SPONDOLO-DISCARTROZA CU SINDROM LOMBAR RADICULAR ETAJAT HIPERALGIC

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DISCHARTHROSIS WITH HYPERALGIC LUMBAR MULTILEVELED RADICULAR SYNDROME (Abstract): The problems at the level of intervertebral discs are producing dysfunctions and important functional regression at the level of lumbar column, at a stage at which the patient could remain blocked in an anterior or lateral flexion position or producing an antalgic position of scoliosis that could incapacitate the patient to perform activities of daily living. The medical rehabilitation, in such cases, must seek not only the relief of local pain through different methods of obtaining it, but also the functional reeducation of the intervertebral articulations through specific analytical mobilization in order to achieve the biomechanical harmonization of the rachis. Material and methods: We report the case study of a 66 year-old patient who presented to our clinic for medical consult and physical therapy when he was diagnosed with discharthrosis, hyperalgic lumbar multileveled radiculopathy at L4 – L5 and L5 – S1. The lumbar x-ray showed osteophytes, disc narrowing at the level of L5 – S1 and inter-apophysis arthrosis. The clinical examination revealed difficulty walking with pain in the right sacroiliac articulations and right sciatic emergence with plantar paraesthesia. The patient developed pain induced scoliosis on the right side that restricted the lumbar range of motion and prevented the right flexion blocking him into an left flexion, any attempt of straightening inducing pain. The condition was treated using specific analytical lumbar mobilization for the realignment of the vertebrae complex. Conclusions: In this case study, we found that functional reeduction in cases of pain induced deviations of the rachis of the column should be centered on the harmonization of inadequate pressure and position of the complex intervertebral articulations. Key words: FUNCTIONAL REEDUCTION, LUMBAR DISCOPATHY, DISCHARTHROSIS, RADICULAR SINDROM, ANALYTICAL MOBILIZATION

Problemele discale lombare produc disfuncţionalităţi şi restanţe funcţionale importante la nivelul mobilităţii coloanei lombare, pacienţii putând rămâne blocaţi în diferite grade de anteroflexie și lateroflexie sau scolioze antalgice nereîntrebuinţate ducând la incapacitatea efectuării ADL-urilor (Activities of Daily Living) (1). Recuperarea medicală în astfel de situaţii trebuie să-şi îndrepte atenţia nu numai spre îndepărtarea durerii locale, prin diferite metode de analgezie ci şi spre o reeducare funcţională discală, şi articulară prin manevre specifice, cu posibilităţi de rearmonizare a com-