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**THE ROLE OF THERAPEUTIC PHYSICAL EDUCATION
IN THE COMPLEX TREATMENT OF INTRA-JOINT
FRACTURES CONDYLES OF THE TIBIA**

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Topicality. The problem of treatment and rehabilitation of patients with intra-articular fractures of the tibial condyles occupies a special place in modern orthopedics and traumatology. The relevance of this problem is related to the steady growth of this pathology and the difficulties of treating these injuries. The percentage of unsatisfactory results of treatment of fractures of the tibial condyles is high (8-33%), and the duration of temporary incapacity is high (4-9 months).

The entire process of treating intra-articular fractures of the tibial condyles includes a complex of operative and conservative treatment methods. One of the main methods of treatment of these fractures is early movement in the damaged joint.

Research materials and methods. 183 patients with intra-articular fractures of the tibial condyles were under our observation. All patients were divided into three groups: 1- closed fractures without displacement of fragments (81), 2- closed fractures with displacement of fragments (78), 3- open fractures with displacement of fragments (24). Treatment tactics were different in all groups, but the principle of early movement of the damaged joint was preserved.

Observation results. I group. After puncture and novocaine blockade of the joint, a removable plaster splint was placed on the limb. From the 3rd to the 7th day after the injury, patients, under the guidance of a kinesiologist, remove the splint 3 times a day and begin active movements. After 10-12 days, the splint was removed and the patients systematically engaged in physical therapy without loading the damaged surface along the axis. It was allowed to step on the foot after 1.5-2 months. The average duration of treatment was 2-2.5 months.

II group. After novocaine blockade joint puncture, skeletal traction was applied for 7-12 days. Upon obtaining a good congruence of the articular surfaces (17), the patient was put on a blind plaster bandage for 30-40 days. During this period, the patient was actively engaged in physical therapy. After removing the cast, the patient actively began to develop the damaged joint. Axial load was allowed after 2-2.5 months. The average duration of treatment is 3-3.5 months. In cases where there was no effect from skeletal traction (16), the patients were treated. The optimal period of operation is 8-12 days from the moment of injury. During the operation, the joint was revised, the damaged condyles were removed, the cruciate ligaments were sutured, the fragments were repositioned and fixed with a metal structure that allows compression. After the operation, a removable plaster splint was applied for 10-12 days, and active movements in the damaged joint began on the 3-7th day. Load along the axis of the limb was allowed after 2-2.5 months. The average duration of treatment is 3.5-4 months.

III group. When the patient was admitted, surgical treatment of the wound, open repositioning of fragments, drainage of the wound and the joint cavity, skeletal traction was applied. If the latter was effective (7 cases), further treatment was carried out

in the same way as in the second group, the first option. If there is no effect from skeletal stretching – treatment was carried out in the same way as in the second group, the second option. The operation was performed only after the wound had healed. Load along the axis of the limb was allowed after 2-2.5 months. The average duration of treatment is 3.5-4.5 months. We did not observe any complications.

Conclusions. Treatment of patients with intra-articular fractures of the tibial condyles should be comprehensive with an individual approach in each specific case. The main method of preventing complications in intra-articular fractures of the tibial condyles (stiffness of the joint, contracture, deforming arthrosis) is early movements in the damaged joint and early physical therapy aimed at restoring the function of the knee joint and the limb as a whole.

Місюра В.Б.

**ПОРУШЕННЯ ПАТТЕРНУ ХОДЬБИ ПІСЛЯ КОНТУЗІЇ
ГОЛОВНОГО МОЗКУ**

Харківська державна академія фізичної культури
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