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REHABILITATION APPROACHES TAKING INTO ACCOUNT SECONDARY PREVENTION OF STROKE AND MAJOR COMPLICATIONS

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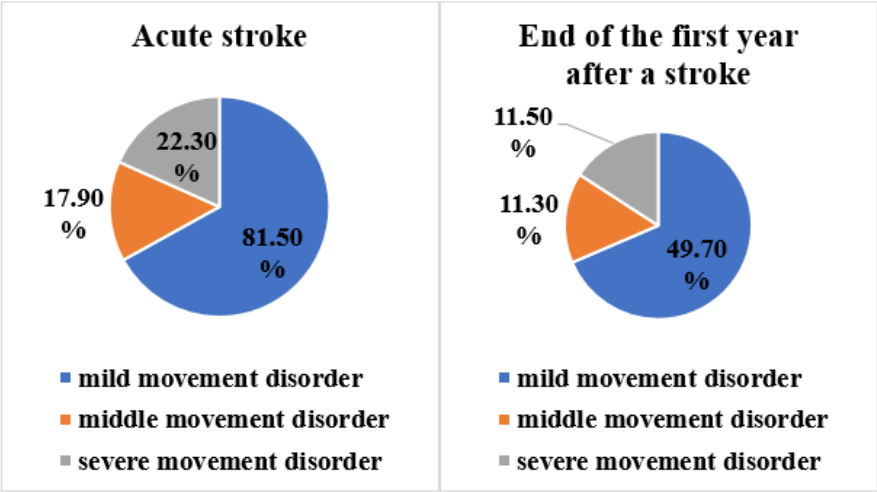
Summary: stroke often leads to severe consequences in the form of motor, speech and other disorders that significantly cripple patients. According to the results of the assessment of the degree of adaptation of the patient of the main group to everyday life, 1 group of patients received a score of 75.5 ± 2.9 points before treatment, and 88 ± 2.4 points after treatment. In 2 Guruh patients who had a stroke, the extensibility level before treatment was 73.5±3 points, and after treatment - 72±3 points.

Keywords: Stroke, Rehabilitation, prevention.

Tserebrovascular diseases are one of the most common causes of disability and death among the population. A stroke often leaves severe consequences in the form of movement, speech and other disorders, significantly crippling patients. The main goal of rehabilitation of stroke patients is to restore their physical, psychological and professional activity, independence in everyday life.

- One of the main tasks of rehabilitation is to restore movement, walking and self-service in the paretic limbs. 100 (81.2%) of post - stroke survivors experienced movement disorders (including severe– 27 (22.3%) movement disorders, by the end of the first year movement disorders (Hemi-and less monoparesis) were recorded in 61 (49.7%), compared to 14 (11.5%) of patients survived by that time (including severe ones).. These numbers indicate a great perspective for restoring damaged motor functions(Figure - 1).



Picture-1. The state of motor functions by the end of the acute period of stroke (A) and the end of the first year after stroke (b).

A set of measures to reduce muscle spasticity, which will help prevent the development of contractures. * Physiotherapy • means of choice-paretic limb-manual thermal therapy in the form of socks, chulki, gloves, duration of treatment 5-10 minutes, course of treatment 12-20. * Selected and dotted massage. The massage is aimed at relaxing the spastic muscles, so stroking, hard shaking, very slow and shallow pressing and effects on the segmental Sox are applied. Rough painful techniques lead to an increase in tone. * * Topical injection of botulotoxin drugs into spastic altered muscles. * Muscle relaxants. Selection tools. Midocalm, Baclofen, Sirdalud (Tizanidine). In case of pain, drugs are prescribed-analgesics, NYAQV. To relieve neuropathic pain, gabapentin (Tebantin) from anticonvulsants is prescribed at a daily dose of 300-900 mg, pregabalin (Lyrica) - at a dose of 150-300 mg. Side effects of these drugs can adversely affect cognitive functions. Antidepressants include serotonin reuptake inhibitors (fluvoxamine, fluoxetine, paroxetine, etc.) is preferred as the safest and at the same time very effective. - If there is no indication against physiotherapy. - diadynamic or sinusoidal modulated currents in normal doses in the shoulder joint, 6-10 treatments, daily or daily or; - Local application of Darsonval flows, daily, 10 treatments; -low or medium intensity (0.2-0.4 W/CM kv) ultrasound, in the local joint, 8-10 treatments, daily; - local thermal treatments (parofin, ozokeritis), 8-10 treatments every day or every other day. - electrical stimulation of the paretic muscles (TMS). Patients were examined for spastic limb conditions on the Ashworth scale before starting the above treatments.

