

NAZIV DISERTACIJE: UTICAJ TERAPIJE POKRETOM U PREVENCIJI RECIDIVA LUMBALNOG BOLNOG SINDROMA**Autor:** Eldad Kaljić**Mentor:** Prof. dr. Dijana Avdić**Datum odbrane:** 17.11.2016.**DOI:** <https://doi.org/10.17532/DD.2016.03>**UVOD**

Lumbalni bolni sindrom (LBS) se definira kao bol ili neugodnost stražnjeg dijela tijela, lokalizovana između margina dvanaestog rebra i donjeg glutealnog područja sa ili bez širenja u donje ekstremitete, koja može biti ozbiljna u mjeri da ograniči uobičajene aktivnosti duže od jednog dana. Vjerovatnost od pojave recidiva u prvoj godini je u rasponu od 30% do 60%.

HIPOTEZE

Radna hipoteza je glasila da tretman procedurama terapije pokretom za povećavanje mobilnosti kičme, jačanje prednjih trbušnih mišića, bočnih trbušnih mišića i leđnih mišića je efikasan u prevenciji recidiva, poboljšanju svakodnevnih životnih aktivnosti i radnih sposobnosti za osobe oboljele od LBS-a stojećih i sjedećih zanimanja, te je bila oprečna nultoj hipotezi.

CILJEVI ISTRAŽIVANJA

Utvrđiti uspješnost procedura terapije pokretom u prevenciji recidiva i svakodnevnim životnim i radnim aktivnostima osoba sa LBS-om, stojećih i sjedećih zanimanja.

MATERIJAL (ISPITANICI) I METODE ISTRAŽIVANJA

Istraživanje je provedeno u privatnoj ordinaciji "Praxis – dr. Pecar" u periodu od 20.6.2014. do 1.6.2016. godine. Ispitivana grupa je obuhvatila 100 ispitanika koji su pristupili kliničkom pregledu i edukativnom programu vježbi. Kontrolnu grupu je činilo 100 ispitanika sa provedenim kliničkim pregledom i jednokratnim tretmanom mobilizacije i manuelne masaže lumbalnog dijela kičme ili jednokratnim tretmanom mobilizacije lumbalnog dijela kičme i lokalne instilacije depo kortikosteroida bez provedenog edukativnog programa vježbi. Prospektivnom studijom je analizirana pojava recidiva LBS-a, funkcionalni status i procent onesposobljenja ispitanika, rizik nastanka recidiva LBS-a i sposobnost za rad ispitanika.

REZULTATI ISTRAŽIVANJA

Nakon drugog pregleda 4% ispitanika ispitivane i 37% ispitanika kontrolne grupe je imalo recidive LBS-a. Nakon trećeg pregleda u ispitivanoj grupi ostao je isti broj ispitanika sa recidivima LBS-a (4%), dok je u kontrolnoj grupi iznosio 17%. Na kraju istraživanja procent onesposobljenja ispitanika ispitivane grupe je bio signifikantno manji (2.36%) u odnosu na ispitanike kontrolne grupe (13.82%). Po okončanju istraživanja 98% ispitanika ispitivane grupe i 57% ispitanika kontrolne grupe je imalo mali rizik pojave recidiva LBS-a. Sposobnost za rad usljed LBS-a se statistički značajnije poboljšala kod ispitanika ispitivane grupe na kraju istraživanja.

ZAKLJUČAK

Rezultati našeg istraživanja su potvrdili radnu hipotezu da je tretman procedurama terapije pokretom efikasan u prevenciji recidiva i poboljšanju svakodnevnih životnih aktivnosti i radnih sposobnosti za osobe oboljele od lumbalnog bolnog sindroma.

KLJUČNE RIJEČI: terapija pokretom, prevencija recidiva, lumbalni bolni sindrom

DISSERTATION TITLE:**Author:** Eldad Kaljić**Mentor:** Prof. dr. Dijana Avdić**Date of defence:** 17.November 2016.**DOI** <https://doi.org/10.17532/DD.2016.03>**INTRODUCTION**

Lower back pain is defined as pain or discomfort in the posterior portion of the body, located between the margins of the 12th rib and the lower gluteal area. The pain may or may not spread to the lower extremities and it can limit daily activities for more than a day. The probability of recidives occurring during the first year is between 30% and 60%.

HYPOTHESIS

The working hypothesis stated that kinesiotherapy, aimed at increasing the mobility of the spine, strengthening anterior abdominal wall muscles, lateral abdominal wall muscles and back muscles, was effective in the prevention of recidives and improvement of daily activities and working abilities of persons suffering from lower back pain, in sedentary and standing occupations. Therefore, it was contrary to the null hypothesis.

RESEARCH GOALS

Establish the successfulness of kinesiotherapy procedures in the prevention of recidives in everyday life and work activities among persons suffering from lower back pain in sedentary and standing occupations.

MATERIAL (RESPONDENTS) AND METHODS

The research has been performed at Private Clinic "Praxis - Dr. Pecar" in the period between 20 June 2014 and 01 June 2016. The test group involved a group of 100 patients that underwent a clinical examination and a training for exercises. The Control Group consisted of 100 patients that underwent a clinical examination, a one-time mobilisation treatment and manual massage of the lumbar spine or a one-time mobilisation of the lumbar spine and a local injection of a depo corticosteroid without educating the patient on the exercises. A prospective study analysed the occurrence of recidives of lower back pain and the functional status and percentage of inability of the patients. It also included an analysis of the risk of recidives of lower back pain and work ability of the patients.

RESULTS OF RESEARCH

Following the second clinical examination, 4% of the patients from the test group and 37% from the control group experienced recidives of lower back pain. Following the third clinical examination, the test group had the same percentage of patients with recidives of lower back pain (4%), while the control group had 17%. At the end of the research, the percentage of incapacitation among patients from the test group was substantially smaller (2.36 %) as compared to the patients of the control group (13.82%). Upon the finalisation of the research, 98% of the test group and 57% of the control group had the same risk of recidives of lower back pain. At the end of the research, the level of work ability due to lower back pain significantly improved.

CONCLUSION

The results of our research corroborated the hypothesis that kinesiotherapy was effective in the prevention of recidives and improvement of everyday activities and working ability among persons suffering from lower back pain.

KEY WORDS: kinesiotherapy, recidive prevention, lower back pain