

PRESENT CONSIDERATIONS IN THE KINETIC TREATMENT OF COXARTHROSIS

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Abstract: The optimization of the strategy and of therapeutic ways of coxarthrosis through examination of epidemical particularities, the appreciation of methods of precocious diagnosis and the elaboration of programmes of functional rehabilitation. Between 01.06.2014 –01.06.2015 was studied the coxarthrosis on a group of 30 sick people with the diagnosis of coxarthrosis. It was watched 2 groups: the studied group and a witness group. The evolution after the kinetic treatment was clearly favourable, the share of patients increasing in favour of III-rd class of small gravity, from 22,23% to 55,56%. Coxarthrosis gives the most frequent affectionation of the hip. At the studied group, the obesity, the sweet diabetes and the major traumatism occupy the first places among etiology. The hygiene of the hip articulations and the chiropractic treatment visible improve the prognosis of this affection.

Key words: coxarthrosis, treatment, evolution, patients.

Introduction

The coxarthrosis is an affection relatively often encountered, also being the most disabling from arthroses, being able to evolve till serious infirmities [1]. The coxarthrosis is one of the most common diagnoses in patients hospitalized in developed countries [2]. Coxarthrosis is an affection relative often encountered, also being the most disabling from arthroses, being capable of evolving till serious infirmities.[1]

Materials and Methods

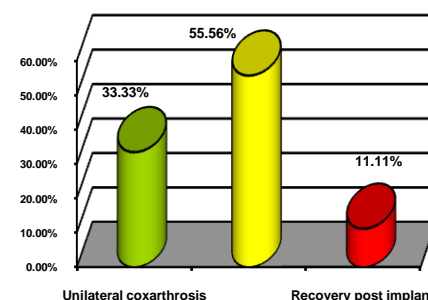
Between 01.06.2014 –01.06.2015 I have studied the coxarthrosis on a group of 30 sick people interned at Blneology Section – Physiotherapeutics and Medical Recovery of District Hospital Drobeta Turnu Severin, with the diagnosis of coxarthrosis.

In function of the treatment took on patients, were constituted 2 groups: one formed by 18 patients, who took the classic medicinal treatment and physical-therapy and a group formed by 12 patients who took the classic medicinal treatment without physical-therapy.

From all 18 sick people studied, 6 were diagnosed with unilateral early coxarthrosis, 10 having old bilateral coxarthrosis, with the diagnosis confirmed after many former hospitalizations, and 2 were hospitalized for total post implant prosthesis for recovery of the hip.

Table 1 -The weight of studied cases in the studied group

Studied cases	Number cases	%
Unilateral coxarthrosis	6	33,33
Bilateral coxarthrosis	10	55,56



■ Unilateral coxarthrosis		
■ Bilateral coxarthrosis		
■ Recovery post implant		
Recovery post implant total prosthesis of hip	2	11,11
Total	18	100

Figure 1- The weight of studied cases in the group

Analysing the repartition on sexes of the cases from the analysed group, it's noticed next distribution:

Table 2 -Repartition on sexes of unilateral coxarthroses

Sex	Number cases	%
Female	4	66,67
Male	2	33,33
Total	6	100

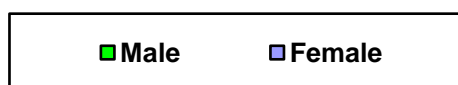
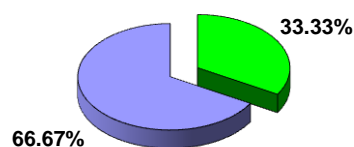


Figure 2-Repartition on sexes of unilaterale coxarthrosis

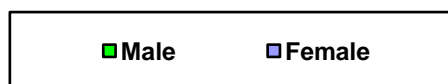
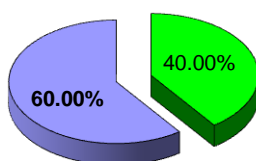


Figure 3- Repartition on sexes of bilateral coxarthrosis

Table 3 - Repartition on sexes of bilateral coxarthrosises

Sex	Number cases	%
Female	6	60
Male	4	40
Total	10	100

Table 4 - Repartition on sexes in case of recovery post implant prosthesis

Sex	Number cases	(%)
Female	2	100
Male	-	-
Total	2	100

From the point of view of variable of sex , it notices that the frequency of appearance of disease is bigger at person of feminine sex , also for coxarthroses unilateral, but also for the bilateral ones.

