



The Value of Rehabilitation Measures in the Subacute Period of Osteochondrosis of the Neck

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Abstract: Constant muscle tension in the cervicothoracic region is observed in people of many professions associated with long-term fixation of working positions, the same type of small hand movements, as well as those subjected to vibration and shaking of the body. The rehabilitation program is more effective when the methods of therapeutic physical culture and manual therapy are included in it.

Keywords: osteochondrosis of the cervical spine, functional-motor state, means of physical rehabilitation.

Osteochondrosis is a disease based on degeneration of the intervertebral disc with subsequent changes in the intervertebral joints and ligaments. Modern man is distinguished by a sedentary, often sedentary lifestyle. Of all the muscle groups, the muscles of the trunk and neck carry a constant load, which with their tension, they maintain and maintain everyday postures. With an increase in fatigue, the muscles of the body provide a worse shock-absorbing function, it passes to the structures of the spine, degenerative-dystrophic changes develop in it, primarily affecting the intervertebral joints and ligamentous apparatus [1,3,4].

The main factor in the development of osteochondrosis of the human spinal column are degenerative changes in the intervertebral disc. Currently, there are several theories explaining the cause of this disease: involuntional, hormonal, vascular, infectious, mechanical, abnormal, functional [5]. However, none of them fully reveals the causes of this disease.

The problem of therapy of osteochondrosis of the cervical spine is complex. During rehabilitation, both medications and physical means are used. In our work, we pay special attention to the latter: breathing exercises, physiotherapy exercises and self-massage. An integrated approach in the choice of means and methods of physical rehabilitation, from our point of view, contributes to a more effective result of the restoration of those suffering from cervical osteochondrosis.

In this regard, the purpose of the study was to develop the structure and content of physical rehabilitation in osteochondrosis of the cervical spine.

To achieve this goal, it was necessary, in our opinion, to solve the following tasks:

1. Consider educational and methodological literature on issues related to the anatomical and physiological characteristics of the spinal column, causes, mechanisms of occurrence, clinical manifestations of osteochondrosis of the cervical spine, means and methods of recovery in this pathology.

2. Determine diagnostic tests to identify the functional and motor state of the neck muscles in osteochondrosis of the cervical spine and determine the pain sense of touch.
3. To experimentally prove the effectiveness of the developed rehabilitation exercises aimed at eliminating functional and motor disorders in osteochondrosis of the cervical spine.

The following breathing exercises were used.

“Hug your shoulders” (inhale while compressing the chest). I. p.: standing, arms bent at the elbows and raised to shoulder level. Throw your hands towards each other to failure, as if hugging yourself by the shoulders. And at the same time with each "hug" sharply "sniff" nose. Hands at the time of the "hug" go parallel to each other (and not crosswise), in no case should they be changed (it does not matter which hand is on top - right or left); do not spread widely to the sides and do not strain. Having mastered this exercise, you can slightly tilt your head back at the moment of the oncoming movement of the hands (inhale from the ceiling). Norm: 12 times for 8 breaths-movements.

"Palms". I. p.: main stance, arms bent at the elbows, palms away from you. When squeezing the palms into fists, a short noisy breath is taken through the nose 4 times, exhalation through the mouth is passive, without noise. Rest 3–5 s. The exercise is repeated 12 times.

"The chauffeurs". I. p.: main stance, hands at waist level, pressed to the stomach and clenched into a fist. When inhaling, the fists are energetically lowered down (arms are straight, shoulders are tense). 4 breaths are taken, then the hands return to their original position. Shoulders relaxed - exhale. Rest 3–5 s. The exercise is repeated 8 times.

In the final part (10 min), self-massage was used, which was replaced by slow walking while maintaining the correct posture. Self-massage was carried out for 3-5 minutes on the back of the head and neck in order to relieve tension after the completed set of exercises. Movements were performed from top to bottom, light stroking, rubbing with fingertips was used.

Here is the structure and content of physical rehabilitation classes for cervical osteochondrosis in the subacute period:

1. Introductory part (10 min); consists of a complex of general developmental exercises and various types of walking.
2. Main part (25 min); consists of breathing exercises according to A. N. Strelnikova (10 min) and a set of general strengthening exercises for the muscles of the cervical spine and girdle of the upper limbs (15 min).
3. Final part (10 min); consists of slow walking with correct posture and self-massage.

