

IMPLICATION OF PATIENT'S SELF-EDUCATION AFTER AN ISCHEMIC STROKE, IN SPASTIC PHASE

IMPLICAȚIILE AUTOEDUCĂRII PACIENTULUI ÎN FAZA SPASTICĂ, DUPĂ ACCIDENT VASCULAR CEREBRAL ISCHEMIC

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Abstract.

Physical therapy treatment, associated with the medicine treatment, will increase the efficiency of recuperation programmes, as compared to the patients to whom only medicine treatment is given. The objective we proposed ourselves to reach through this recuperation programme are the reduction of spasticity trough educated at itself patient.

As a result of the physical therapy programme applied, associated with the medicine treatment, favourable results were obtained in all 23 cases studied. We observed a better recuperation of the inferior member, the superior member being affected by a more severe deficit, under the form of active rough partially movements.

Conclusions. As a result patient's awareness of the important role educated at itself treatment applied kinetic has generated positive effects. Of particular importance here it appears the educated at itself patients and awareness on their part of the major effects that may appear in recovery from ischemic cerebral attack.

✓ Major efficiency in reducing tense system that is used in recovery and motor deficits is given by awareness positive values that can be obtained in the case where we have a patient educated at itself as regards its own body reactions to the treatment to be followed.

Educated at itself patient becomes very important allowing physical therapy with medicinal treatment to determine a constant recovery of each of the patient with ischemic cerebral attack, regardless of hemisphere affected, of sex or age.

Rezumat.

Autoeducarea pacientului după accident vascular cerebral ischemic, alături de tratamentul kinetoterapeutic și cel medicamentos, va crește eficiența programelor de recuperare, comparativ cu pacienții la care tratamentul medicamentos este singurul administrat.

Studiul își propune să demonstreze importanța autoeducării pacientului privind valoarea implicării sale alături de programul kinetoterapeutic în recuperarea hemiplegiei spastice după un atac cerebral ischemic mediu. Prin autoeducare se urmărește reducerea spasticității pacienților.

Concluzii. În urma conștientizării importanței rolului autoeducării pacientului tratamentul kinetic aplicat a generat efecte pozitive. De aici reiese importanța deosebită pe care o are autoeducarea pacienților și conștientizarea de către aceștia a efectelor majore ce pot apare în recuperarea după un infarct ischemic cerebral.

✓ O eficiență majoră în reducerea spasticității și în recuperarea deficitului motor este dată de conștientizarea valorilor pozitive ce pot fi obținute în cazul în care avem un pacient autoeducat în ceea ce privește reacțiile propriului corp la tratamentul ce trebuie urmat.

Autoeducarea pacientului devine foarte importantă permițând tratamentului kinetic alături de tratamentul medicamentos să determine o recuperare constantă a fiecărui pacient cu infarct cerebral ischemic, indiferent de emisfera afectată, de sex sau vârstă.

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Introduction

Self-education, as a general phenomenon and the self-education of a person who has suffered an accident, is known as a patient’s particularly generating differences in patient’s complete recovery.

Rehabilitation associated with drugs raises the efficiency of the recovering programs compared with the patients who only receive drug treatment, but if you place great emphasis on the patient’s self-education and add it to treatment, the results will be more efficient.

The aim of the study is to show the importance of physical therapy program in association with self-education of the patient, regarding the recovery of hemiplegia due to an ischemic stroke.

It is necessary to have an early rehabilitation program. Collaboration between neurologists, doctors and physical therapy will eventually elaborate an individual and standardized physical therapy program. A self-education program associated with physical therapy and drugs can lead to an amazing evolution of a hemiplegic patient. Following objectives refer to the recovery of motor deficit and reducing the spasticity.

Material and Method

Subjects

23 patients who have been diagnosed with hemiparesis after ischemic stroke, enrolled in the study. This diagnosis was established after an objective clinical examination and after neurological examination, which had shown the presence of central motor neuron syndrome: gradual motor deficit, exacerbated osteotendinose reflexes (ROT), increased muscular tone, positive Babinsky. Patients were divided into different groups according to the use of walking devices, the onset of the disease and the affected side of the body (chart no. 1, 2, 3).

