

Optimization of Rehabilitation Measures for Dorsopathy of the Lumbo-sacral Region

Muazzamov B. B., Sharipova S. H., Narzullaeva O. M., Abdurakhimova U. B.
Turon Zarmed University

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ABSTRACT

This article presents the results of a study of the dorsopathy of the spine in the lumbo-sacral region. Since it proceeds with obvious pain symptoms, we decided to optimize the method of treatment of this area according to the method of E.V. Sokolov. Pain assessment of the endplates was assessed using the M.Modik method.

Relevance. Lumbar dorsopathy (PD) - pain syndromes in the lumbo-sacral region and lower limbs of non-visceral etiology and associated with degenerative diseases of the spine [3,5,9]. Lumbar dorsopathy is one of the most urgent problems for modern society. PD is characterized by a high prevalence among the population, at least once in a lifetime back pain is experienced by up to 80% of the world's population [1,6,8,11]. PD affects a large number of people of working age, leading to a significant reduction in the quality of life, thus PD is a significant economic burden for individuals, families, communities, industry and states [4,7,10,12]. The prevalence of PD in adults has doubled in recent decades and continues to increase dramatically in an increasingly aging population, affecting both men and women in all ethnic groups.

The aim of this study is to study and describe the clinical, neurological and morphological features of lumbar dorsopathy resulting from changes in the endplates of the vertebrae according to M. Modic, to evaluate the effectiveness of intraosseous blockades using the Sokov E.L. during their treatment.

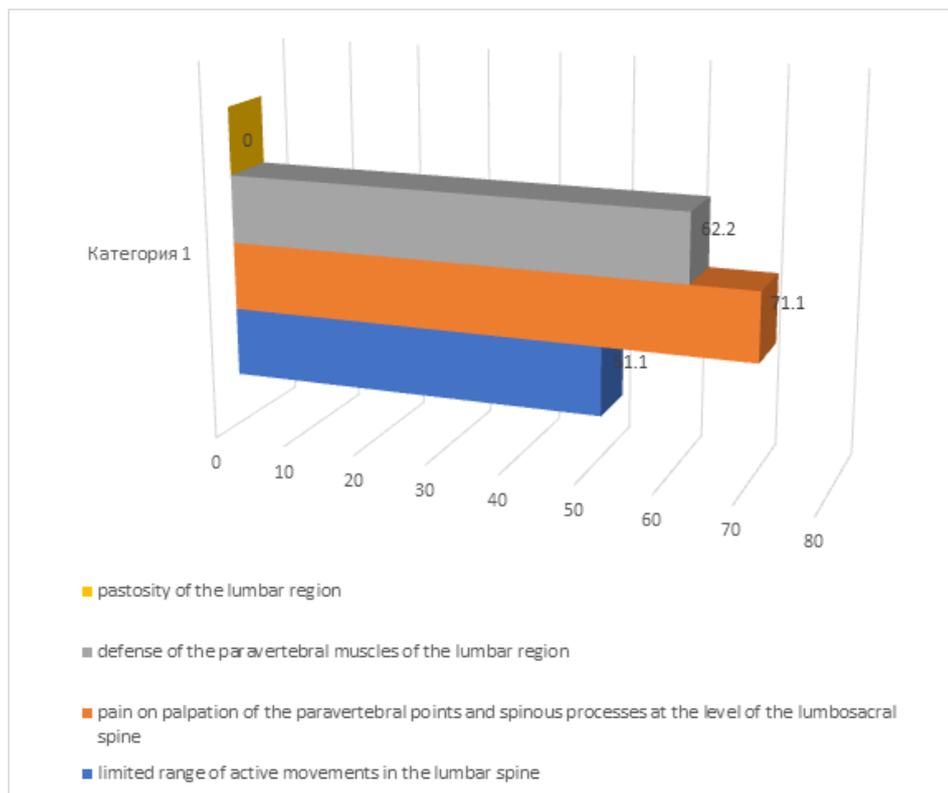
Materials and research methods. During the study, a comprehensive clinical and instrumental examination of 79 patients was carried out, of which 39 were women (49.1%) and 40 were men (50.9%). The role of osteogenic mechanisms in the onset of pain syndrome with changes in STD according to M. Modic was studied and the effectiveness of intraosseous blockades in the treatment of PD with changes in STD according to M. Modic was determined. The relationship of lumbar dorsopathy with neuroimaging changes verified during MRI of the lumbo-sacral spine was studied. The relationship between the characteristics of changes in the ZIP according to M. Modic and the population, clinical and neuroimaging characteristics of patients was also studied. Statistical processing and analysis of the obtained digital data, according to the Fisher-Student method.

Research results. In the study group, which underwent a course of treatment with the use of intraosseous blockades according to the method of Professor Sokov E.L. as monotherapy. The ratio of women and men in the study group was almost equal. The average age ($\pm o$) of the patients was 56.2 years (± 16.4), the total duration of the disease ($M \pm o$) was 54.6 months (± 61.3), the average duration of the last exacerbation ($\pm a$) was 10, 5 months (± 16.3).

During a clinical examination, 23 patients (51.1%) noted a limitation in the range of active movements in the lumbar spine, 32 patients (71.1%) noted pain on palpation of the paravertebral points and spinous processes at the level of the lumbosacral spine in 28 patients (62.2%) noted the defense of the paravertebral muscles of the lumbar region, in 13 patients (28.9%) the pastosity of the lumbar region was revealed, which manifests itself both in the horizontal and vertical position. In the neurological status, 5 patients (11.1%) had sensory disorders of a non-radicular type in the lower extremities, 3 patients (6.7%) had a unilateral decrease in knee and/or Achilles reflexes, 3 patients (6.7%) on examination, symptoms of "tension" were revealed, movement disorders, trophic disorders or muscle tone of the lower extremities were not detected. The average duration of the course of treatment was 2 weeks, the course of treatment included from 1 to 8 blockades, on average, patients received 5 VKB. VKB was carried out in the posterior-superior axis of the iliac bones on both sides and the spinous processes of the lumbar vertebrae. The interval between procedures averaged 1-2 days.

The results of treatment were determined by the level of pain reduction and restoration of motor activity, which was recorded using algological testing. DP conducting a clinical examination in 23 patients (51.1%), there was a limitation in the volume of active movements in the lumbar spine, 32 patients (71.1%) noted pain on palpation of the paravertebral points and spinous processes at the level of the lumbosacral spine in 28 patients (62.2%) noted the defense of the paravertebral muscles of the lumbar region, in 13 patients (28.9%) the pastosity of the lumbar region was revealed, which manifests itself both in the horizontal and vertical position. Identified cases in patients with an algological test are indicated in Figure 1.

Figure 1. Recorded cases during the algological test.



As can be seen from this figure, the use of intraosseous blockade according to the Sokolov method can reduce pain and shorten the days of treatment, which positively affects the condition and quality of life of a patient with dorsopathy in the lumbosacral region, which is confirmed by the results of M. Modic.

Conclusions.

1. In patients with lumbar dorsopathy, the prevalence of changes in the endplates of the vertebrae according to M. Modic is 80.3%. Of these, changes in the endplates of the vertebrae according to M. Modic type 1 make up 33%, type 2 - 24%, mixed type 1-2 - 43%.
2. The neurological status of patients with lumbar dorsopathies associated with changes according to M. Modic does not have significant clinical features. In the general clinical picture among patients with the presence of changes in the endplates of the vertebrae according to M. Modic, there is an increase in the duration of the disease by 2.7 times and the duration of the last exacerbation by 2.6 times compared with patients without such changes.

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