Table -1. Pain in patients misalignment of the Spastics of the limbs according to the degree of latency on the Ashworth scale

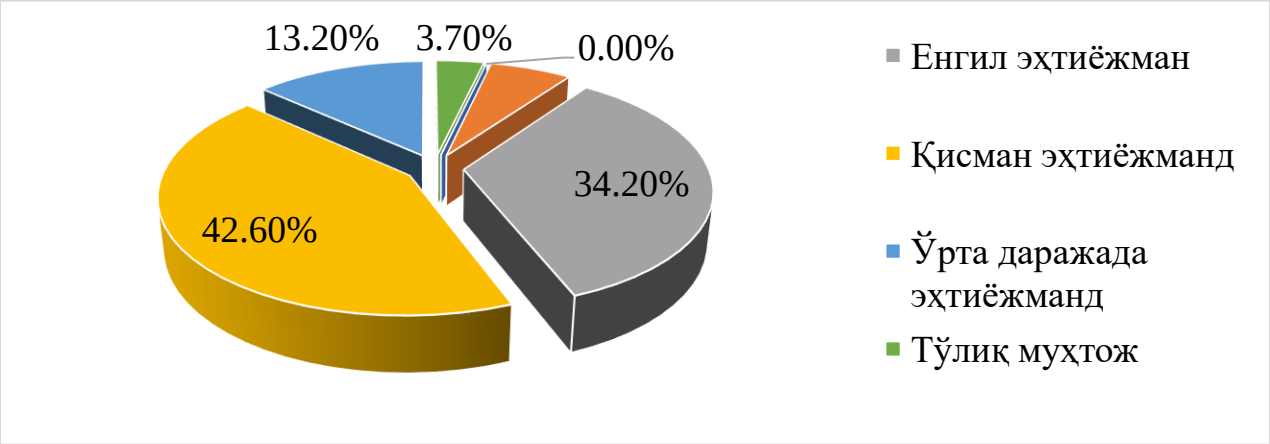
Symptoms	Patient (n=124)	p
Ashworth Scale (Me [5%; 95%]), scores	0 [0;1]	0,286
Patients with Ashworth scale buoyamuscultonusi ctshrsatchers, n (%)		
0	31(24,7**%)**	0,481
1	72(58,3**%)**	0,647
1+	14(11.3**%)**	0
2	7(5.7%)	1,0

The resulting score on the modified Ashworth scale of spasticity in the limbs averaged 8 points.

Table – 2. Spastic indications of affected limbs on Ashworth in patients with a stroke furnace to the left

	Furnace location in the right hemisphere		Furnace location in the left hemisphere		Total	
	абс	%	абс	%	абс	%
0 scores	17	13,7%	14	11,3%	31	24,7**%**
1 scores	38	30,7%	34	27,5%	72	58,3**%**
1+ scores	9	7,3%	5	4%	14	11.3**%**
2	5	4%	2	1,5%	7	5.7%
Total	69	55,6%	55	44,4%	124	100,0

The degree of light and partial extensibility showed almost the same indicators.



Picture-2. The degree of extensibility of patients to daily life on the Bartel scale in patients in the research group.

Thus, in the rehabilitation process, many in the group of patients had a degree of need for others.

Thus, navigation TMS, referring to anatomical structures, made it possible to accurately determine the localization of cortical images of motor functions in a given patient; to determine the stimulation force (CHMP limit) necessary and sufficient to excite a group of neurons of a certain depth. As a result, in accordance with the maximum amplitude of chmp, a point corresponding to the basal primary Sox (M1) was chosen and reserved for further rhythmic stimulation.

The second stage consisted of TMSs of the selected point with a frequency of 10 Hz, with a magnetic field intensity of 70% (80% of the response limit). Each stimulation session consists of 10 series of 2 seconds, the break between the series was 58 sec. 200 stimuli were performed in one session. Stimulation was carried out daily for 10 days. The total number of incentives according to the course of treatment is 2000.

In the course of the study, patients were divided into 2 groups in order to carry out rehabilitation measures. According to this 1 guru rehabilitation standard treatment, botulotoxin, TMS method N=65 and 2 Guru rehabilitation standard treatment(after treatment) was made up of n=59 patients.