Massage for cervical osteochondrosis helps to reduce pain, improves lymphatic circulation in the neck, back, upper limbs, and reduces tension in the muscles of this spine. Massage is contraindicated in the acute period, so we actively included it in the complex of rehabilitation measures in the subacute period.

During this period, massage sessions allow you to solve the following tasks:

- reduce and eliminate compression of the spinal roots;
- improve tissue trophism in the neck, shoulder girdle and upper limbs;
- restore normal range of motion;
- correct vestibular function [1]. In the case of the consequences of cervical osteochondrosis, massage allows you to solve a number of special problems:
- in case of humeroscapular peri-arthritis, reduce pain in the shoulder joint and upper limbs, prevent the development of neurogenic contracture of the upper limb (shoulder joint), restore normal range of motion;
- in case of posterior cervical sympathetic syndrome, correct violations of the vestibular function;

- in case of discogenic ischemic myelopathy, strengthen weakened muscles and eliminate spastic manifestations [4,6].

Massage sessions are held every day. It is recommended to massage the cervicothoracic back or collar area; with humeroscapular periarthritis, the upper limb is massaged. The duration of a massage session of the collar zone is 10-15 minutes, the cervical-thoracic region is 20 minutes.

Contraindications to massage are malignant and benign tumors; hyperthermia; inflammatory processes; bleeding and tendency to them; blood diseases; thrombosis; significant varicose veins; atherosclerosis of peripheral vessels.

Massage technique. Position massaged - lying on his stomach or sitting. The massage begins with a planar, planar deep, embracing, rake-like, comb-like stroking. This technique is performed with relaxed muscles; slowly, with varying degrees of pressure, with a gradual transition from superficial stroking (regardless of the lymph flow) to deep (along the lymph flow to the nearest lymph node). Stroking begins, ends the massage session and includes between other techniques.

Kneading is performed after rubbing, which helps to increase the elasticity of the sucho-ligamentous apparatus, stretch the shortened fascia, and improve blood and lymph circulation.

In conclusion, various types of vibration are used: tapping, chopping, patting. Vibration has a pronounced reflex effect, causing an increase in reflexes. Reception should not cause discomfort in the massaged.

It is important to remember that during the massage, all the main techniques and their types go along the lymph flow to the nearest lymph nodes; neck massage is done from top to bottom.[7,8]

To evaluate the effectiveness of the developed physical rehabilitation classes before and after the pedagogical experiment, we carried out functional-motor tests to identify the level of the state of the neck muscles (according to G. A. Goryanaya) and a quantitative assessment of the pain sensation of people who took part in the experiment (using verbal descriptive scale).

Literature:

1. Belaya N.A. Therapeutic exercise and massage: Educational and methodological manual for medical workers. -M.: Soviet sport, 2001. - 272 p.
2. Borenstein D. Spine under control: Unique tips and tricks for eliminating back pain / Per. from English. M.N. Morozova. M.: RIPOL CLASSIC, 2004. - 272 p.
3. Epifanov V.A. Osteochondrosis of the spine (diagnosis, treatment, prevention). - M.: MEDpress-inform. - 2004. - 272 p.
4. Medical rehabilitation: A guide for physicians. / Ed. Epifanova V.A.-M.: Medpress-inform, 2005.- 328 p.
5. Akhmedov Malik Barakaevich Bukhara Institute of Technical Technologies "Features of the treatment of physical education in the rehabilitation of the body" DOI: <https://doi.org/10.53885/edinres.2021.95.62.044> 335-339 st
6. Akhmedov Malik Barakaevich// Lecturer of the Department of Physical Education of the Bukhara Institute of Engineering and Technology // Human Health and Ecological Culture // "Global Science and Innovation 2020: Central Asia" No. 6(11). December 2020. pp. 71-73
7. Akhmedov Malik Barakaevich // Lecturer at the Department of Physical Education of the Bukhara Institute of Engineering and Technology // Human Health and Ecological Culture // Central Asian Journal Of Medical And Natural Sciences // Volume: 03 Issue: 06 | Nov-Dec 2022 Issn: 2660-4159 [Http://Cajmns.Centralasianstudies.Org](http://Cajmns.Centralasianstudies.Org)
8. Koigushskaya G.P., Kuzmenko L.V. The use of hirudotherapy for instability of the cervical spine //Pedagogy, psychology and medical and biological problems of physical development and sports / scientific work edited by prof. Ermakova S.S. - Kharkiv: KhDADM (KhKhPI), 2007. - No. 3.– P. 57-50. Received May 22, 2007.