



Rehabilitacija bolesnika sa prelomom kuka

Rehabilitation of Patients with Hip Fractures

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Apstrakt

Kuk je kuglasti zglob između karlice i gornjeg dela butne kosti. Kraj butne kosti je zaobljen. Karlica i butna kost su spojene ligamentima. Najčešća povreda je naprsnuće mišića spojenog sa bokom kuka. Prelomi kostiju karlice, kuka i natkolenice su retke povrede u sportu, a kada se dese, sportske aktivnosti se prekidaju (prelomi se javljaju u moto-sportu, automobilizmu i u zimskim sportovima).

Prelome karličnog dela tela treba posmatrati kao: a) lokalizaciju preloma prsten-pojas, (komplikacije su sa funkcionalnim posledicama) b) parcijalne frakture koje ne prekidaju kontinuitet karličnog pojasa i po pravilu nisu teške c) prelome koji zahvataju acetabulum i za posledicu imaju poremećaj funkcije kuka. Lečenje može biti konzervativno i operativno.

Konzervativno lečenje zahteva sledeće tretmane: a) mirovanje od 3 do 9 meseci b) suzbijanje bola analgeticima i antiinflamatornim sredstvima c) direktnu aplikaciju analgetika u bolno mesto d) upotrebu kortikostereoida e) dejstvo elektroterapije u cilju suzbijanja bola g) aplikaciju ultrazvučne terapije h) hidroterapiju i) izometrijske i izotoničke vežbe j) korekciju statike k) rendgensko zračenje.

Pojava recidiva direktno ukazuje na potrebu hiruškog zahvata.

Abstract

The hip is a round joint between the pelvis and the upper part of the thigh bone. The end of the thigh bone is rounded. The pelvis and thigh bone are connected by ligaments. The most common injuries are muscle rupture connected to the side of the hip. Fractures of the bones of the pelvis, hip, and upper leg are rare injuries in sports, and when they occur, sports activities are interrupted (fractures occur in motorsports, motoring, and winter sports).

Fractures of the pelvic part of the body should be viewed as: a) localization of the ring-girdle fracture, complications with functional consequences, b) partial fractures that do not interrupt the continuity of the pelvic girdle and, as a rule, are not severe, c) fractures that involve the acetabulum and result in functional impairment hip. Treatment can be conservative and operative.

Conservative treatment requires the following treatments: a) rest from 3 to 9 months, b) suppression of pain with analgesics and anti-inflammatory agents, c) direct application of analgesics to the painful area, d) use of corticosteroids, e) the effect of electrotherapy in order to suppress pain, f) application ultrasound therapy, g) hydrotherapy, h) isometric and isotonic exercises, i) static correction, g) X-ray radiation.

The occurrence of relapse directly indicates the need for surgery.

