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EVIDENCE-BASED MEDICINE IN PHYSICAL THERAPY OF PATIENTS AFTER STROKE

ДОКАЗОВА МЕДИЦИНА У ФІЗИЧНІЙ ТЕРАПІЇ ПАЦІЄНТІВ ПІСЛЯ ІНСУЛЬТУ

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The rehabilitation of patients after stroke has significantly improved over the last 10 years due to clinical and experimental research, adequate drug therapy, and the use of the latest methods of physical therapy and robotic assistive devices.

Physiotherapy is an area in the health care system of great importance for neurological patients. It makes a significant contribution to the solution of interdisciplinary tasks.

Physical therapy is an evidence-based system. Specific tests are used to examine patients, and evidence-based rehabilitation techniques are used to restore lost function, which is tailored individually to each patient's wishes.

Objective To describe updated evidence-based evidence on rehabilitation interventions in patients after acute cerebrovascular accidents.

Introduction. The components of the International Classification of Functioning, Examination of Functioning, and Health, which include: structure and function, activity, and participation, are used for rehabilitation diagnosis in physical therapy.

Scales and tests are used in structure and function:

- Modified Ashworth Spasticity Scale (MAS);
- Manual Muscle Test (Manual Muscle Test);
- Fugl-Meier assessment [1, P. 368-380];
- Upright Motor Control Test (UMCT).

Activity is used with scales and tests:

- Barthel's ADL Index;
- Modified Rankin Scale (mRS);
- Rivermead Mobility Index (RMI);
- Berg Balance Scale (BBS).

Participation is used with scales and tests:

- Stroke-Specific Quality of Life Scale.

Use of evidence-based physical therapy techniques:

Positioning – every 2 to 2.5 hours, preventing the occurrence of abnormal body positions. correct positioning of limbs (opposite to pathological body positions) by means of orthoses, rollers, and pillows;

An occupational therapist, if necessary, works with the patient to restore self-care skills and fine and gross motor skills of the affected hand [2, p. 14];

Drainage postures, and breathing exercises – to prevent pneumonia [6, p. 179-87];

Gradual verticalization of the patient – mobility, and movement in bed, sitting with legs down, standing at the bedside under the supervision of a physical therapist;

Gradual development of the patient's functional capabilities from different lifting positions, balance exercises, moving around the room;

Passive mechanotherapy – prevention of contractures in the joints of the affected limbs, promotes the development of active movements [7, p. 107-121];

Therapeutic exercises with resistance to increase muscular strength;

Selection of mobility aids: cart, four-pointed cane, walker;

Orthopedic devices for the affected lower extremity and bandage for the upper extremity during the formation of walking skills;

Restoration of walking function, coordination and balance; teaching the patient to overcome architectural barriers inside and outside the rehabilitation unit [5, p. 246].

Initial examination of patients upon admission to the hospital and during rehabilitation intervention is mandatory; interim and final examinations are performed to assess functionality in the prone, sitting, and standing positions. Balance dynamics are checked; standing with and without support, with help and independently. Skills of walking are corrected with or without the use of auxiliary devices for independent movement of the patient [3].

Conclusions. Patients after stroke have various clinical consequences: pain syndrome, plegia, spasticity, insomnia, loss of balance, Push syndrome, Neglect, etc. Disability is often a consequence of acute cerebrovascular accident; patients require an individualized multidisciplinary approach.

The physical therapy strategy depends on the goal of rehabilitation. The individual program can and should be adjusted by the specialists of the multidisciplinary team in connection with the achievement of the goals set. Patient motivation, functional independence, activity, and participation in daily life are crucial [4, p. 368-76].

A holistic approach to stroke patients' recovery should be considered as a whole. There is enough scientific evidence to support the need for physical rehabilitation of stroke patients to achieve optimal outcomes and independence and prevent disability. Current and effective evidence-based data on the effects of physical therapy on stroke patients are presented.

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**DIETARY-INDUCED LIVER DAMAGE OF MOTHER RATS
AS A RISK FACTOR OF THE ORGAN PATHOLOGY
IN THEIR OFFSPRING**

**АЛІМЕНТАРНО-ІНДУКОВАНЕ УШКОДЖЕННЯ ПЕЧІНКИ
ЩУРІВ-МАТЕРІВ ЯК ФАКТОР РИЗИКУ ПАТОЛОГІЇ
ОРГАНУ ЇХ ПОТОМСТВА**

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Захворювання органів травної системи займають одне з перших місць в структурі захворюваності і смертності населення країн ЄС. Найбільше занепокоєння викликає зростання числа хворих на різноманітні форми ураження гепатобіліарної системи [1-3] серед дітей.