



CHARACTERISTICS OF OUTPATIENT REHABILITATION TREATMENT FOR STROKE

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The high variability of the spectrum of consequences, complications and long-lasting symptoms of stroke form the need for comprehensive medical rehabilitation measures. Among the main methods of medical rehabilitation used are kinesotherapy, electrotherapy, therapeutic massage, household rehabilitation with elements of occupational therapy, classes with a psychologist, a social worker and a speech therapist. The main physical methods, exercises and non-drug technologies of rehabilitation treatment carried out in outpatient rehabilitation departments, taking into account the possibilities of equipment and throughput, for stroke patients. Taking into account the peculiarities of the late recovery period, the rehabilitation measures carried out are socially oriented. On the first day of outpatient rehabilitation, all patients (100%, 78/78), regardless of their psychological status, were consulted by a medical psychologist: the level of anxiety and depressive symptoms was assessed, cognitive functions were assessed using the Montreal Scale, the level of concentration, the ability to quickly organize in a changing environment, memory, exhaustion, and range of interests were assessed. Since most of the patients in the study groups were elderly people, they were interviewed to explain in detail the meaning of these classes. The work of a medical psychologist was aimed at improving the processes of memorization, increasing motivation on the part of patients. Only 23% (18/78) of stroke patients undergoing outpatient medical rehabilitation had no signs of speech impairment. Dysarthria (mild and moderate severity) was the most common. At the same time, reading and writing disorders were not observed in these patients. The main method of rehabilitation of patients with aphasia was daily individual sessions conducted by a speech therapist. Rehabilitation training was conducted according to a special, pre-designed program. The program included certain tasks and corresponding methods of work, differentiated depending on the form of aphasia, severity, and stage of the disease. Considering that the outpatient stage of rehabilitation treatment belongs to a later stage, speech rehabilitation was carried out according to the principle of consistency, rehabilitation work was aimed at restoring all sides of speech. Feedback mechanisms were used by recording one's own speech on a dictaphone and then listening to it. Classes were conducted daily for 10 days for 30 minutes, taking into account the exhaustion of the patient's attention. The communicative side of speech developed during group sessions in those patients (10%; 8/78) whose oral speech was quite informative. Physical therapy occupies one of the leading places in the complex rehabilitation therapy of stroke patients. The majority of patients 90% (70/78) underwent a set of physical exercises aimed at training the balance function, teaching important motor skills (gait correction and increased endurance when moving, self-service skills). Individual or group classes (4-5 people) with an instructor included joint gymnastics with vestibular elements, gentle-training mode, load B,





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breathing exercises = 1:3. The special part of the lesson included active exercises for all muscle groups, to increase the amplitude in the joints, exercises to increase muscle strength, for small and medium muscle groups, for relaxation. Among non-medicinal methods of medical rehabilitation, physiotherapy with the use of natural and especially reformulated (artificial) physical factors occupies an important place. Conclusion: The complexity of rehabilitation measures of the outpatient stage of rehabilitation treatment, the participation of specialists of various profiles — all this determines the multidisciplinary nature.

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