EVOLUȚIA CLINICO-FUNCȚIONALĂ A BOLNAVULUI CU SPONDILIȚĂ ANCHILOZANTĂ SUB INFLUENȚA FIZIOKINETOTERAPIEI

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CLINICAL-FUNCTIONAL EVOLUTION OF PATIENTS WITH ANKYLOSING SPONDYLITIS FOLLOWING PHYSIO-KINETOTHERAPY (Abstract): Ankylosing spondylitis (AS), enigmatic from the etiologic point of view, appears with subjects who are still in school or involved in a productive activity. If detected in its early stages, under complex, constant and long-term treatment, patients have a good evolution. Aims: The objectives of the study are to describe the clinical and functional profile of patients with AS, sacroiliitis stage, and the evolution of physical and functional parameters under traditional physio-kinetotherapy. Material and methods: This retrospective study was performed on 40 patients with ankylosing spondylitis (AS), who were hospitalized in the Clinic of Rheumatology Iași, during 2008-2010, who satisfied the amended New York criteria for this. Subjects underwent an initial evaluation (first admission) and another one at the end of the study (second admission), after approximately 6 months. Results: The demographic characteristics, the clinical and functional elements of the study sample have indicated: the average age of 24.83 ± 3.948, predominantly male (82.5%) and 62.5% were from rural areas. Most cases occurred at the age of 19-25 (57.5%), beginning at 18-25 (77.5%), with an average of 19.60 ± 2.318. Following the radiological changes in the various stages of sacroiliitis, stage II prevailed (40%), then stage III (32.5%) and IV (15%). The evaluation of ASAS (Assessment of Spondylo Arthritis International Society) parameters and the respiratory system showed significant improvements of: BASDAI score with 31.53%, BASFI with 37.62%, BASMI with 20.66%, DIE % with 27.53 and of CV with 5.08% as well as a decrease in pain perception measured by VAS scale (p = 0.017). Conclusions: In the early stages of the disease, as far as the sample involved in the study is concerned, when the spine and vertebrae joints were not blocked by the evolution of the disease, corrective gymnastics and respiratory exercises, stretching and a good posture are very important, along with other therapies used to prevent axial ankylosis. Key words: ANKYLOSING SPONDYLITIS, SACROILIITIS, EVALUATION