Regarding the repartition on pe sexes of the patients who suffered an implant of prosthesis total of hip , it is maintained the former conclusion ,prevailing the sex feminine [3, 4].

The functional recovery or the re-education watched the recovery of muscular force of the aileron of the hip, to regain, as possible the articular mobility and to support it in time.

The programmes were not standard. The patients who was applied treatment individualised chiropractic in function of the stage of disease , it was tried to offer to sick people a mobilisation of residual capacities, especially an improvement of every day life.

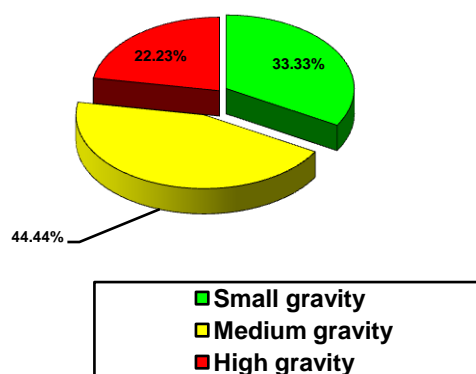
The movement, dosed and controled opportunely , is indispensable for the maintenance of articular lubrication , slowing the progressive limitation of the scaleof articular movements and the preservation of muscular trofication [5,6].

The objectives of the recovery of psysical-therapy programme were : the expiration of pains; the growth of stability ; the growth of mobility; the growth of degree of coodination and balance at walking [7,4].

The posturations completed the programme of fighting against articular redoares. It started from the the position of amplitude maximum permitted by redoare and with the help of some foreign forces with prolonged action in time, for growing the amplitude of the angles of movement. It was utilised some techniques of neuro facilitation - proprioceptiv muscular, like : the alternation contraction isometric – izotonic, rhythmic stabilisation, the technique hold - relax. It avoided especially the flexum and the external rotation , as the most frequent diversion.

Table 5 -Repartition of patients on classes of gravity at the beginning of treatment

Evolution of disease	Cases	%
Class I gravity (high)	6	33,33
Class II gravity (medium)	8	44,44
Class III gravity (small)	4	22,23
Total	18	100



The articular mobilisations were utilised to maintain or boost the amplitudes of movement in the coxarthrosis the emphasis is placed on extension, the inner rotation and abduction. Were utilised al the known techniques:posturares, passive mobilisations,active ones, scripetotherapy. The haulings had an antalgic decontracturant effect , the growth of mobility and redo the alignment. The manual haulings were executed in the ax of lower member. It was executed successively haulings (moderate) and compressions related with the respiratory rhythm (favourising the circulation and the troficitate). The mecanical haulings at the ankle level, practiced daily, with weights, long periods of time, had effect in reduction of the intra-articular and decontracturant pressure.

The redo of stability was made through analytical exercises of muscular toning but also through exercises in chain of closed cinetic. The redo of the dynamic muscular control for walk (coodination, balance, skill) is made to be avoided the limp walk.

The maintenance of a good mioartrokinetic functionality at the level of adjacent articulations, also at the opposite member; for coxarthrosis is important also the correction position of the pelvis with the maintenance of a functionality better of the lombar spine.

Results and discussion

Performing a comparative clinical evaluation of patients before and after the application of the treatment , I watched the actual efficiency of highlighting of programme complex recovery in patolohy of coxarthrosises.

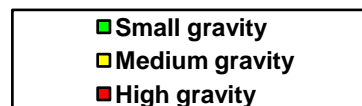
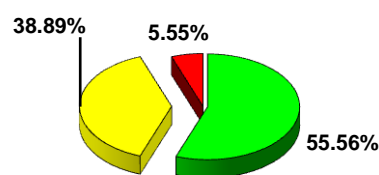
At the beginning, in the I clas of gravity (high) were framed 33,33% from sick people ,so 1/3 from the group, in the II class of gravity (medium) were framed 44,44% and 22,23% from sick people were framed in III class presenting easy forms of disease.

