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Tracking the impact of PNF methodology in stroke patients in a clinical period

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The scientific study refers to the conducted kinesitherapy at the National Cardiology Hospital, Sofia, Bulgaria, 2015. The study included 10 patients (5 of them women and 5 men) with an average age of 66 years. They all meet the inclusion criteria of the study: presence of moderate or mild motor deficit (IV - V) stage by Brunnstrom; ischemic stroke (irrespective of the age of the patient and the duration of the disease); have no severe respiratory failure; have no cardiovascular failure (third and fourth functional class); have no uncontrolled diabetes mellitus; have no cognitive and memory disorders; have no acute thrombophlebitis; have no severe decubital wounds; have no severe orthopedic disorders (violating coordination and gait); have no ischemic heart disease; have no malignancies; have no severe progressive neurological diseases. They have conducted kinesitherapy for 10 days, including breathing exercises, active exercises, selected PNF techniques to increase the strength of active contraction, improving the coordination of active volitional movements, walking training and improving equilibrium opportunities. The following functional methods for measurement, examination and evaluation were used: Brunnstrom stages of stroke recovery, Modified Ashworth Scale, Barthel Index of Activities of Daily Living, Motor Assessment Scale. On the basis of the data obtained, we can assume with great confidence that the reason for the better condition of the patients after the 10-day kinesitherapeutic course is the applied kinesitherapy methodology with the techniques of the proprioceptive neuromuscular facilitation. The indicators characterizing the mobility and functional independence of patients in mobility, personal care and self-care have improved most clearly and statistically significant.

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