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ICF-MODEL IN ASSESSMENT OF FUNCTIONING, GOALS SETTING AND CHOICE OF REHABILITATION**Olena Dolynna^{1,2}, Yaroslav Liskov², Serhii Kolisnyk², Roman Trygub³, Volodymyr Golyk Shupyk⁴, Petro Kolisnyk²**

Department of Medical Rehabilitation and Medical Social Expe¹, National Pirogov Memorial Medical University², Vinnytsya/Vinnitsa Regional Clinic, Military Medical Center of the Western Region³, National Medical Academy of Postgraduate Education⁴, Vinnytsya, Ukraine,

Introduction: Arterial hypertension (AH) is a risk factor for the development of disabling diseases (myocardial infarction, stroke, peripheral vascular disease, cognitive impairment and dementia), re-hospitalizations, mortality and disability. There has been a progressive increase in the number of disability-adjusted life year associated with hypertension. Participation in cardiac rehabilitation programs contributes to better control of blood pressure and other risk factors for cardiovascular disease.

Objective: To establish a functioning profile, rehabilitation goals and interventions typical for persons with hypertension.

Methods: Based on a retrospective results analysis of the rehabilitation examination, a functioning profile was created for 53 patients with hypertension. Data obtained from medical records have been converted to ICF-codes. Were used Rehabilitation and Cardiopulmonary Post-Acute Core Comprehensive Sets, categories from the whole ICF were added as needed. Was determined the structure of concomitant pathology.

Results: The impairments of structures and functions, limitation of activity and participation restriction were coded for all patients with an accuracy of at least three digits. Musculoskeletal pathology and vestibular disorders accounted for the major part in the structure of comorbid pathology of patients with hypertension. Most persons had documented disorders of the structure of the heart, blood vessels, spine; disorders functions of the heart, blood vessels, blood pressure, weight maintenance, a sensation of pain, sleep, exercise tolerance, vestibular function of balance; looking after one's health, carrying out daily routine, focusing attention. The rehabilitation goals were: increase of exercise tolerance, pain reduction, prevention of falls risk, weight control, improvement of sleep and cognitive functions. Rehabilitation interventions included: physical training (aerobic, strength, balance exercises), psychological counseling, medical interventions aimed at controlling blood pressure, lowering blood lipids, and analgesia.

Conclusions: Patients with AH have impaired functioning before secondary complications occur. Involving them in rehabilitation programs is likely to help reduce the global burden of disability.

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INTERRELATION OF THE ABDOMINAL MUSCLES TONE AND STOMACH SYNTHOPY**Yuliia Vitrova¹, Serhii Kolisnyk^{1,2}, Petro Kolisnyk^{1,2}, Rostyslav Kravets^{1,2}, Yaroslav Liskov^{1,2}, Olena Dolynna¹**Department of Medical Rehabilitation, National Pirogov Memorial Medical University, Vinnytsia¹,
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Introduction: Visceroptosis (VP) is a pathological state due to weakness of the abdominal and pelvic muscles (APM) and can result in internal and pelvic organs dystopia. Preventive rehabilitation of VP can avoid constipation, urolithiasis, gallstones etc. One of the non-invasive screening methods is auscultofriction.

Objective: To investigate the interrelation of the APM tone and stomach syntopy, and evaluate the effect of therapeutic exercises on the APM in patients with gastroposis.

Method: The study included 60 volunteers 17-77 (28.75 ± 14.22) years old, divided into three representative groups: I - control, II – group with APM weakness, III - group with gastropoptosis. The gastropoptosis was determined by lowering of the lower border of the stomach after the intake of water (100 ml for the 5 min). Evacuation ability (EA) was evaluated by measuring the average rate of return of the lower border of the stomach to the original level. Group III patients performed twice a day exercises to strengthen the APM for 5 weeks, after which the measurements were repeated. Statistical processing was performed using standard biometric methods.

Results: weakness of the APM was found a contributing factor of gastropoptosis (OR = 16.33; CI 3.06–87.18; $p = 0.0011$). Therapeutic exercises tended to improve stomach evacuation from 5.63 ± 1.04 min. to 4.67 ± 0.81 min. ($p > 0.05$). EA in women depended from the menstrual phase: In the first phase - 5.33 ± 0.65 min., the second - 5.67 ± 0.50 min. ($p > 0.05$).

Conclusions: Auscultofriction is a non-invasive screening of VP risk. Patients with APM weakness are at risk of gastroposis (OR = 16.33; CI 3.06–87.18; $p = 0.0011$). The therapeutic exercises during 5 weeks improve the condition of the APM muscles and stomach EA.

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RESEARCH OF THE CORRELATION OF VERTIBRO-BASILARY BLOOD SUPPLY, STABILOMETRY AND BERG BALANCE TEST IN PATIENTS WITH PERIPHERAL DIZZINESS AND CERVICAL DORSOPATHY**Liskov Yaroslav^{1,2}, Kolisnyk Petro^{1,2}, Kolisnyk Serhii^{1,2}, Horobets Kostiantyn³, Tryhub Roman⁴, Dolylna Olena¹**¹Department of Medical Rehabilitation and Medical and Social Expertise, National Pirogov Memorial Medical University, Vinnytsya, Ukraine²Center of Medical Rehabilitation and Sports Medicine, Vinnytsia, Ukraine³ Municipal Institution of Kyiv Regional Council "Kyiv Regional Clinical Hospital" ,Ukraine⁴Military Medical Center of West Region Rehabilitation unit, Lviv, Ukraine

Introduction: Dizziness is one of the most common reasons for visiting a doctor. The incidence of dizziness is about 5-10% in patients over 40 years old and 25% after 65 bounded with high risk of falls (Hesham M Samy, 2017). According to Yahno N.N. (2005), cervical dorsopathy may be the cause of vertebrobasilar circle (VBC) blood supply disorders. The dependence of the risk of falling on postural functions has been studied enough, but the relationship between vertebrobasilar supply, stabilometry, and the Berg balance test (BBT) needs to be studied.

Objective: To investigate the relationship between VBC blood supply counts, stabilometric data, and BBT in patients with peripheral dizziness (PD) and cervical dorsopathy, to evaluate the correlation between rheoencephalography (REG), stabilometry, and BBT data.

Methods: 31 patients with PD of 22-63 (41.78 ± 13.3) years old were enrolled in the study. REG registration was performed in standard leads. Stabilometry was performed in an upright position with opened eyes, all patients evaluated by BBT. The calculations were performed using Pearson's correlation coefficient and Mann-Whitney test.

Results: Significant difference of the center of mass deflection indices in the sagittal plane was found in patients with PD ($U = 10.3$; $p < 0.01$). A direct correlation was observed between the blood flow asymmetry coefficient (BFAC) in VBC and the deviation of the center of mass in the sagittal plane (DCMSP) and an inverse correlation between BBT and BFAC ($r = 0.59$, $p < 0.05$ and $r = -0.54$, $p < 0.05$ respectively).

Conclusions: Obtained results indicate a direct correlation of the mean strength between BFAC in the VBC and DCMSP and an inverse correlation between BBT and BFAC in patients with PD, which may indicate a correlation of blood supply abnormalities in VBB with PG and cervical dorsopathy that needs to be studied further.