by health disorders. The purpose of rehabilitation is to restore a person as an individual and his social integration into society. The purpose of medical rehabilitation is to maximally restore (or cover) the consequences of the pathological process (illness, injury).

Medical rehabilitation is closely related to the treatment of patients, but not like it. The cardinal sign of any disease is the presence of a cause (-etiological factor) and (or) joint factors, the mechanism of development (pathogenesis), which represents a set of symptoms (syndromes) that determine the course and outcome of the disease. A system of medical measures aimed at eliminating the cause of the disease and its mechanisms of development is called treatment and is the subject of specialized medical care. However, elimination of the cause and facilitation of the main mechanisms of disease development does not always lead to the elimination or complete recovery of the damage, the restoration of functional systems, psychosomatic functions and mechanisms of the organism.

These factors determine the need to further eliminate the consequences of diseases or injuries, restore the function of the affected organ (system), reduce behavioral and somatic risk factors, maintain and increase the patient's life expectancy,

the purpose and content of medical rehabilitation, improve his quality of life. The guideline for prescribing rehabilitation to a patient is not the disease but its consequences. However, the need for medical rehabilitation has the primary potential to eliminate or reduce the consequences.

Disorders in the structure and function of the body are characterized by any developmental anomaly or violation of the morphological integrity of the structures, followed by disruption or loss of physiological functions.

The activity of the body describes the loss or limitation of the ability to fully perform the daily activities that occur as a result of damage within the limits that are considered normal for human society. Restrictions on activity can range from light to heavy, qualitative, or quantitative deviations in the performance of activities in terms of shape and size compared to people with unchanged health. The patient's social participation describes the disability that results from the injury, the restriction, the performance of a social role that is normal for a particular individual (social inadequacy).

Most of the tools included in rehabilitation technologies are used not only for medical rehabilitation, but also to provide it. specialized medical care, as well as sanatorium-spa treatment, health and sports medicine. Due to the leading role of therapeutic physical factors and exercise in medical rehabilitation programs, today the main rehabilitation activities are carried out by physiotherapists and physical therapists who use them in their practice.

Patients with severe consequences of the disease, high risk of long-term disability, permanent life restrictions, and social disability (disability) will need medical rehabilitation.

Rehabilitation indicators vary significantly in countries with different levels of health care economies and cover nearly a hundred types and forms of disease, according to the European Union of Medical Professionals, Department of Physical and Rehabilitation Medicine.

Leading diseases that make up the contingent of patients in need of medical rehabilitation include: myocardial infarction; postoperative condition of the heart

and large vessels; acute disorders of cerebral circulation; injuries of the brain and spine, musculoskeletal system; spinal defects and joint plastics, postoperative condition for endoprosthetics; cerebral palsy; condition after surgical treatment of oncological diseases, etc.

CONCLUSION. General contraindications to medical rehabilitation include acute diseases, infectious diseases, somatic and oncological diseases in the decompensation stage, neuropsychological and intellectual-mnemonic disorders that prevent the patient from participating in rehabilitation programs.

The need for rehabilitation (need for rehabilitation) to perform medical and other measures, if there is a risk of temporary or long-term impairment of functional abilities as a result of injury or illness, the risk of limiting or worsening the patient's condition. environmental factors.

If the patient does not have the consequences of the disease, it does not need rehabilitation. Rehabilitation prognosis. The realization of this rehabilitation potential and the achievement of the intended goals of rehabilitation within the planned time is medically justified, taking into account the nature of the disease, its course, individual resources and compensation opportunities.

References:

1. Николаева Л.Ф. Аронов Д.М. Реабилитация больных ишемической болезнью сердца - М., 1988.
2. Тиббий реабилитация/ед.В.А.Епифанов.-М.:МЕД пресс-информ,2008 йил.
3. Белова А.Н., Прокопенко С.В. Нейрореабилитация.-М., 2010.
4. Клячкин Л.М., Шчеголков А.М. Ички аъзолар касалликлари билан касалланганларни тиббий реабилитация қилиш: шифокорлар учун қўлланма.- М.: Тиббиёт, 2000 йил.
5. Преварский Б.П., Шатько В.Н. // Кардиология - 1982, № 1.
6. Крыжановский В.А. // Врач, дело - 1986.
7. Гасилин В.С., Куликова Н.М. Поликлинический этап.
8. Реабилитации больных инфарктом миокарда. - М 1984.
9. Амосов Н.М., Бендет Я.А. Физическая активность и сердце. - Киев, 1984.

10. Апанасенко Г.А., Науменко Р.Г. II Вопр. - Курортолог - 1985, № 4.
11. Макарова.Г.А., Спортивная медицина - Учебник - 2003 Ахмедова Ф.М.