

## INFLUENȚELE DETERMINATE DE MEDIUL DE PROVENIENȚĂ ȘI ACTIVITATEA PROFESIONALĂ ÎN RECUPERAREA HEMIPLEGIEI SPASTICE DUPĂ ACCIDENT VASCULAR CEREBRAL

### INFLUENCES DETERMINED BY THE ENVIRONMENT AND PROFESSIONAL ACTIVITY IN THE RECOVERY OF SPASTIC HEMIPLEGIA AFTER STROKE

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**Key words:** professional activity, treatment, hemiparesis, stroke

**Cuvinte cheie:** activitate profesională, tratament, hemipareză, accident vascular cerebral

**Abstract.** In this research the objectives we proposed was the recuperation of motor deficit and recuperated the autonomy of walking ability. As a result of the physical therapy programme applied, associated with the medicine treatment, better results have been obtained in all of the 23 cases studied these being but different depending on the environment of origin and professional activity of the patient. **Results.** As a result of the treatment applied, 87% of the patients recuperated the autonomy of walking and 71% recuperated the capacity of taking care of themselves. This issue and the results present prove the great importance of physical therapy in the recuperation of paralysis of a half of the body patients. **Conclusions.** Environment of origin has a major role in the installation of a unable to move putting on the imprint on recovering what must be done through a program physical therapy associated with medicinal treatment. The installation a unable to move at the body may be subject to recovery by methods physical therapy associated with a medication. Recovery patients with such a unable to move depends, among other things, and the professional activity of the one who has suffered such an accident. Environment of origin and professional activity are important landmarks in the event of a unable to move determines a recovery of the patients divided according to them.

**Rezumat.** În această cercetare obiectivele propuse au fost recuperarea după instalarea unui deficit motor și redobândirea abilității de a merge. În urma programului kinetoterapeutic aplicat, asociat cu tratamentul medicamentos, rezultatele favorabile s-au obținut în toate cele 23 de cazuri studiate acestea fiind însă diferite în funcție de mediul de proveniență și activitatea profesională a pacientului. **Rezultate.** Ca rezultat al tratamentului aplicat, 87% dintre pacienți și-au recuperat autonomia de mers pe jos și 71% au recăpătat capacitatea de a avea grija de ei înșiși. Această problemă, precum și rezultatele prezentate evidențiază marea importanță a kinetoterapiei în recuperarea pacienților hemiplegici. **Concluzii.** Mediul de proveniență are un rol major în situația instalării unui deficit motor punându-și amprenta asupra recuperării ce trebuie făcută printr-un program kinetoterapeutic asociat cu tratamentul medicamentos. Instalarea unui deficit motor la nivelul organismului poate fi supus recuperării prin metode kinetoterapeutice asociate cu un tratament medicamentos. Recuperarea pacienților cu un astfel de deficit motor depinde, printre altele, și de activitatea profesională a celui care a suferit un astfel de accident. Mediul de proveniență și activitatea profesională sunt repere importante ce în situația apariției unui deficit motor determină o recuperare defalcată a pacienților în funcție de acestea.

#### Introduction

The environmental origin and professional activity generate a series of skills which define the man in society.[1] Depending on the risk the professional activity implies injuries may

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occur [1, 2] In case of a stroke (A.V.C) the ischemic cerebral tissue quickly loses its function, but it can remain viable, with recovery potential, for several hours [3,4,5]

If the medical intervention is on time the chances of recovery are higher but only if medical treatment is given and it is associated with an appropriate physical therapy program. [6]

Very important is their reintegration into family, social and professional life if possible. Therefore, patients with stroke recovery is a science and an art and also a teamwork for each patient with stroke, which includes the participation of the neurologist doctor, in collaboration with colleagues from internal medicine, psychiatry, in collaboration with a psychologist, speech therapist and a physiotherapist specializing in specific recovery methods in association with a masseur is a prerequisite since the patient is hospitalized. [7,8]

Functional disorder of stroke is primarily characterized by paralysis of a half of the body, which means loss of voluntary motility on half of the body or paralysis of a half of the body - weakness or easy paralysis on one part of the body. Cerebral vascular paralysis of a half of the body has a sudden onset and it is slowly progressive and partly regressive. This development has two phases: an initial phase (limp) lasting hours or days later on status (spastic), which takes longer. [9]

The recovery of hemiplegia places a great emphasis on capacity of the movement rehabilitation, the patient's engrams during stroke being deleted, and the patient begins to act as a newborn with the affected side. He is learning to move his limbs to turn on one side to the other, to get up and walk.

It is necessary that the recovery program is developed and applied as early as the close cooperation between neurologist, physicians of different specialties and physical therapist which may later enable the development of an individualized and standardized chiropractic program. [6, 8]

The objectives that we pursue and we take into account are the influenced by the area of origin and professional activity which refer to the motor deficit recovery, reducing the spasticity and recovery of the patient's ability to walk.