26% - loss of walking autonomy;
 17% - independent;
 57% - with cane.

Chart no.1 - Dividing the patients according to their walking autonomy

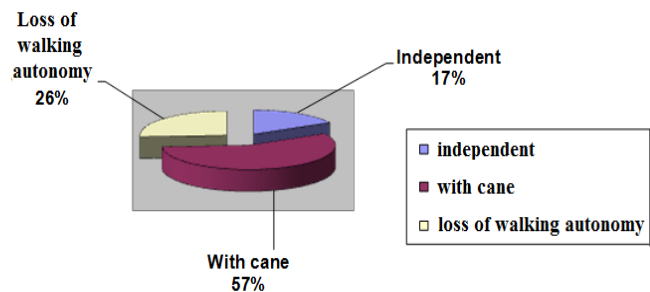
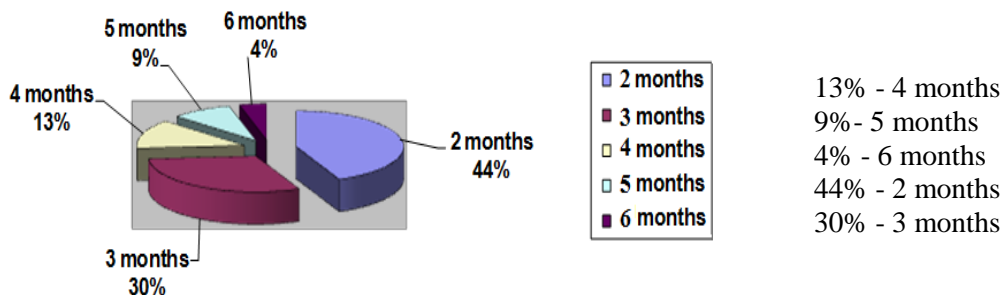


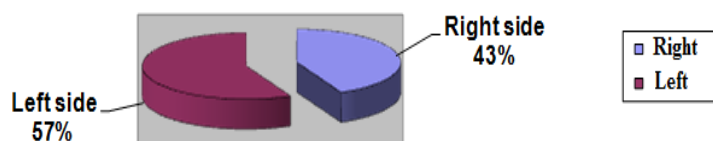
Chart no.2 – dividing the patients according to the onset of the disease until they are hospitalized



According to the part of the body which had been damaged (chart no.3):

- on the right side, 10 cases – 43 %;
- on the left side, 13 cases – 57%.

Chart no.3 – Dividing the patients according to the side of the body which had been



57% - left side;
43% - right side.

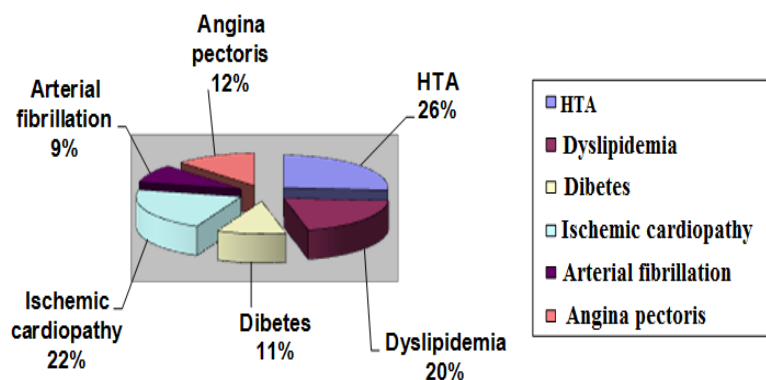
After the objective clinical examination was established walking autonomy for every patient:

- independent 4 patients -17%;
- with cane 13 patients - 57%;
- loss of walking autonomy 6 patients - 26%.

Associated symptoms:

- HTA 17 patients – 74 %;
- Dyslipidemia 13 patients – 57%;
- Ischemic heart disease 14 patients – 61%;
- Arterial fibrillation 6 patients – 26%;
- Angina pectoris 8 patients – 35%.

