
COMPREHENSIVE REHABILITATION SCORE FOR FEMALE PATIENTS WITH VERTEBROGENIC LUMBOSACRAL RADICULOPATHY

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ABSTRACT: This article discusses comprehensive rehabilitation score for female patients with vertebrogenic lumbosacral radiculopathy. The data obtained as a result of a comprehensive examination of the rehabilitators indicate that they are dominated by complaints of limitation of movement and pain of a different nature in the lumbar spine, reduced mobility of the spine and static endurance of the muscles of the back and abdominal muscles, low rates of physical performance.

KEYWORDS: Vertebrogenic, lumbosacral radiculopathy, chronic pain, female, comprehensive rehabilitation, lumbosacral radiculopathy, comprehensive examination.

INTRODUCTION

According to studies, pain syndrome at the level of the lumbar back from 77% to 93% is due to damage to the intervertebral discs (IVD), and in 20–30% of cases, it is disc herniations that cause neurological manifestations. However, observations show that the cause of chronic pain at the level of the lumbar back in 63.5% can be myofascial pain syndrome (1,2,3).

According to the literature, conservative and surgical approaches to the treatment of patients with vertebrogenic pain syndromes cannot fully solve the tasks. Surgical methods show conflicting results, and the likelihood of a favorable outcome with repeated interventions is reduced against the background of postoperative complications. At the same time, conservative therapy is not characterized by a complex effect.

Purpose of the study. To evaluate the value of the integral efficiency coefficient (IEC) as an indicator of the effectiveness of “Detenzor” therapy for vertebrogenic lumbosacral radiculopathy in females.

Material and methods. The study included 69 female patients aged 29 to 62 years (mean age 37.2 ± 8.1 years) with moderate to severe vertebrogenic lumbosacral radiculopathy (VLR), from 4.9 to 8.7 VAS scores. The patients were divided into two groups. Group I consisted of women who received a course of Detenzor therapy against the background of standard therapy - 34 (49.3%) people, Group II consisted of women who received only standard therapy - 35 (50.7%), the ratio of the number of men to the number of women was 1.2:1.0. In accordance with the diagnosis of M54.5 “Pain in the lower back” (ICD-10). The obtained results were processed as follows:

calculation of the mean, standard deviation, Mann-Whitney U-test, correlation analysis. Programs used: Microsoft Office Excel, Stadia.

Research results. According to the questionnaire survey, 85.5% of the studied females are representatives of professions associated with insufficient physical activity or prolonged sitting in a sitting position (office work). In the past, 26.1% of the surveyed persons were systematically engaged in physical culture and sports, at the present time the respondents are not engaged in physical culture. It has been established that 36.2% of respondents have a positive attitude towards physical culture, understand the role of physical exercises as a means of treating osteochondrosis and restoring physical performance; 11.6% have a negative attitude towards kinesitherapy and 49.3% find it difficult to answer this question.

The data obtained as a result of a comprehensive examination of the rehabilitators indicate that they are dominated by complaints of limitation of movement and pain of a different nature in the lumbar spine, reduced mobility of the spine and static endurance of the muscles of the back and abdominal muscles, low rates of physical performance.

The results of the X-ray examination indicate that all the rehabilitators have static-structural disorders in the lumbar spine, reflecting signs of osteochondrosis. Although in 100% of the examined individuals, a decrease in the height of the discs at the levels L4-L5 and L5-S1 is determined radiologically, in most cases, this is observed in the segments L5-S1 (60.9%) and less than L4-L5 (36.2%). Violation of statics in the form of severe left-sided scoliosis was detected in 14.5%, in the form of right-sided scoliosis - in 15.9%. Smoothing of physiological lordosis in the lumbar spine was found in 100% of cases.

