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АСОЦИАЦИЯ ПО ФИЗИКАЛНА МЕДИЦИНА И РЕХАБИЛИТАЦИЯ**

ФИЗИКАЛНА МЕДИЦИНА РЕХАБИЛИТАЦИЯ ЗДРАВЕ

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EVIDENCE REHABILITATION OF CANCER PATIENTS

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ABSTRACT

The article is devoted to the assessment methodology of cancer / disabled patients approached as persons in the process of comprehensive rehabilitation and in the conditions of a rehabilitation center.

A seven-level scheme has been proposed for the individual's rehabilitation, which allows not only for a diagnosis of the patient's condition, but also for reconstruction techniques to be applied at the correction or activation levels (genetic, physical, personal, interpersonal, professional, creative, spiritual) on individual terms.

Key words: *complex rehabilitation, cancer patient, disabled, personality, the effectiveness of rehabilitation*

GUIDELINES FOR REHABILITATION IN LIVER TRANSPLANTATION

I. Takeva, L. Spassov

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ABSTRACT

Liver transplantation has nowadays become the gold standard medical treatment of end-stage liver disease and acute liver failure.

The purpose *of this paper is to build a rehabilitation program in accordance with the international standards concerning patients undergoing liver transplantation. The program, which is based on a literature review and hands-on experience at Lozenets University Hospital, aims at achieving optimal recovery and early resocialisation as well as ensuring better quality of life for the patients.*

In brief, *properly planned, individualised, early-stage rehabilitation is a very important element of postoperative care for patients undergoing liver transplantation.*

Key words: *liver transplantation, early-stage rehabilitation, quality of life*

MUSCULOSKELETAL CASUISTRY IN THE PRACTICE OF PHYSICAL AND REHABILITATION MEDICINE – A CLINICAL APPROACH (WITH A CASE STUDY)

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ABSTRACT

Physiatrists often face the dilemma to either follow or analyze what is evident. As an interdisciplinary science, the practice of Physical and Rehabilitation medicine gets immersed into a whole diversity of pathology both in terms of complexity and nosologies. Although a specific treatment approach is applied: namely, the physical factors, the patient's clinical assessment and status depend on the general medical factors. Moreover, the pharmacotherapy is often prioritized concerning the main condition, and in those cases the physical factors are applied as an adjuvant therapy, selected without compromising the pharmacotherapy. In other cases, the complex, non-pharmaceutical effect of the Physical Medicine factors turns them into a tool of choice and sometimes into a "last" chance for patients with casuistic or complex pathology.

The increase in life expectancy, the worsened living conditions due to local and global urban reasons, the free private and business migration make the individual face unfamiliar latitudes and pathogens. Self-therapy and self-education through analogies found on the Internet increasingly test the physicians' ability to make the right etiopathogenic evaluation and differential diagnostic analysis.

The goal of this paper is to discuss the differential diagnostic aspects of complaints related to pain in the spine and joints due to the recent tendency for absolutization of the imaging methods without a thorough interpretation of the clinical status and anamnesis.

This paper presents the problem of an unclarified clinical case of Lyme disease. The disease started with a joint pain and dissemination after a two-year history, it was treated symptomatically and resulted in no clinical recovery. The diagnosis was clarified and precised finally after the case was referred to the Clinic of Physical Medicine.

The change noticed in the social environment and healthcare in the last few years has led to the establishment of a new, integrated interaction with the rest of clinical specialists to improve the condition and indicators especially of patients with casuistic pathology.

In practical terms, what is underlined is the importance of the physiatrist's erudition concerning a successful differential diagnostic and interdisciplinary approach for a relevant therapy prescription. It is especially important for the specialists at the third level of the health-structure competence often placed in an arbitration role.

Key words: *casuistic pathology, musculoskeletal system, physiotherapy practice, integrated therapeutic approach*

DEEP OSCILLATION THERAPEUTIC TREATMENT OPTIONS OF PATIENTS WITH KNEE JOINT OSTEOARTHRITIS

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ABSTRACT

Introduction: With the increase in life expectancy worldwide, it is predicted that by 2020 Osteoarthritis will take fourth place as a cause of injury leading to permanent disability. Development and application of new methods regarding complex treatment and rehabilitation of degenerative joint disease are among the priorities of modern Physical Medicine and Rehabilitation.

Objective: To trace the therapeutic effects of deep oscillation treatment and kinesiotherapy on patients with gonarthrosis.

Materials and Methods: In the one-year observational study conducted, 23 patients were involved with radiographic proven gonarthrosis of 2nd and 3rd grade by Kellgren-Lawrence. The treatment was carried out in 10-day courses. All patients underwent a Deep Oscillation therapeutic course and a Therapeutic Exercise Complex, each of them comprising 10 procedures. The results are objectified by pain assessment through VAS/a Visual-Analogue Scale for pain/, Manual Muscle Test, measuring the circumference of the knee, Range of Motion Test and questionnaire WOMAC/ Western Ontario and McMaster Universities Osteoarthritis Index/.

Results: A statistically significant reduction of pain is reported at rest ($Z = 4.169, p < 0.001$), walking ($Z = 4.319, p < 0.001$), going downstairs ($Z = 4.250, p < 0.001$), going upstairs ($Z = 4.255, p < 0.001$) and edema of periarticular tissues ($t(22) = 7.598, p < 0.001$). Improvement of the range of motion in the joint (flexion at the beginning of treatment $Me = 105^\circ (90^\circ-120^\circ)$, and after $Me = 120^\circ (100^\circ-125^\circ)$) and increase of the functional activity during daily activity performance is registered. WOMAC subscales function (before therapy Mean = 46.3 ± 8.2 , and after rehabilitation Mean = 39.6 ± 7.1).

Conclusion: The results of the study show that the Deep Oscillation treatment and kinesiotherapy could be an effective option for functional recovery in the complex treatment and rehabilitation of patients with knee joint osteoarthritis.

Key words: gonarthrosis, Deep Oscillation Therapy, pain, functional activity, observational study