Chartno.4 – Associated symptoms

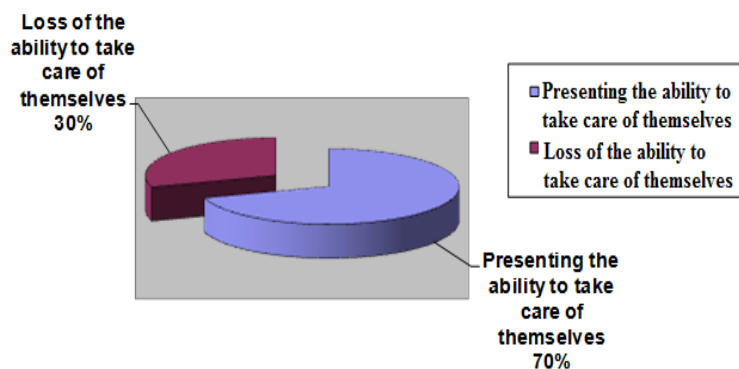


9%- arterial fibrillation;
12%- angina pectoris;
26%-HTA;
22%-ischemic heart
disease;
11% - diabetes;
20% - dyslipidemia.

After the initial examination was established the capacity of the patient's self-care (chart no.5):

- presenting the ability to take care of themselves 16 patients – 70%;
- loss of the ability to take care of themselves 7 patients – 30%.

Chart no.5 - Dividing the patients according to their self-caring capacity



30% - loss of the ability to take care of themselves;
70% - presenting the ability to take care of themselves.

Treatment

Patients were hospitalized and treated for 2 weeks at the Clinical Recovery Hospital. During this period it was placed great emphasis on the importance of the patient's self-education.

After the assessment, patients were given a complex treatment consisting of drug treatment, physical therapy and self-education sessions, regarding the importance of patient's motivation. The drug treatment was correctly given in accordance with patient's needs and the various types of diseases

Method

Kabat Method - Is based on the idea of employing proprioceptive system in the trigger mechanism and advanced training of motion. Starts to the schemes of movement overall, are observed during daily activity, promoting active movement as a matter of fact a voluntary basis. (Kory Ş, Fischer T, Moca O., 2004)

Processes to facilitate used in the process of habilitation are:

- Maximum resistance;
- Muscle tension;
- Global diagrams of movements;

Bobath Concept. Has the objective of the basic excess reduction of activity require a wakeshot, occurrence, affecting normal diagram of mobility assets. (Kory C, Fischer T., Moca O., 2004)

Brunnstrom Method. Primitive reflexes, which reappear, usually in hemiplegias reflexes are energy pills cervical-symmetrical and asymmetrical, energy pills labyrinthine reflexes and lumbar. (Cordun M.,1999)

This method is based on:

- Stimulating proprio- and exteroceptors, for inducing muscular movements poverty-stricken;
- Mobilization limbs healthy, for the development and strengthening synergies. Integration synergies in the motion, then dissociation, in order to be able to move to upper stages.

Phelps Method. It is based on habilitation each muscle in part, with tracking progress. (Kory Ş., Fischer T., Moca O., 2004) The method comply with the principle effort progressivity .

Tardieu Method. Are undoubtedly as a method since it has no more self-concept, is addressed to young is well known on which seek to provide a baggage minimal, in a position to ensure their ability to self-service, the autonomy of travel and as a last resort, professionalization.

Physical Therapy has as point of departure prior to obtaining relaxing muscle, as a condition of the fund drive skills acquisition in general, and of manual ability in private. Private attention has been given recreational activities as to reducing deficit skills drive, occupational therapy and the clearance can make in equal measure, a significant contribution. (Vlad T. Pendefunda L., 1992)

Results

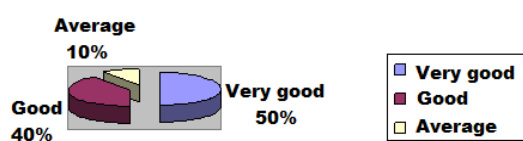
All the patients started to recover during a period of 2 to 6 months from the onset of the disease which has had a great significance regarding the recovery of the patients:

- after 2 months 10 patients – 43%;
- after 3 months 7 patients – 30%;
- after 4 months 3 patients – 13%;
- after 5 months 2 patients – 9%;
- after 6 months 1 patient – 4%.

