

EARLY POST-STROKE NEUROREABILITATION

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Among the causes of disability in the population, stroke is in the first place.

Until the end of the third year after the stroke, about half of the patients who survived Colgan are to some extent dissatisfied with their quality of life.

Rehabilitation of stroke patients is a global problem. A person who has suffered a stroke suddenly turns on the ability to control his arm or leg, his speech deteriorates, he himself cannot eat, drink, cannot be harmed. He cannot return to his profession and burns his job. Therefore, the patient begins and worsens depression, a feeling of hopelessness appears. The restoration and rehabilitation of such a patient is an important medico-social task. Get sick after a stroke according to the stroke registers of different countries:

- about 40 percent of continuous care autonomy;
- 20 percent-can not walk on its own;
- and only 20-25 percent can return to their previous work.

The rehabilitation task is to bring these 60% of patients back to their previous lives or physically and socially adapt to everyday life, taking into account their condition and the functions they have lost.

A stroke is a heavy burden not only on the patient himself, but also on his family, relatives and loved ones who are taking care of him. Therefore, adequate and timely indication and complex rehabilitation will help the patient quickly restore some of the functions lost due to the disease or minimize the defects that have arisen and adapt to the condition of the Uzi.

According to the recommendations of leading organizations around the world that are concerned with stroke research, post-stroke rehabilitation should be carried out by a multidisciplinary team.

Post-stroke rehabilitation goals:

- maximum recovery of movements,
- improve walking,
- speech recovery and improvement,
- teaching self-service coursework,
- social and psychological adaptation,
- prevention of recurrent stroke and its complications,
- increase life expectancy,

- improving the quality of life,
- training family members and psychological support for them.

In the clinic of Dr. Maksudova, rehabilitation from a stroke is carried out by a multidisciplinary team. Each member of this team performs its function to ensure the maximum complex, hollow, effective and comfortable recovery of the post-stroke patient.

The patient who comes to the clinic will definitely undergo the necessary examination, consult with the necessary specialists – the volume of rehabilitation measures, which will be determined taking into account special treatment for the patient, indications for rehabilitation methods and possible contraindications. Together with this, the initial clinical condition of the patient is determined (the degree of dysfunction is determined), according to which an individual program of treatment measures is created. At the end of the course, the patient's clinical condition is reanalyzed to assess the effectiveness of rehabilitation.

In the rehabilitation process, work is carried out with his relatives who are taking care of the patient at home. Experts are taught how to properly proceed with home rehabilitation (and to what extent), since rehabilitation should be continuous and continuous.

The course of neurorehabilitation is designed for inpatient treatment lasting from 14 days to 6 months. During this time, it is possible to overcome significant health problems caused by a stroke or injury, reduce the adverse symptoms of the disease or even completely cure it.

The recovery program is compiled for each patient separately. Doctors of various specialties take part in its development – a neurologist, a physiotherapist, a speech therapist, a neuropsychologist, a urologist, a doctor of physical therapy and others. As a result, neurorehabilitation includes innovative and classical methods that ensure high efficiency of restoring the patient's health.

Neurorehabilitation is indicated for patients with the following diseases and conditions:

Traumatic and non-traumatic spinal cord injuries (including spinal stroke)

- Tetraparesis
- Upper or lower paraplegia
- Violation of pelvic functions
- Pronounced vegetative and trophic disorders

Chronic insufficiency of cerebral circulation

- vertebrobasillary insufficiency with vestibular syndrome, cephalic syndrome

- balance and gait disorders (including pyramid syndrome)
- mild to moderate cognitive impairment
- gross cognitive impairment

Tumor lesions of the brain

• severe protein deficiency, exhaustion, including after chemotherapy and radiation therapy

- combined somatic pathology, multiple organ lesions.

Demyelinating and hereditary neuromuscular diseases

- multiple sclerosis
- amyotrophic lateral sclerosis
- Guillain-Barre syndrome

Peripheral nerve damage

brachial plexus

compression-ischemic neuropathies in tunnel syndromes

and also:

- Alzheimer's disease
- Parkinson's disease
- Parkinsonism syndrome and other extrapyramidal disorders
- polyneuropathies of various etiologies
- vertebrogenic neurological syndromes

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