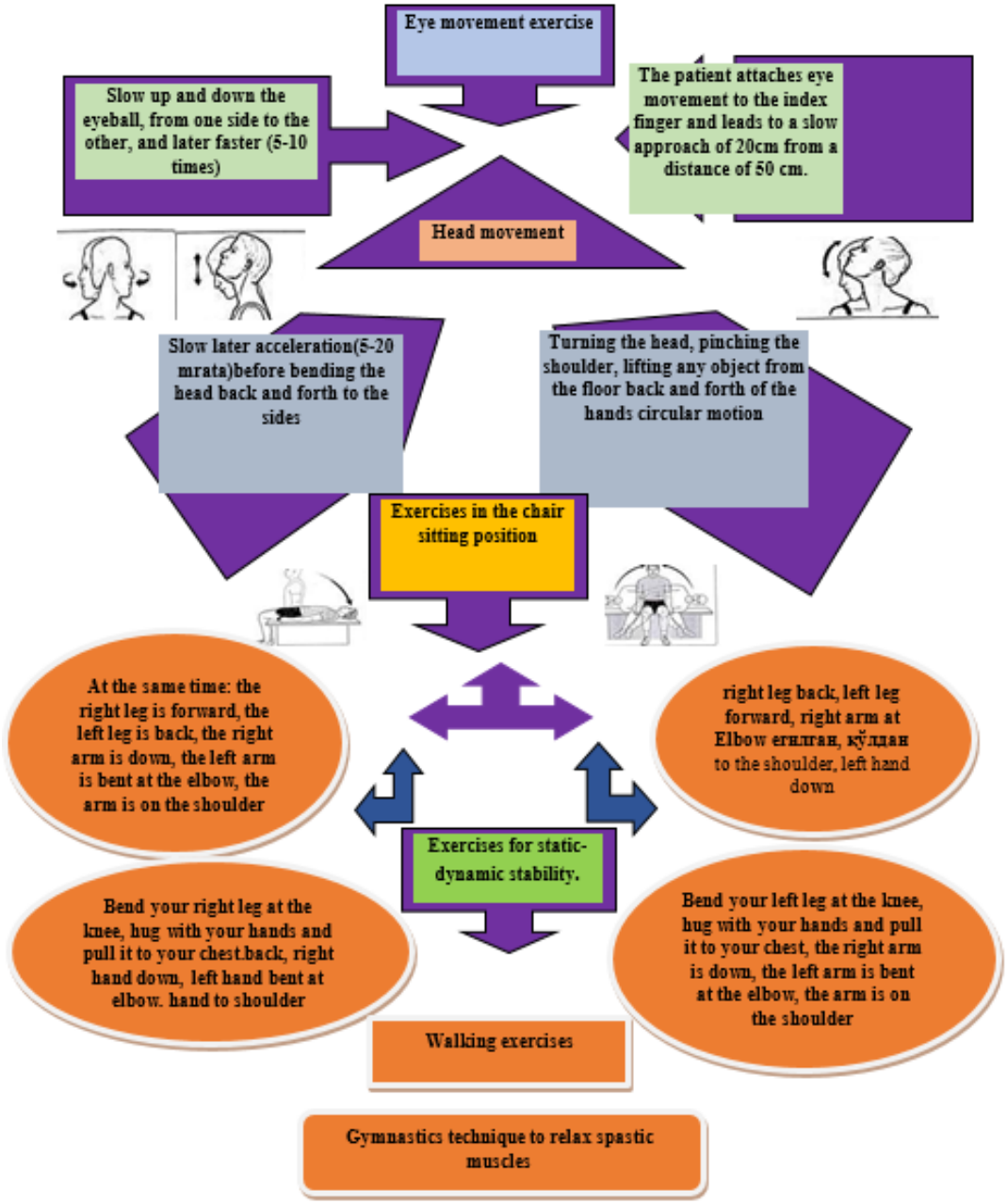
Results on amsh up to treatment without the TMS method showed 8.1±2.1 points, and changes in dynamics after treatment with TMS and botulotoxin showed 3.1±1.6 points. The severity of pain on the vash scale showed 7.0±2.5 points up to treatment in 1 guru patients, 3±1.5 points after treatment, 6.0±1.9 points up to treatment in 2 Guru patients, 8±2.1 points after treatment. According to the results of the degree of extensibility of the patient in the study group to daily life, 1 group of patients received a pre-treatment estimate of 75.5±2.9 points, while 88±2.4 points after treatment. In 2 Guruh patients who had suffered a stroke, the pre-treatment extirpation rate showed 73.5±3 points, followed by 72±3 points after treatment.

