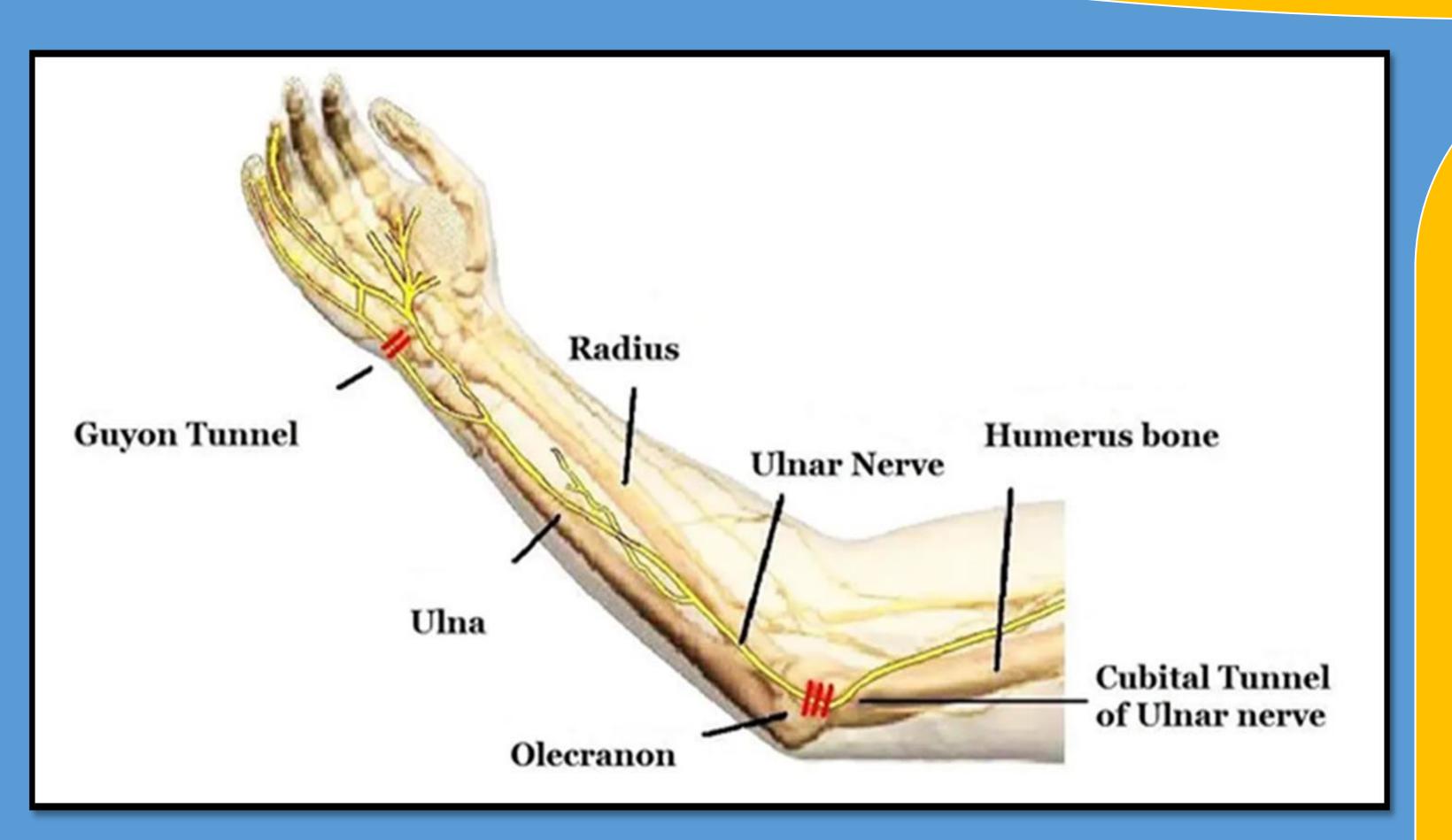


FUNCTIONAL RECOVERY IN PATIENTS WITH ULNAR NERVE INJURY

T. Andonovska¹,², D. Vasileva¹

¹ Faculty of Medical Sciences, Goce Delchev University, Shtip, N.Macedonia, ²University Clinic of Physical medicine and rehabilitation, Skopje, N.Macedonia



Purpose

The aim of the study is to shorten the duration of the rehabilitation process and increase the functionality of the affected limb by timely recognizing the symptoms and starting the rehabilitation treatment of the patients, so that the patient would return completely to the activities of everyday life

Results

After finishing the treatment and summarizing the obtained results, a comparison was made of the achieved changes after two ie. four weeks. The obtained data are shown in figure 1. and figure 2. through which a significant improvement in the condition of the majority of patients was observed.

