Abstract

Introduction: Degenerative spinal condition and osteoarthritis are the result of primary or secondary joint destructive phenomena and are the most common pathology experienced by a physician for medical recovery.

Material and method: The main degenerative spinal conditions are cervical and lumbar, and the peripheral are located at the hip, knee and hand. The classification in the current nomenclature recognizes the term osteoarthritis in peripheral affection. The elderly patient starts from a different status from the young patient, the performance is limited by the modified functional capacity of the elderly. The stages of old age are correlated with the deficiency in many organs and systems. Overlapping cardiac pathology adds to a malfunction. Recovery of such a patient requires an individualized program adapted to age-related disability and cardiac impairment. We present recovery programs in the context of heart disease, adapted to the elderly on specific types of degenerative joint damage.

Results: Recovery programs adapted to the elderly and the cardiac patient lead to improved functionality, increasing the quality of life and ensuring its independence. From the clinical point of view, physical therapy is aimed to reduce pain and inflammation, restoring joint mobility, increasing strength and muscle strength according to the condition presented with permanent monitoring of cardiac function. The individual and group occupational therapy is correlated with the educational level and the patient's functional deficit.

Conclusions: The therapeutic arsenal of the recovery program is limited to the elderly and the cardiac patients, the kinetic programs, the time and speed of execution require correlation with cardiac dysfunction. By applying rehabilitation programs, patient performance and quality of life are improved.