Table-4. Before and after rehabilitation, depending on the type of rehabilitation in the immediate period from a stroke

	1 guru rehabilitation (before treatment)n=65	2 guru rehabilitation (before treatment) n=59	1 guru rehabilitation standard treatment, botulotoxin, TMS method (after treatment) n=65	2 guru rehabilitation standard treatment (after treatment) n=59
Ashworth Castle (ball)	8,1±2,1	7,1±2,0	3,1±1,6	6,3±2,0
Wash scale (ball)	7,0±2,5	6,0±1,9	3,0±1,5	8±2,1
Bartel scale (ball)	75.5±2.9	73.5±3	88±2.4	72±3

Note: validity difference * R<0.001**

Thus, the use of TMS usili in the rehabilitation process turned out to be effective.

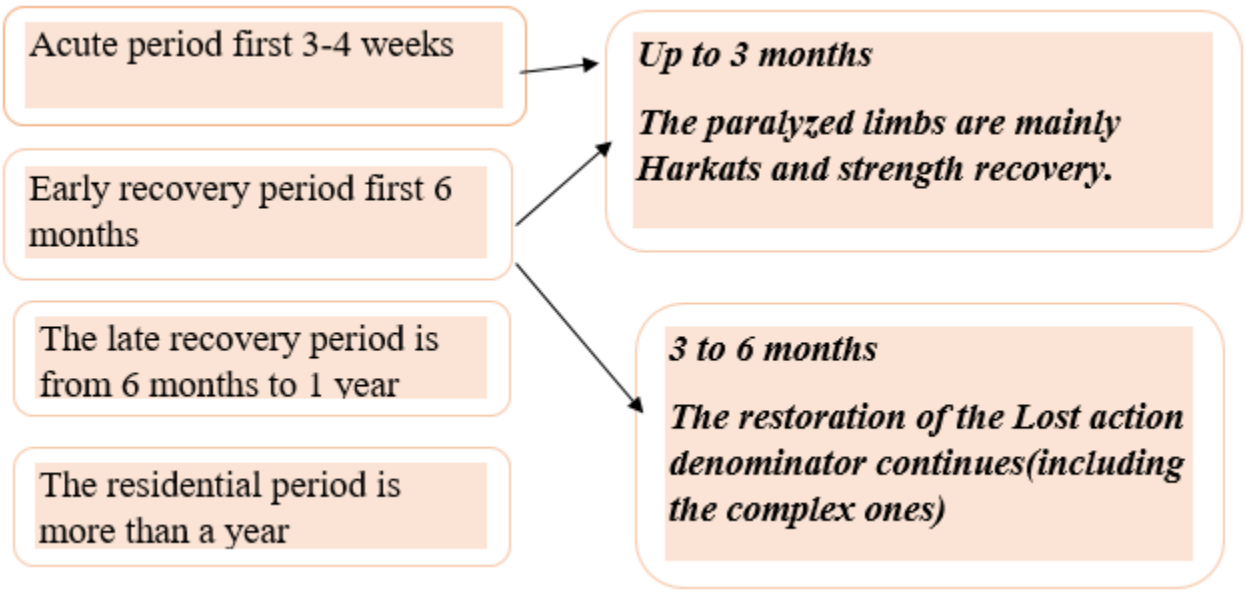


Picture-10. Complex set of exercises for vestibular disorders

Gymnastics technique to relax spastic muscles

To reduce muscle tone, positional treatment and a number of special exercises and techniques are used. A distinctive feature of posisia treatment, unlike the initial period of the disease, is the duration of fixation of the paretic limbs in the position of maximum distance from each other from the spastic muscle attachment points: removable plaster longets or orthoses are applied 2-3 times a day for 2-4 hours, and with significant spasticity, they are left overnight.

Special gymnastic techniques for relaxing muscles include light squatting of the limbs, "positivity" and rocking movements, rolling the palm surface of the arms and legs along a rotating roller, stretching the spastic muscles. Below are some exercises using the relaxation technique.



Picture-14. Stages of recovery in different periods of stroke.

Conclusion: in conclusion, aitganda says that there are no more important thoughts to pay attention to. Stroke prevention has a therapeutic effect on important and responsible areas. If the neurologist, medical assistant, general surgery, shuningdeck, stroke or contact load were disrupted, malakali and the collegial Ascendant did not move, then with repeated dose administration, the probability of seasonal fluctuations decreases. In this regard, we pay special attention to the prevention and prevention of diseases.

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