KINETIC EFFICIENCY AND EXERCISE LIMITS IN SEVERE PERIPHERAL VENOUS (IVP)

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Abstract
Poor peripheral circulation is a complex lesions of different severity and magnitude affecting the legs and veins which have in common with chronic and slowly progressive development of complications over time. The prevalence of varicose veins among adults, 10% - 33% in women şi10% - 20% in men 1. With a high socio-economic impact study 2.3 Terrain: 78% of symptomatic patients were treated. 4Lucrarea tries to be a guide to address problems, peripheral circulation in terms of kinetic. Study was conducted through direct observation and monitoring of the 121 cases taken to trial in November 2009 during May 2013-in resort, Salt Lake, Braila and Recovery Center,, S. C. FIZITER SRL,, Braila. The study demonstrated the need for a coordinated program kinetic least 3 weeks by the state of PCI Combination drug therapy significantly decreases the intensity of specific siptomatologiei increase during periods of remission. Kinetic treatment is of choice in preventing the installation of PVI, preferably from persons who are susceptible to environmental factors have PVI or PVI faforites Issue, and gets help in advanced stages of IVP
Key words: *edema, kineto, posture, compression.*

INTRODUCTION

The statistics in our country indicates that extremity arterial disease and venous approach those of Western European countries where one in four women and a man of 15 suffering from insufficient peripheral circulation and those with arterial amounts to about ¼ of the total bonlavi with flebopatii.

In Romania in 2000 there were about one million and half of the determinations peripheral vascular bonlavi. Care patients with I.V.P. be made in several services: surgery, internal diseases, cardiology, baleno-physiotherapy, kinesiology.

The purpose of the paper is to demonstrate the effectiveness of drug treatment associated kinetic methodically, to improve disease and even halt its progress.

The hypothesis of the paper, Physical therapy is a primary means to prevent IVP, and secondary treatment of I.V.P. with tr. drug.

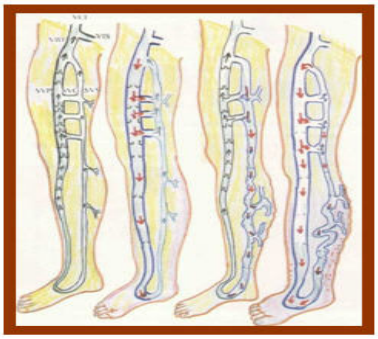
Definition of peripheral circulatory failure peripheraly circulation is inadequate for a complex lesions of different severity and magnitude affecting the legs and veins which have in common with chronic and slowly progressive development of complications over time.

Classification I.V.P,, Onions,CEAP

Classification is widely recognized classification ONION where:

- C (clinical) is clinical, often visible disease.
- E (etiology) are etiology, cause disease.
- A (anatomy) refers to the affected venous segments.
- P (disease) defines how to effectively produce local venous impairment.

There are six degrees of damage from single events, mild to severe impairment of vessels with adjacent structures echo-muscle, skin, fat, joints.



Classification unanimous. CEAP

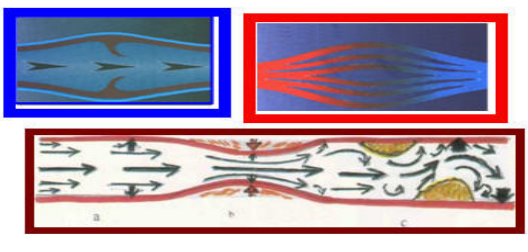


Fig.1. Venous circulation scheme: a. normal b.posttrombotic syndrome c. varicose syndrome. d. decompensated

C0 - no signs visible or palpable. **C1** - telangiectazii or venue . **C2** - vene varicoase

C3 - swelling of below, visible in particular evening, afterefforts by swellin
C4 - skin hyperpigmentation, irreversible staining ranging from dark brown, brown,vineţiu, - reddish, eczema, ski
C5 - like C3 is plus there is a varicose ulce
C6 - C4 as to the existence in addition to one or more active varicose ulcers.

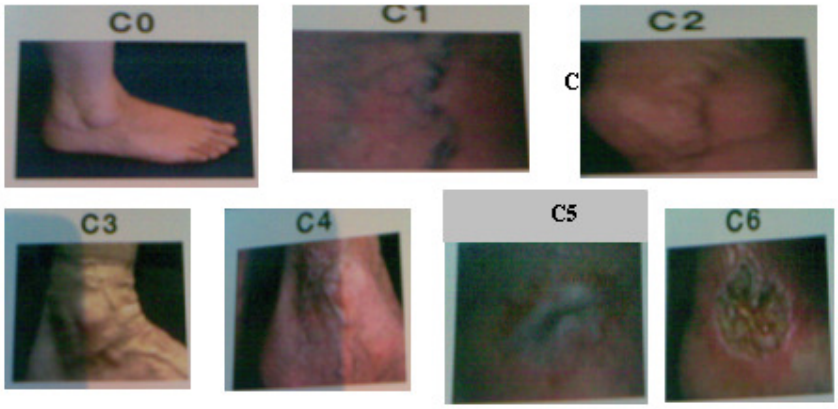


Figure.2 Classification ONIONS the I.V.P

Aetiology of venous insufficiency: trauma cases, causes congenital, toxic, infectious causes, causes of metabolic, neuroendocrine disorders, rigul and moisture **Pathophysiology I.V.P is multifactorial.**