Figure 4 -Repartition patients on classes of gravitaty at the beginingof treatment

After the treatment ,the evolution was net favourable meaning that in the class of high gravity has remained only a percent of 5,55%from sick people, while in the class of small gravity reached 55,56% from the cases. In the lass II of gravity maintained a percent of 38,89% sick people.

Table 6 - Repartition of patients on classes of gravity after complex treatment

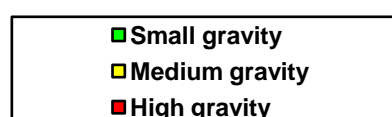
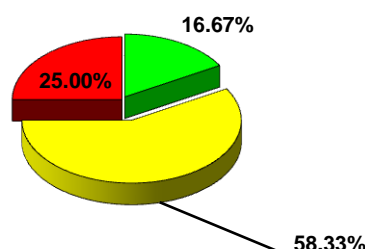
Disease evolution	Number cases	%
Class I gravity (high)	1	5,55
Class II gravity (medium)	7	38,89
Class III gravity (small)	10	55,56
Total	18	100

**Figure 5 - Repartition of patients on classes of graviy after complex treatment**

At the witness group ,where was applied just the medicinal classic treatment , but it was not made chiropractic at the beginning , in class I of gravity were framed 25% of sick people, 58,33% patients were framed in class II of gravity and 16,67% were framed in class III , presenting easy forms of disease.

Table 7 -Repartition of patients on classes of gravity at the beginning of medicinal treatment

Disease evolution	Cases	%
Classa I gravity (high)	3	25
Class II gravity (medium)	7	58,33
Class III gravity (small)	2	16,67
Total	12	100

**Figure 6 -Repartition of patients on classes of gravity at the beginning of medicinal treatment**

After the treatment, the evolution was less favourable than in the case of patients who took also the chiropractic treatment, meaning that in class of maximum gravity remained 2 cases

(16,66%) while in the class of small gravity (classa III) came 5 cases, representing 41,67%, percent equal with patients maintained in class II of gravity, respectively a number of 5 patients .

Table 8 - Repartition of patients on classes of gravity at the beginning of medical treatment

Disease evolution	Cases	%
Class I gravity (high)	2	16,66
Class II gravity (medim)	5	41,67
Class III gravity (small)	2	16,67
Total	12	100

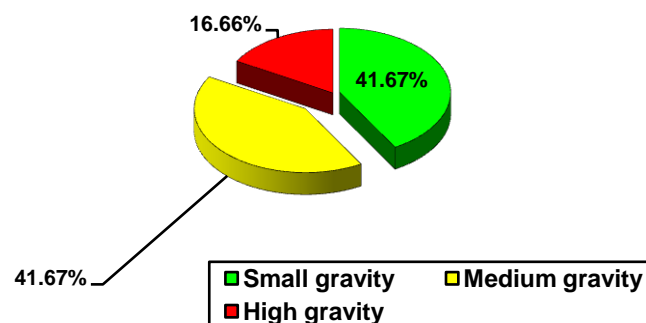


Figure 7 - Repartition of patients on classes of gravity after medicinal treatment

The repartition after the treatment was favourable, the weight of patients growing in favour of class III of small gravity (from 26,6% to 40%), percents being much lower than in case of group of patients who did kinetotherapy.

Conclusions

The recovery programmes in these cases are focused on chiropractic , which uses all the specific means and techniques, watching to maintain the static and dynamic stability, the useful mobility and the global functionality necessary in keeping the articulation in conditions of enough activity for preventing disability.

Coxarthrosis is, maybe, the most important from all the arthroses, because it leads to serious deficiencies in stability and the mobility of the sick person.

At the studied group: obesity, sweet diabetes and major traumatism occupy first places in etiology.

The hygiene of hip articulations and the chiropractic treatment visibly improve the prognosis of this affection.

The obtained results obtained in this study, confirms other known studies from literature and prove the favourable implication of recovery complex programmes in coxarthroses, sanctioned or not surgically.

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