



WEB OF SCIENCE

REPETITIVE PERIPHERAL MAGNETIC STIMULATION VERSUS CONVENTIONAL THERAPY IN UPPER LIMB MOBILITY RECOVERY IN THE PATIENT WITH HEMIPARESIS

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Abstract

Objectives. Our aim was to highlight the role of repetitive peripheral magnetic stimulation rPMS in the recovery of the grip, in the sequential muscular application of the upper limb.

Material and method. We evaluated a group of 56 patients with ischemic and hemorrhagic stroke divided into two groups. The study group-A (33 patients) received rPMS on the extensor muscles of the upper limb, longitudinal galvanization of the upper limb, massage, physiotherapy adapted to each patient. Group B (23 patients) received conventional treatment consisting in Galvanization, Rectangular Current Simulation - Russian Stimulation, Massage, Adapted Physical Therapy. Functional evaluation consisted of the evaluation of spasticity by the Ashworth scale, ADL score and ARAT (Action Research Arm Test) score. All patients received appropriate drug treatment and no patients were included in spasticity therapy with botulin toxin type A. All patients included in the study were at least 3 months after the onset of stroke and at most one year.

Results. Patients receiving rPMS treatment scored better, reducing spasticity and increasing upper limb mobility by 23.4%.

Conclusions. rPMS is a therapy already established in medical rehabilitation, which proves useful in several applications, including in the recovery of fine hand movement, more useful if it is applied recently after the onset of motor deficit and sustained over time.