COMPLEX NEUROREHABILITATION ALGORITHMS FOR FUNCTIONAL RECOVERY AND AMELIORATION OF AUTONOMY IN EVERYDAY LIFE OF PATIENTS WITH NEUROLOGICAL DISABILITIES

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1.We consider the importance of the problem of functional recovery of neurological sensitive, motor and functional disturbances for the autonomy in everyday life of neurological patients.

2. The *goal* of our work was to evaluate the efficacy of application of different neurorehabilitation modalities and methods on everyday autonomy and quality of life of patients with disabilities due to socially important invalidating neurological diseases.

3. We effectuate a composition, clinical application and approbation series of complex neurorehabilitation algorithms for functional recovery and amelioration of independence in daily living of a total of 1249 neurological patients, divided into a lot of groups and subgroups, in each one we applied a different neurorehabilitation (NeuroReh) complex, composed by a synergic combination of natural and pre-formed physical modalities (*electrotherapy, cryo and thermotherapy, physiotherapy and occupational therapy*).

4. Patients were controlled before, during, at the end of the NeuroReh course and one month later - using a battery of traditional and contemporaneous objective methods: tests and scales for motor weakness, balance and coordination; tests of functional grip; tests of gait and independent motion; functional scales for independence in daily living and capacity for activities (self-service, family life, professional, social); scales for depression and anxiety; visual analogue scale of pain; vibroesthesiometry; thermosensibility; laser Doppler flowmetry.

Key words: neurorehabilitation, physical therapy, paresis, pain, algorithm, quality of life, activities

5.Based on detailed qualitative and quantitative evaluation we proved the efficacy of different neurorehabilitation complexes – on different types and levels of sensory, motor and functional deficiency in patients with poststroke hemiparesis (including hemiparetic shoulder), multiple sclerosis, parkinsonism, discogenic radiculopathy L5 with peroneal paresis, diabetic polineuropathy with peroneal paresis and neuropathic diabetic podopathy.



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