

COMPLEX PRM PROGRAMMES OF CARE AFTER ARTHROSCOPIC RECONSTRUCTION OF THE ANTERIOR CRUCIATE LIGAMENT

Ivet Koleva, Borislav Yoshinov
Medical University of Sofia, Bulgaria



Fig. 1. VAS (0-20)

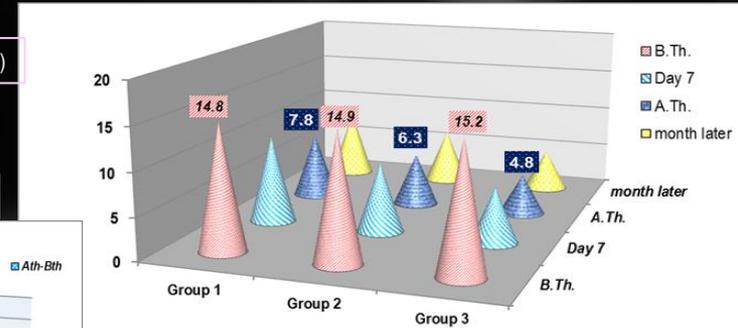


Fig. 2. FLEXION DIFFERENCES (ROM - SFTR)

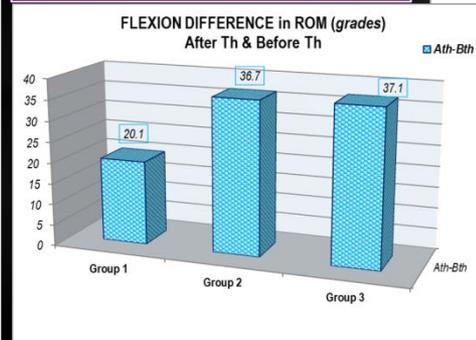
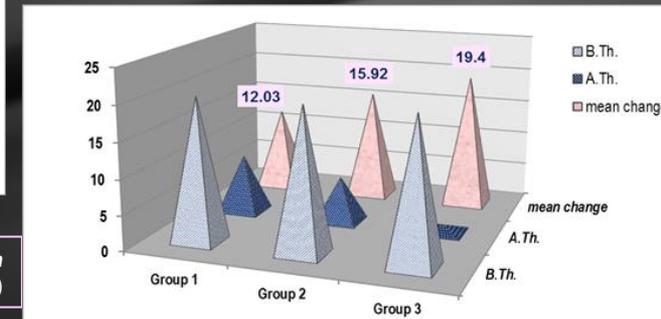


Fig. 3. Gait analysis – step length (differences between the operated and healthy leg)



Introduction:

The importance of anterior cruciate ligament (ACL) for knee stability and gait is recognized.

The **goal** of current study was to realize a comparative evaluation of the efficacy of application of three different PRM programmes of care after arthroscopic reconstruction of ACL.

Material and methods:

A total of 96 patients (divided into three groups) after ACL reconstruction were treated during one month.

- All patients received physiotherapy (analytic exercises), cryotherapy (ice massage), patient education.
- Patients of first group received only these procedures.
- In group 2 we added interferential currents and electrostimulations of the *quadriceps femoris muscle* (especially *m.vastus medialis obliquus*).
- In group 3 we added other preformed modalities: low intensity low frequency magnetic field and Deep Oscillation.

Patients were controlled before, during, at the end of the PRM course and one month later - using a battery of objective methods: tests and scales for pain, range of motion, knee stability and gait. Statistical analysis was performed with SPSS package, using ANOVA and Willcoxon methods ($p < 0.05$).

Analysis of results demonstrates the efficacy of physiotherapy and cryotherapy on mobility of the knee joint and gait velocity. The knee stability was significantly improved in group 2. Efficacy of PRM on pain, oedema and the length of the step was most significant in group 3.

Discussion and conclusion: Authors consider that pre-formed physical modalities can ameliorate the efficacy of rehabilitation in these patients: electrostimulations are useful for the knee mobility and stability, Deep Oscillation and magnetic field – for the pain and oedema.

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Key words: PRM program of care, anterior cruciate ligament, arthroscopic reconstruction, pain, edema, range of motion, knee stability

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Contacts: prof. Ivet KOLEVA, MD, PhD, DMedSc;
phone: ++359.888 20 81 61; e-mail: yvette@cc.bas.bg