BALNEO RESEARCH Balneo and PRM Research Journal English Edition
e ISSN 2734 - 8458 p ISSN 2734 - 844X ROMANIAN ASSOCIATION OF BALNEOLOGY

NEURO-MOTOR RECOVERY IN PATIENTS WITH LOWER AMPUTATION DUE TO VASCULAR INJURIES
= CLINICAL CASE =

DOGARU Gabriela [1] , V. SZAKACS (POPOVICI) Dora [1]

Editor: Constantin MUNTEANU, E-mail: office@bioclima.ro

Balneo and PRM Research Journal DOI: http://dx.doi.org/10.12680/balneo.2021.452 Vol.12, No.3 September 2021 p: L8

Corresponding author: **V. SZAKACS (POPOVICI) Dora,** E-mail: popovici.dora@yahoo.com

1. " Iuliu Hatieganu" University of Medicine and Pharmacy, Cluj-Napoca

Abstract

Introduction. The rate of lower limb amputations secondary to vascular injuries is increasing, and the need for physiatric providers to improve the quality of life of these patients remains very important. Knowledge of potential postoperative complications is crucial for patient assessment, for early rehabilitation care and also for the prognostication of long-term prostethic functional enablement.

Physiatrists need to mantain knowledge about the fast-changing technologies in prosthetics and also to know the complications encountered by prostethic users. All these requires a multifactorial evaluation of cognitive abilities, manual dexterity, and extent of any cardiovascular, pulmonary, musculoskeletal and other neurologic impairments that may affect walking function.

Material and method. In february 2021, an 80-years-old male patient noticed an infection of the V-th finger – the lower left limb, which spread rapidly to necrosis. He presented to the emergency department where, following clinical and paraclinical investigations, he was diagnosed with chronic obliterative arteriopathy and was redirected to the Vascular Surgery Clinic where he underwent bypass surgery. Unfortunately, due to the advanced stage of the disease, the operation failed and he was recommended to have his left lower limb (distal third of the femur) amputated. The patient initially refused surgery but, after two weeks - considering the extensive stage of necrosis and the pain, decided to accept the amputation. The surgery was performed successfully, with no post-operative complications. **Results.** The neuro-motor rehabilitation of the patient through physiotherapy sessions, involved as a first step the medical recovery before prosthesis – wich had the role of preparing the abutment for this transition process, and to mantain the physical condition of the body, which in such a way of situations will suffer. The second step involved a medical recovery of prosthesis adaptation- which had the role of helping the patient to take the first steps again, this time using the foot prosthesis. Re-adaptation to walking conditions and climbing stairs gradually began to become routine activities that the patient easily performs.

Conclusions. Neuro-motor rehabilitation of patients with lower limb amputation is a long-term process that requires the collaboration of a multidisciplinary team, requires a lot of dedication and patience from the patient, familly and from the medical team.