

## MANAGEMENT OF REHABILITATION ON PATIENTS WITH LARGE JOINTS DEGENERATION DISEASE

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### Abstract

#### Introduction:

Joints Degeneration Disease or Osteoarthritis (OA) is the most common joint disorder and one of the major cause of musculoskeletal pain and stiffness, conditions yielding into activity and participation restrictions. It also impacts the quality of life and represents an element conditioning important economic burdens in society. Rehabilitation programs contribute significantly to the management of OA, envisaging the improvement of the functionality and the quality of life of patients who suffer from OA. In order to optimize the functional recovery and efficiency of rehabilitation programs, we identified the fact that the timeliness of recovery has a direct influence on patients who suffer of OA. The analysis of the efficacy of rehabilitation programs with patients who suffer of OA, accomplished through Prisma Key Parameters (PKP), confirmed that the programs are more efficient if the principle of precocity and complexity, are taken into consideration. The range of PKP analysis supports a comprehensive set of measures, designed to assess the quality of OA related health care.

#### Materials and Methods:

We undertook a retrospective and observational study which took place between January 2012 and January 2016, funded on surveilling a total of 373 adults with OA – of these, 251 underwent rehabilitation treatment during the precocious period within the Rehabilitation Ward of the Orthopedics and Traumatology Hospital, but 132 patients underwent treatment during the late period (the treatment referred to: joint mobilization, post-isomeric relaxation, ultrasound, laser, or electrical nerve stimulation). The patients were tested according to a Health System guidance for rehabilitation interventions: WOMAC (Western Ontario and McMaster Universities Arthritis Index), ADLS (Activity of Daily Living Scale), PCS (Physical Component Summary), QOL (Quality of Life).

**Results:** The group who underwent rehabilitation treatment in a late period had worse scores and performance-based measure PCS ( $P=0.004$ ) than the group who started the treatment during the precocious period. Also, the control group had a significantly lower ADLS ( $P=0.0027$ ) and QOL ( $P=0.0025$ ) than the group who received complex treatment during the precocious period. The analysis of the results of the research shows that the dynamics of the QOL index varied depending on the term of the illness: short-term diseases encountered a higher dynamics of the quality of life, and correspondingly long term-diseases a more insignificant dynamic of the QOL index ( $P=0.008$ ). Also, the dynamics of the QOL index differed by gender: to a large extent, women had better results than men ( $P<0.001$ ).

**Conclusions:** Overall, the results of the research confirm that early participation, the compliance to the complexity of the rehabilitation program as well as the prognostic factor should be considered during the management of OA treatment. The effectiveness of rehabilitation programs applied during the precocious period of OA was demonstrated to be achievable through prisma Key Parameters.