

## EFFICIENCY AND LIMITS OF THE RECOVERY TREATMENT OF THE LUMBAR-RADICULAR PAIN SYNDROME (LRPS) OF VARIOUS AETIOLOGIES – CLINICAL STUDY –

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### Abstract

**Introduction:** As the number of patients suffering from LRPS who requested consultations from the General Practitioner and specialty practices grew in the last years – some cases suffering from severe forms even after surgery, and the age of the applicants decreased (involving the ages from 20 to 70-80 years), I was urged, in collaboration with the recovery medicine consultants, to conduct a study regarding this category of afflictions.

**Objectives:** The study sets out to establish effective recovery treatment programs aiming at: reducing the intensity of pain symptomatology and the frequency of onsets, improving the lumbar spine functional capacity, reducing the number of days of temporary labour incapacity, thus accelerating the patients' social reintegration, and not lastly, finding prevention methods to reduce relapses and implicitly, the incidence of LRPS.

**Material and method:** The study based on clinical and statistical observation was achieved in the Medical Recovery Section of Braila County Hospital during 2017, when, out of a total number of 2157 admitted patients, 217 were diagnosed with LRPS, namely 10.06% of the total.

Within the 217 cases of LRPS, the following clinical entities have been individualized: - *lumbar-radicular syndrome* = 89 cases, namely 41.01% of the total; - *operated disc herniation* = 52 cases, namely 23.96%; - *sequelae of operated disc herniation affecting the EPS (external popliteal sciatic nerve)* = 6 cases, namely 2.76%; - *un-operated disc herniation* = 13 cases, namely 5.99%; - *MRI-diagnosed lumbar discopathy* = 8 cases, namely 3.68%; - *lumbago* = 49 cases, namely 22.58%.

The patients of the study lot had an initial and final assessment, at the discharge, by: classical clinical examination, somatoscopic assessment, muscular and articular testing, and their pain was assessed by questionnaires (Roland – Morris, Waddell and Main) and scales (VAS, ODI). All the patients were subject to the same treatment protocol namely: posturing, pain relief, relaxant physiotherapy, distal massage and analytical kinesiotherapy – Williams's program.

**Results:** The following have been found at the final assessments of the lot patients: *improved* = 188 (86.63%) whereby *very good results* – 126 (67.03%) and *good results* – 62 (32.97%); *stationary sequelae* = 19 (8.75%); *surgery indication* = 5 (2.31%); *aggravated* = 5 (2.31%).

### Conclusions:

- The early, correct and complete assessment of the spine, of the pain and functional condition due to the consecutive disability in the patients suffering from LRPS, is an important element of the recovery program.
- The therapeutic approach of the patients suffering from LRPS must be complex and requires associated recovery means: medicines, physio kinetic and educational hygiene.
- In order to prevent relapses, postural medical education (school of the back) of the patients with predisposing professional activities, as well as their awareness regarding the need of the quarterly and biannual maintenance treatment.

**Key words:** LRPS, functional condition, complex recovery treatment, analytical kinesiotherapy, posturing.