

ХАРКІВСЬКИЙ НАЦІОНАЛЬНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

КАФЕДРА ФІЗИЧНОЇ РЕАБІЛІТАЦІЇ ТА СПОРТИВНОЇ МЕДИЦИНИ
З КУРСОМ ФІЗИЧНОГО ВИХОВАННЯ ТА ЗДОРОВ'Я

Збірник матеріалів

студентської науково-практичної конференції

***«Актуальні питання
фізичної терапії та ерготерапії»***



13 листопада 2019 р. м. Харків



статические, так и динамические упражнения. Упражнения должны быть максимально комфортны для пациента и не доставлять болевых ощущений. За счет статической нагрузки происходит плавное растяжение мышц и связочного аппарата, что способствует большей свободе движений и облегчению при передвижении. Динамические упражнения направлены на проработку движения в суставе а так же увеличения амплитудности выполняемых упражнений. В данном случае стретчинг используется без приложения дополнительной нагрузки (инвентаря, утяжелителей и т.д.)

Выводы: На позднем этапе реабилитации после проведения операции по эндопротезированию тазобедренного сустава главной целью является достижение максимально возможной амплитуды движения в суставе. В данном периоде гимнастика и стретчинг направлены на укрепление мышц, восстановление опорной функции и подвижности сустава. Упражнения способствуют более быстрой реабилитации и возвращению трудоспособности после операции эндопротезирования.

Tymbota M.

MONTEGGIA FRACTURE-DISLOCATION: A CASE STUDY

Department of physical rehabilitation and sport medicine
with course of physical education and health
Kharkiv national medical university, Kharkiv, Ukraine
Supervisor: Lenskaya O.V.

Monteggia damage combines proximal ulnar fracture and radial head dislocation. Clinically such a disease manifests as severe forearm deformation, local pain and forearm swelling that may be followed by irreversible vascular and neurological disturbances. Thus, rehabilitation of patients with Monteggia damage is critically important for prevention of function loss.

The case study presents a 46-year-old female patient diagnosed with Monteggia fracture-dislocation of the left forearm. The integrity of the bone was restored via osteosynthesis of fragments of the ulna; the dislocation of the radial head was reduced. Immobilization was performed for 12 weeks in the position of flexion



and supination of the forearm. Within the immobilization period the patient slowly and accurately conducted active and passive movements on the hand, bended fingers until full contact with the palm (pronation, supination, movements in the wrist joint). The patient also conducted abduction of the arm in the shoulder joint, flexion and extension in the elbow joint several times a day (7-9).

Early post-immobilization period involved rehabilitation procedures while the hand was on the table surface; a thin pad under the forearm was placed. The patient slowly and accurately conducted flexion of fingers as well as adduction, abduction, extension of the wrist joint. Pronation and supination of the forearm were fulfilled. The patient also exercised under water, particularly Squeezing a sponge and a small rubber ball.

From 3.5 till 5.5 month after the injury throwing exercises and catching a small rubber ball, rolling a 1-2-kg ball weighing 1-2 and pronation and supination of the forearm using a gymnastic stick were conducted. Rehabilitation procedures included reflexotherapy combined with manual massage physiotherapeutic means (such as electroanalgesia, ultrasound therapy) and mechanotherapy on pendulum devices. The effectiveness of rehabilitation procedures was conducted 5.5 months after the injury. DASH questionnaire showed 96 point that contributes to an excellent result of forearm movement restoration.

Therefore, the patient had undergone surgical restoration of ulnar bone integrity followed by a complex of rehabilitation procedures. Exercises included active and passive movements on the hand, pronation, supination, movements in the wrist joint, abduction of the arm in the shoulder joint, flexion and extension in the elbow joint (within immobilization period). During the post-immobilization period the exercises were conducted while the hand was on the table surface with a thin pad under the forearm. Underwater squeezing a sponge and a small rubber ball were fulfilled. The patient conducted throwing exercises and catching a small rubber ball, rolling a 1-2-kg ball weighing 1-2 and pronation and supination of the forearm using a gymnastic stick. Consequently, the 96%-restoration of forearm functions was achieved.