Depending on the period, in the onset of disease up to admit the service collector, recovery motor deficits has been:

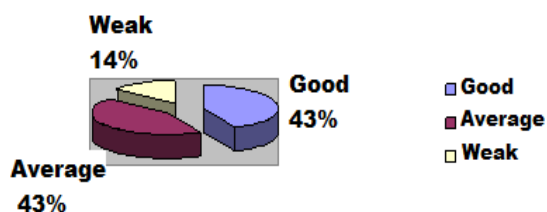
- after two months, in ten patients
 - five very good -50%;
 - four good – 40%;
 - one average – 10%.

Chart no.6 - The results of recovery after two months



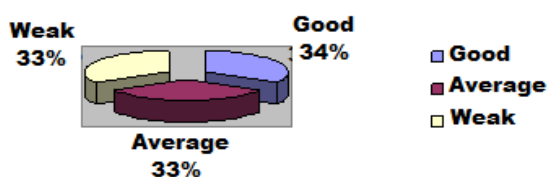
- after three months, in seven patients
 - three good – 43%;
 - three average – 43%;
 - one weak – 14%.

Chart no.7 - The results of recovery after three months



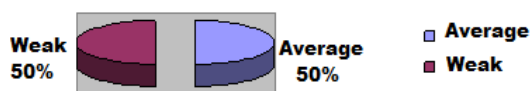
- after four months, in three patients
 - one good – 33%;
 - one average -33%;
 - one weak – 33%.

Chart no.8 - The results of recovery after four months



- after five months, two patients
 - one average – 50%;
 - one weak – 50%.

Chart no.9 - The results of recovery after five months



- after six months, one patient - average -100 %

Of the twenty-three patients, at admission seven were self-care capacity. Of these five and have regained this capacity - 71 %

Discussions

As far as upper cross-member it has had a slow rate of change, a recovery good seeing at just 22% of the cases, mean recovery and 43% of the cases and a poor recovery from 35% of cases. Could not be recovered movements of finesse, while remaining movements too visible.

Very important is the period of time that has elapsed since the installing motor deficits up to admit in the service of recovery. After results of the study it was noted that it is very important in recovery kinetic motor deficits that the treatment will have to begin early as soon as possible.

The treatment is started more quickly, the evolution is better. In patients admitted to two months after the accident it has been noticed very good recovery to 50 %, good - 40 %, average - 10 %, while those admitted after five or six months, recovery has been average.

As regards the capacity for self care, at the beginning of the study we showed that for seven of the twenty-three patients have not shown this capacity. After treatment, from the results obtained, and five of them and recovered their ability for self care - 71 %, two requiring further assistance. (Popa C., 1999; Robănescu N.,1992)

The literature shows a production so much better in the case ischemic cerebral infarction, cerebral insinuations than is the case. (Polly L., 1994; Popa C.,1999; Robănescu N., 1976). Because of the type of stroke and topography, recovery patients included in this study was overall good, only four cases, 17 %, in the twenty-three showing a recovery weak, but with favorable evolution.

In the literature, Kory C. Ș., Fischer T., Mocha O., draw attention of severity of ischemic cerebral infarction with topography deficit hemisphere law, giving deficit engine on the left-hand side. As a result of obtained, it has been noticed a weighted of recovery very good for those with motor deficit on the crow flies. To the ones with motor deficit on the left side it has been noticed the share high as regards recovery low, to that of ischemic infarction imperfectly middle cerebral artery in hemisphere non-dominant (right side). (Polly L., 1994)

Conclusions

➤ Creating the possibility to educate patients who suffered an ischemic cerebral infarction in the spastic phase generates real progress compared to those who are undergoing medical treatment and only kinetic whether or not they can self-care.

➤ Patient's self-education in the situation mentioned above solve certain state of maladjustment and rejection that the patient will show after the accident because his general condition was affected, the volitional side, as well as physical.

➤ Patients who have suffered a stroke spastic cerebral ischemic phase and who were given the contribution made by awareness sessions that you have adequate auto-education where they are located, showed an increased responsiveness to the drug treatment and will be physical therapy followed, becoming more receptive tolerance and recovery during and after.

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