

RECOVERY OF THE PATIENT WITH LUMBAR DISC HERNIA BY KINETIC MEANS

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Abstract

The present work aims to demonstrate the importance of physical therapy in a lumbar disc herniation rehabilitation program. Due to its frequency and the problems it creates, related to the inability to work, the condition is starting to become a social disease. This is becoming more and more common in society, making it impossible for the subject to perform various activities from an early age.[5,7,12]

The aim pursued in this work is to recover the patient with lumbar disc herniation. The general goal of rehabilitation is to help the patient recover as quickly as possible, to prevent physical discomfort and, in particular, to stop the worsening of the disease.

Following the performance of the three initial tests and the three final tests by the patient, we were able to collect the results presented in the paper and draw up the final conclusions of the study.

Introduction

Disc hernia is one of the most frequent operations that we can encounter in the medical rehabilitation office, because the current lifestyle is very sedentary, creating an environment conducive to the degradation of the spine.[1,3,9,11] In general, through physical therapy we have two main directions of treatment and we choose our treatment methods according to these directions.[2,6,8] The first option is exercise therapy for disc hernia treatment (non-surgical) and the second option is exercise therapy after disc hernia surgery. Physical therapy for disc hernia is designed to restore the patient's ability to return to their pre-existing condition. Specifically, to achieve this goal, physical therapy will include exercise, learning new postures and movements for daily activities, and educating patients to adhere to the long-term program.[4,10]

Material and method

This paper attempts to demonstrate the importance of physical therapy in a lumbar disc hernia rehabilitation program. Due to its frequency and the problems it

creates, related to the inability to work, the condition is starting to become a social disease.

The hypothesis of the work

The hypothesis of this paper can be based on the premise that using a recovery program adapted to individual characteristics improves function and quality of life.

The aim pursued in this work is to recover the patient with lumbar disc hernia.

Recovery programs include various types of exercise therapy, emotional support, and lifestyle change education. Rehabilitation must be based on a correct and complete clinical functional diagnosis. There are many objectives for a recovery program, some applied simultaneously, others applied sequentially, depending on the situation, age and the evolution of the disease.

The objectives applied in the recovery plan are:

- Elimination of leg pain, muscle weakness, numbness caused by damage to certain nerve roots.
- The patient resumes his daily activities.
- Preventing the recurrence of spinal injuries and reducing pain.

If it reaches the stage where symptoms do not improve or disappear after 6 weeks, then surgery should be considered. Surgical treatment of a disc hernia depends on the severity of the symptoms, the impact on lifestyle and the long-term consequences of the compression.

Venue and material base conditions

The patient with lumbar disc hernia was treated under the supervision of specialized personnel. The rehabilitation program took place for 5 months in Renaștea salon, Jud. Suceava, with small breaks. The patient was asked to perform exercises at home as well.

THE Renastrea SALON is composed of the following cabinets:

- Physiotherapy office
- Massage cabinet
- Electrotherapy cabinet
- Hydrodynamic therapy

The physical therapy office is equipped with a variety of equipments necessary for exercise, such as: trellis, exercise chairs, pulleys, medicine balls, dumbbells, punching bags, elastic bands, muscle strength machines and other analytical equipment.

In the hydrodynamic therapy ward, patients benefit from the use of swimming pool, which is a very useful water recovery program.

Table 1 - Pain scale representation Initial testing

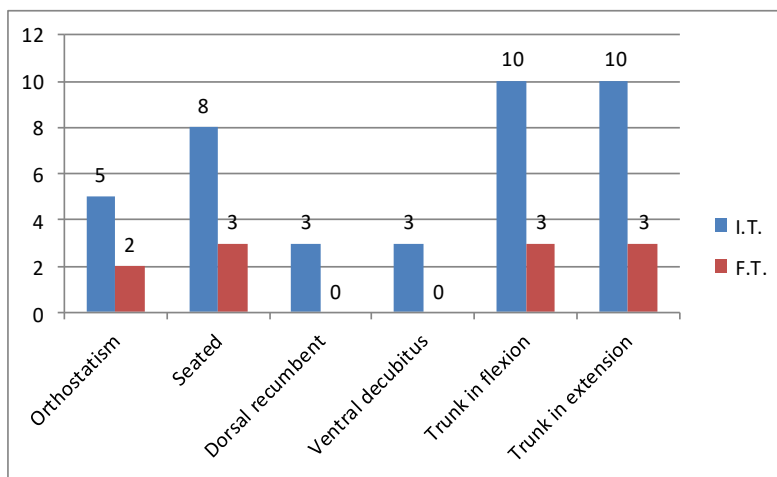
		Initial Testing										
Pacient	Value	0	1	2	3	4	5	6	7	8	9	10
	Orthostatism						X					
	Seated									X		
	Dorsal recumbent				X							
	Ventral decubitus				X							
	Trunk in flexion											X
	Trunk in extension											X

Table 2 - Representation of the pain scale for the final assessment

		Final Testing										
Pacient	Value	0	1	2	3	4	5	6	7	8	9	10
	Orthostatism				X							
	Seated				X							
	Dorsal recumbent											
	Ventral decubitus											
	Trunk in flexion				X							
	Trunk in extension				X							

Table 3 – initial and final testing

Pacient	Initial testing		Final testing	
	Pozitive	Negative	Pozitive	Negative
Schober Test	X			X
Lasègue maneuver	X			X
Lasègue sign	X			X



Graph 1 - the evolution of the pain scale for the patient

Results

The graphs below show the progression of pain. The intensity of pain in the patients decreased on the scale shown in table 1 and 2. The patient benefits from a correct attitude, but also from an increased mobility. Each color represents a movement performed by the patient. Pain is presented from 0 to 10, the higher the color, the greater the pain represented by the patient.

Graph 1 represents the evolution of the patient, from the first and last meeting with it. It can be easily seen that from the orthostatism position where it is represented with the light blue color it is the highest, it started from 10, a very high pain described by the patient, but it reached an average of 3, a bearable pain.

Discussion

Consequently, the presented situation should be taken seriously and responsible as much as possible so that it can be resolved as quickly as possible so that it does not get worse or other problems arise. Therefore, the advantage is that we have many methods, techniques and physiotherapists to restore the health of the spine and more.

Conclusions and proposals

The hypotheses were verified following the study, the recovery program was effective for every patient, regardless of the age or severity of the disc hernia. The physical therapy program has a central role of recovery treatment in the case of disc hernia, representing an ideal treatment for patients, where another treatment modality cannot be substituted.

Following this study, I make the following recommendations:

- Protects the spine
 - Avoid incorrect positions
 - Continue the maintenance plan to avoid exacerbating the curvature
 - Continue to improve muscle atrophy while increasing muscle mass
 - Avoid one-way shipping
 - Continuation of the recovery plan to avoid further deformations
- After the recovery program is completed, the patient is explained the benefits of continuing a home exercise program, a daily schedule to follow, and some tips:
- Sit in a chair in a controlled position with the seat pulled back and the backrest attached to the backrest
 - Avoid working in a sitting position or in a position in which the trunk flexes
 - Indicates the following sports: swimming, skating or many others.

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