Conclusion

Ulnar nerve impingement is a common occurrence in forearm bone injuries. Patients face difficulties in performing daily life activities and are dysfunctional in society. With timely recognition of the symptoms and starting the rehabilitation treatment of the patients, the duration of the rehabilitation process is shortened and the functionality of the affected limb is increased

Contingents and methods

The study included 10 subjects (5 male subjects and 5 female subjects) in whom the ulnar nerve was diagnosed during the examination. During the treatment, physical procedures (heat procedures and electrical procedures) and kinesitherapeutic exercises were used in order to reduce pain, improve trophism and allow a faster return of the complete function of the affected limb. During the dosing of all the above-mentioned procedures, attention was paid to the patient's condition in terms of fatigue and load. The following methods were used during the treatment: paraffin therapy, electrical stimulation, TENS, galvanic current, diadynamic currents, kinesitherapeutic exercises (pastoral and actively assisted).

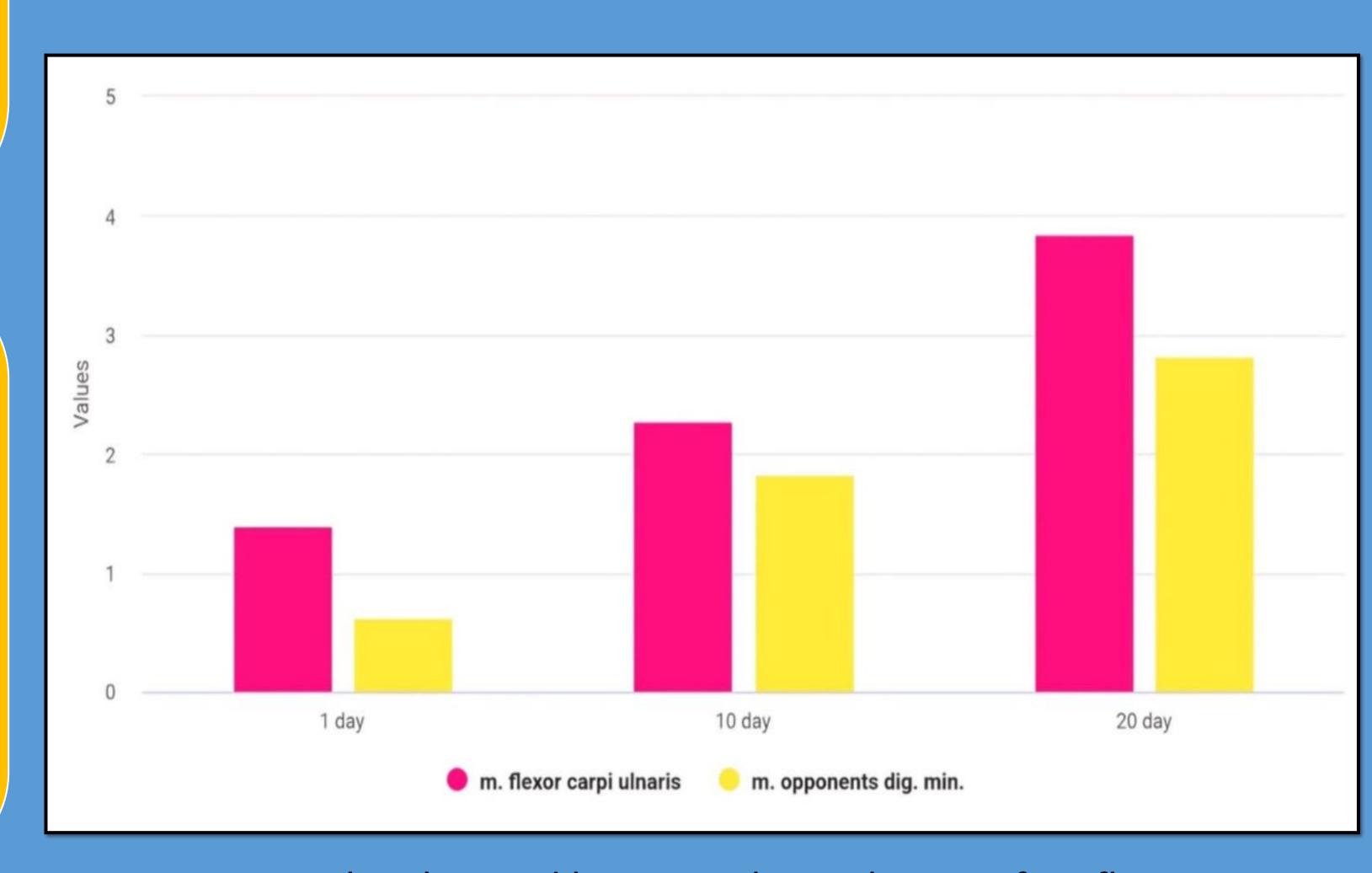


Figure 1. Results obtained by manual muscle test of m. flexor carpiulnaris and m. opponens digiti minimi