After the course of “Detenzor” therapy, it was noted that 20.6% of patients of group I and 11.4% of patients of group II had a good therapeutic effect: Pain in the lumbar spine ceased, mobility and static endurance of individual muscle groups, the amplitude of muscle tone, and physical performance increased. Partial improvement in the state of health in patients of group I occurred in 55.9% of cases, in group II - 34.3%, the absence of positive dynamics in the groups was observed in 23.5% and 54.3% of cases, respectively (Fig. 1).

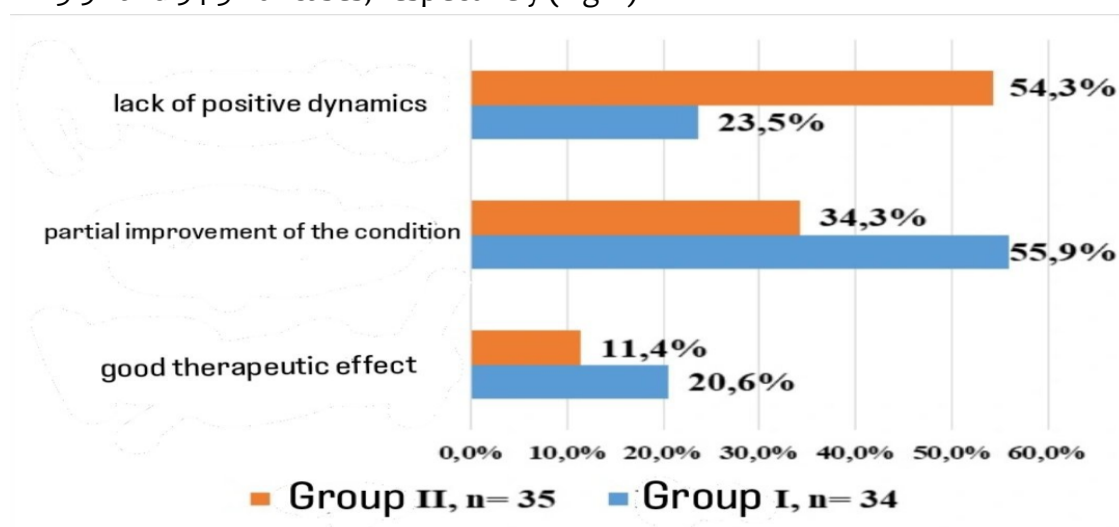


Figure 1. Therapeutic effect after the course of “Detenzor”-therapy.

For a generalized quantitative assessment of the therapeutic and restorative effect of physical exercises in osteochondrosis of the lumbar spine, we have developed an integral efficiency coefficient (IEC), which is determined by the formula: $IEC = A+B+C+D$ (1), where: A - the nature of pain in the lumbar spine; B - mobility of the spine (flexion); C - static endurance of the extensor muscles of the back; D - index of the modified Harvard step test. Each indicator is scored from 1 to 5 points. In accordance with formula (1), the individual IEC value can be from 4 to 20 points. Depending on the size of the IEC, an assessment scale for the effectiveness of kinesitherapy was developed: below average and low (4-10 points), average (11-15 points), above average and high (16-20 points).

The data on the number of studied individuals with different values of IEC in group II reflect the insufficient effectiveness of conventional therapy for vertebrogenic lumbosacral radiculopathy in women at the outpatient stage of physical rehabilitation, since only 31.4% of rehabilitators have an IEC value of 16-20 points. And when the course of “Detenzor”-therapy was included in the treatment regimen, 16-20 points according to IEC began to have already 41.2% of patients (Table 1).

Table 1

IIEC “Detenzor”-therapy	Group I, n=34		Group II, n=35	
	abc	%	abc	%
4--6 ball	4	11,8%	9	25,7%
11--15 ball	16	47,1%	15	42,9%
16--20 ball	14	41,2%	11	31,4%

The value of the integral coefficient of effectiveness (IEC) as an indicator of the effectiveness of “Detenzor” therapy.

CONCLUSION

Thus, the results of the study indicate the good efficacy of “Detenzor” therapy in the treatment of vertebrogenic lumbosacral radiculopathy in females.

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