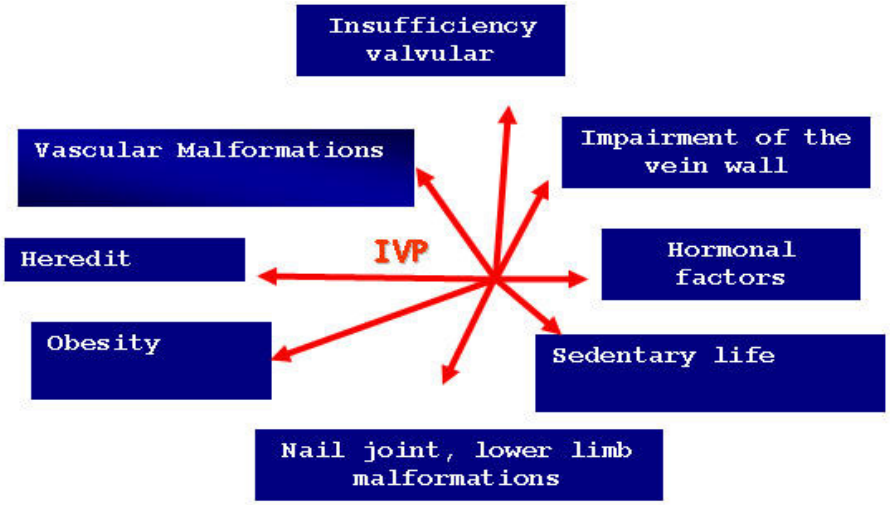


Figure 3. Pathophysiology I.V.P

Objective clinical examination of patients with I.V.P.

Inspection patient is standing and lying, with both States issued clothes, with examination of the anterior and posterior. Rating: differences in thickness (the swelling), differences in length (present in congenital disorders) of the legs can be found: edema, Vene dilated, Crowns ectaziate leg veins, pigmentation, skin trophic disorders (leg ulcer).

Nodules cutanaţi.Diagnosticul peripheral circulatory failure involves: swelling of the affected, venous pain, intermittent claudication, testing posture

Drug treatment and surgery.Medicinal treatment consists of: flebotonice,ν antibiotics, anti-inflammatory ,surgical treatment which consists of:

- thev abolition of venous reflux by suppressing crosectomie;
- dilated superficial veins by stripping;
- bypas-type methods Uli venous.

Kinetic treatment consists of:

1. *Posture* exercises are identified with peripheral ischemia tests applied symmetrically functional diagnostic purposes, to assess severity of ischemia (1, 2.4)

a. *Gymnastics Burger.*

b. Position posture Ratschow test - supine (I) entroza latch (II)-refilling veins (III) and increased entemulm (IV).
c. Test posture.
2. *Oscillating bed (*Forno) has the effect of vasomotor pear ferric
3. *Pneumatic devices* such Syncardon (massages "sincardiale" Fuchs),
4.*Masaje circulatory effect* roller surface, pressure alunacate deep petrisaj. Connective tissue massage is applied in stage IV (trophic disorders, gangrene).
5. *Postural drainage Compresoterapia* and gravitational compresotempie active internal, external compresoterapia passive (elastic stockings, cio ¬ antigavitaţionali rubberized rape.

ORGANIZING AND CONDUCTING RESEARCH

This study was conducted through direct observation and monitoring of the 121 index cases in the study between 2009-noiembrie/ may 2013 into the station, Salt Lake, Braila, and recovery center,, SC,, FIZITER LLC. The excluded patients with: renal dysfunctions, hepatic dysfunction, severe cardiac dysfunctions, with pure lymphedema, acute venous affections.
Subjects were divided into 3 equal experimental groups as follows:-Group **A** consisting of patients who undergo kinetic and Drug-Group **B** made up of patients who undergo treatment only kinetic, **C**-group formed by patients who have undergone drug treatment only . Graphical representation of the matter according to the backgrounds, 45 patients in urban areas (mun Braila), representing 23.80%, 76 patients from rural areas (villages adjacent to the town Braila) representing 72.20% of the graphics on sex subjects.
Of the 21 subjects: 68 were male, representing 52.38% were 53 female, representing 47.62%. The study included: 46 patients with venous insufficiency representing 28.57%, 75 patients with chronic venous insufficiency representing 71.43%(Fig 4,5,6,)