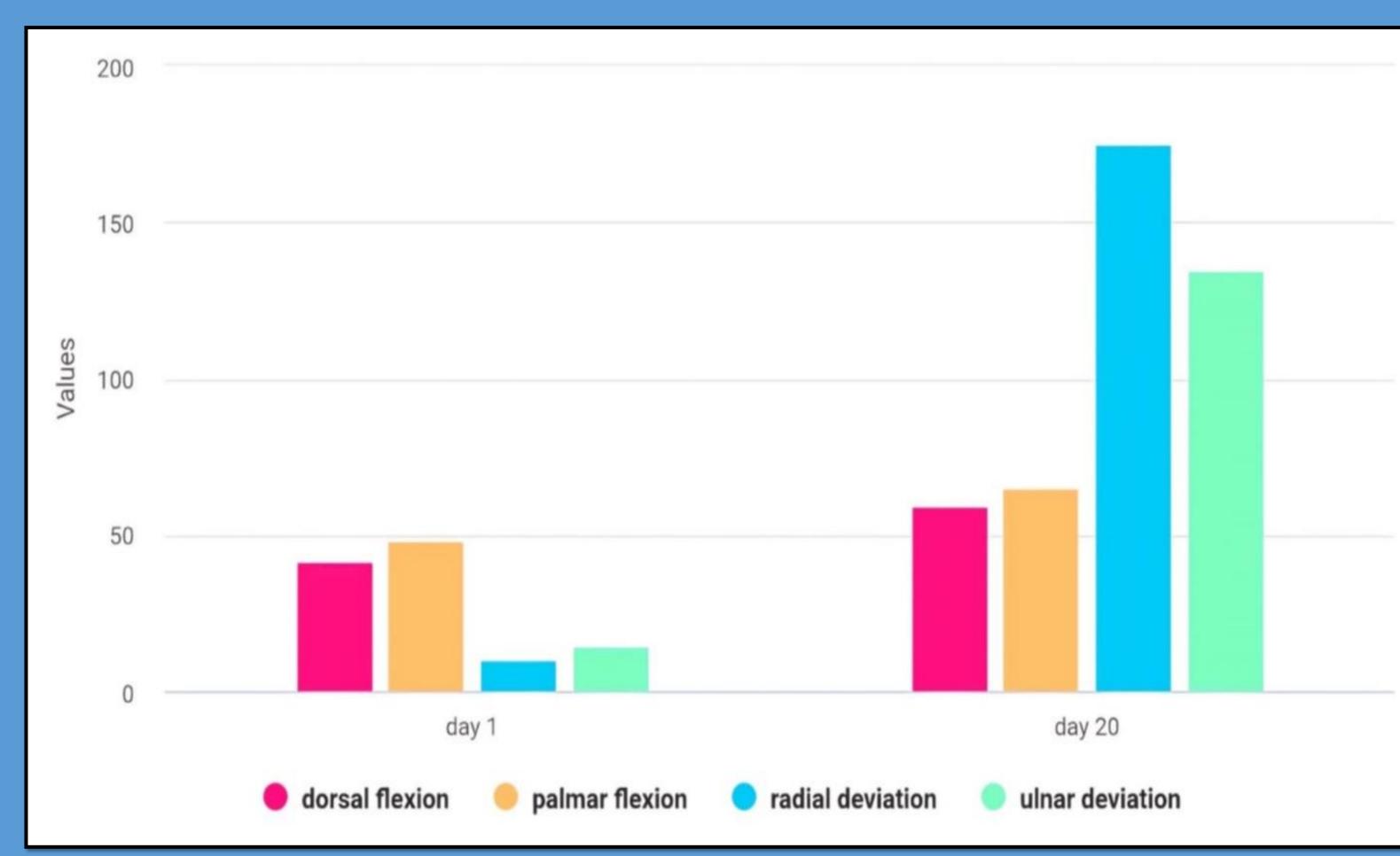


Figure 2. Changes obtained by measuring movements of the wrist