The material was represented by a group of 23 patients with paralysis of a half of the body or hemiparesis of spastic cerebral ischemic infarction after middle cerebral artery. This diagnosis was established after the objective clinical examination and neurological examination, which also revealed the presence of central motor signs syndrome: motor deficit in varying degrees, reflexes (ROT), increased muscle tone, positive Babinsky sign.

Patients were hospitalized and treated for 2 weeks in the Clinical Recovery Hospital. Their distribution was based on gender, age, profession and area of origin.

The distribution based on gender:

- 9 women – 40%;
- 14 men – 60%.

The distribution based on age:

- 30-39 years: one case - 4%;
- 40-49 years: 2 cases - 9%;
- 50-59 years: 12 cases - 52%;
- 60 -69 years: 8 cases - 35%.

Chart no.1 - The distribution based on gender

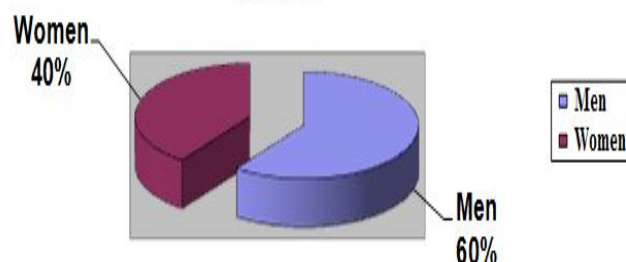
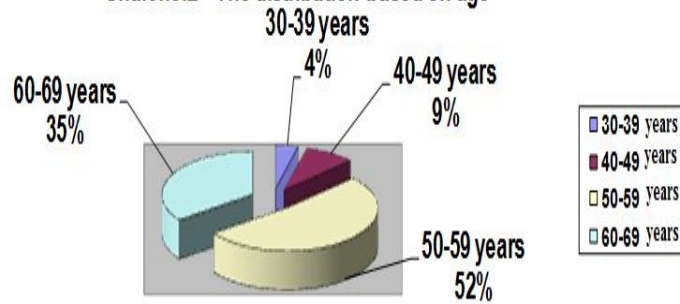


Chart no.2 - The distribution based on age



The most affected patients are the ones who are 50-59 years old and 60-69 years old.

The distribution based on their professional activity:

- intellectual work 8 – 35%;
- medium physical 9 – 39%;
- hard physical work 6 – 26%.

Chart no.3 - The distribution based on their professional activity

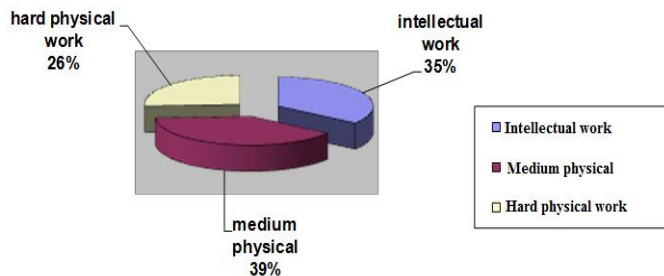
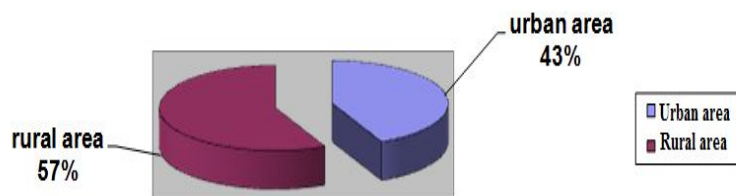


Chart no.4 - The distribution based on the area of origin



The distribution based on the area of origin:

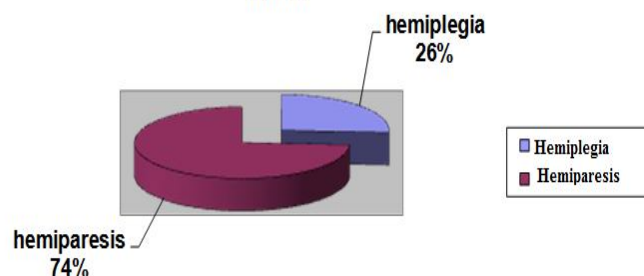
- urban area 10 – 43%;
- rural area 13 – 57%.

The information required for this study were gained from observing the patient’s records and observing and analyzing each case during the 14 days of treatment.

The distribution based on their motor deficit:

- patients with paralysis of a half of the body 6 – 26%;
- patients with hemiparesis 17 – 74%.

Grafic nr. 5 - The distribution based on their motor deficit



## Conclusions

- The capacity of movement rehabilitation process is commonly used with training methods, (explain, demonstrate and repeat actions) and plays an important role, but these methods cannot achieve the desired result without using the physical therapist's experience.
- Patient's professional activity has a great importance on his recovery after a spastic paralysis of a half of the body after stroke, because the activity they carry out (before the accident) muscle tone, reflexes and individual motility were at some level which can help the patient recover.
- Conducted study showed a higher percentage of people who come from rural areas and who have suffered injuries from a motor deficit were diagnosed with hemiparesis.

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