



# Rehabilitacija nakon ugradnje endoproteze kuka

## Rehabilitation After Installation of Hip Endoprosthesis

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### Apstrakt

**Uvod:** Zglob kuka jedan je od najvećih zglobova u čovečjem organizmu. Građen je po tipu kugličnog zgloba i sačinjen od butne kosti i karlice. Snažan kapsuloligamentarni aparat i jaka muskulatura omogućavaju mu maksimalnu pokretljivost u svim pravcima. Zglob kuka je podložan degenerativnim promenama, koje se manifestuju bolom i ograničenom pokretljivošću. Kada se iscrpu sve mogućnosti medikamentoznog i balneofizikalnog lečenja, pristupa se operativnom zahvatu, gde iskusan tim stručnjaka, sa velikim uspehom, oslobađa bolesnike bola i teške invalidnosti, ugradnjom endoproteze.

**Cilj rada** je pokazati da pravilna i pravovremena rehabilitacija pomaže da pacijenti što pre ustanu iz kreveta, oslone se na operisanu nogu i izbegnu komplikacije dugog ležanja, što ovim bolesnicima veoma često ugrožava život.

**Metodologija:** Da bi rehabilitacija bila uspešna, potrebno je za svakog pacijenta napraviti poseban plan i program lečenja, što zavisi od prirode oboljenja ili povrede kuka, vrste operacije koja je izvedena, starosne dobi bolesnika, telesne težine, pridruženih bolesti i opšte kondicije bolesnika. Rehabilitacija se sprovodi timski i mora biti realna i sveobuhvatna. Najznačajnije mesto u rehabilitaciji ovih bolesnika zauzima kineziterapija, koja se sprovodi po principima: od lakšeg ka složenijem, od prostog ka napornijem; vreme vežbanja se postepeno produžava, pauze su sve kraće. Sa vežbama se kreće nultog dana od operacije. U početku su to vežbe disanja i statičke kontrakcije za operisanu nogu i aktivne vežbe za zdravu nogu. Pacijent postepeno prelazi u sedeći položaj, ustaje pored kreveta, pravi prve korake uz pomoć hodalice, kasnije prelazi na hod sa štakama, štapom i bez pomagala. Osim ovoga, fizioterapeut ima zadatak da obučuje pacijenta aktivnostima svakodnevnog života, kako bi on i nakon ovog hirurškog zahvata mogao da se vrati svojim normalnim aktivnostima u porodici, na radnom mestu i društvu.

**Rezultati:** Rezultati su pokazali da kod bolesnika, kod kojih se rehabilitacija sprovodi po principima: pacijent je subjekt, a ne objekt rehabilitacije, rehabilitacija mora biti rana, lita-cija mora biti rana, sprovodi se timski, mora biti dovoljno duga, sveobuhvatna i realna i koji se pridržavaju mera predostrožnosti nakon ugradnje endoproteze kuka, ređe dolazi do komplikacija ili ispadanja zgloba kuka.

**Zaključak:** Pravilna i pravovremena rehabilitacija dovodi do povećanja obima pokreta, jačanja mišićne snage, poboljšanja šeme hoda sa pomagalom i kasnije bez njega. Edukacija bolesnika o zaštitnim položajima poboljšava kvalitet života naših bolesnika i vraća ih normalnom načinu života nakon ugradnje endoproteze, što ima i veliki psihološki efekat.

### Abstract

**Introduction:** The hip joint is one of the largest joints in the human body. It is built according to the type of ball joint and is made of the femur and pelvis. A strong capsuloligamentary apparatus and strong musculature allow it to have maximum mobility in all directions. The hip joint is subject to degenerative changes, which are manifested by pain and limited mobility. When all the possibilities of medicinal and balneophysical treatment are exhausted, an operative intervention is approached, where an experienced team of experts, with great success, relieves patients of pain and severe disability by installing an endoprosthesis.

**The work aims** to show that proper and timely rehabilitation helps these patients get out of bed as soon as possible, lean on the operated leg, and avoid the complications of lying down for a long time, which very often endangers the lives of these patients.

**Methodology:** For the rehabilitation to be successful, it is necessary to make a special treatment plan and program for each patient, which depends on the nature of the hip disease or injury, the type of surgery performed, the patient's age, body weight, associated diseases and the general condition of the patient. Rehabilitation is carried out as a team and must be realistic and comprehensive. The most important place in the rehabilitation of these patients is occupied by kinesitherapy, which is carried out according to the principles: from easier to more complex, from simple to more strenuous, the exercise time is gradually extended, the breaks are shorter and shorter. Exercises are started on the zero day after the operation. Initially, these are breathing exercises and static contractions for the operated leg and active exercises for the healthy leg. The patient gradually moves to a sitting position, gets up next to the bed, takes the first steps with the help of a walker, and later moves to walk with crutches, a cane, and without aids. In addition to this, the physiotherapist has the task of training the patient in activities of daily life, so that he can return to his normal activities in the family, workplace, and society even after this surgical procedure.

**Results:** The results showed that in patients, in whom rehabilitation is carried out according to the principles: the patient is the subject and not the object of rehabilitation, rehabilitation must be early, rehabilitation must be early, it must be carried out as a team, it must be long enough, comprehensive and realistic, and which if the precautions are followed after the installation of the hip endoprosthesis, complications or dislocation of the hip joint occur less often.

**Conclusion:** Rules and timely rehabilitation lead to an increase in range of motion, strengthening of muscle strength, and improvement of walking pattern with and later without aids. Patient education in protective positions improves the quality of life of our patients and returns them to a normal way of life after endoprosthesis installation, which also has a great psychological effect.