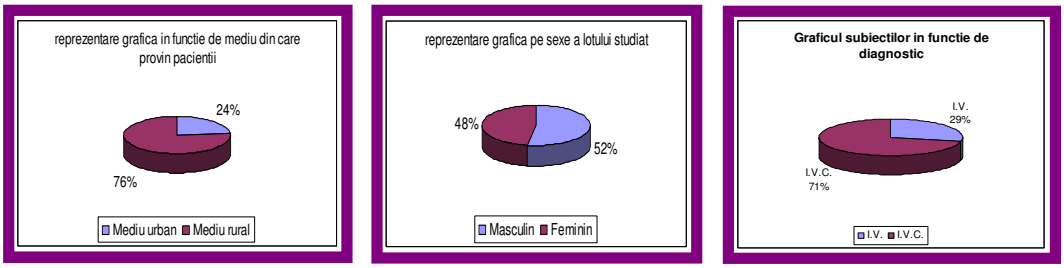


Figure 4,5,6

Graphics Comparison of results obtained in testing the ultimate and final evaluation after treatment applied durerii.
In observed that the pain was reduced the most in the experimental group A, who attended drug treatment and kinetic.
Pain assessment was performed by visual anlog graduated scale from 0 to 10.

METHODS AND TECHNIQUES USED

Method documentation theoretical method observation, interview anamnesic, experimental method, method of graphic representation; Trial .As assessment methods and techniques we used peripheral venous circulation .Test of 3 garouri, Trendelemberg test, anthropometric measurements of the calf (with metric tape) pain assessment (by Visual Analogue Scale 0-10);

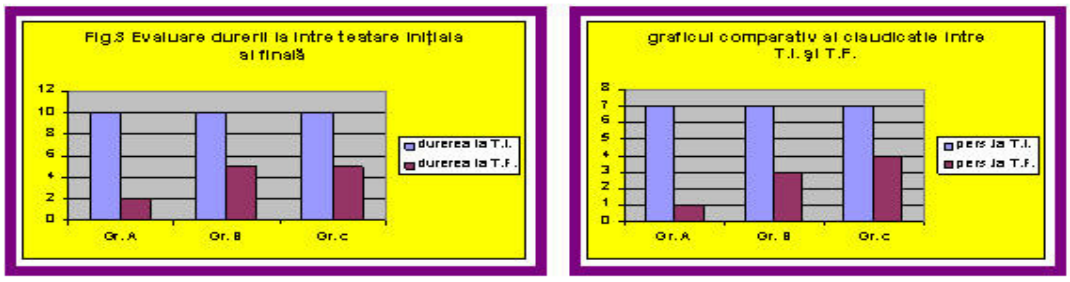
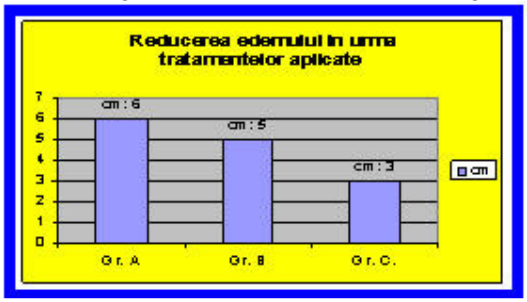


Figure 7-8

Chart Comparison of claudicatiei, initial testing and final testing
The ultimate test all subjects in all three groups claudicatiei.After signs of the treatment in group A, there are only 21 people with signs of lameness, the B 14 to C 56.

Chart reduce swelling after treatments applied.
After the treatment was observed a reduction of edemaν of 6cm in group A, group B reduced by up to 4cm from Kinta treatment applied, and in group

C are observing a reduction to 3 cm following medical treatment .



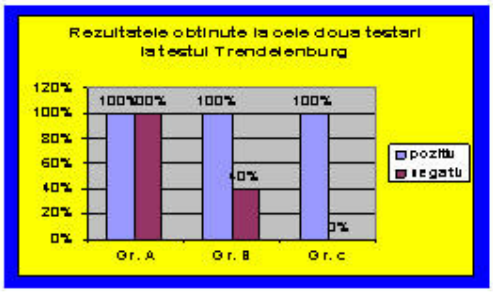


Figure 8-9

After treatment applied was seen as the best result had experimental group, whose treatment was the drug and the kinetic. Graphic compared to test results do three garouri obtained from the following 2 testariIn as medical treatment and the applied kinetic lot of study all patients were negative to test three garouri **Chart Comparison** of results obtained in all tests. The values obtained were tabulated and compared, the group obtained the best results (each test) received three 3punte, the February 2 points and the third 1 point.

CONCLUSION

The most visible improvements, they have Group A patients were those who followed tratamenet kinetic and medication, followed by grupuli B patients, those who followed only kinetc treatment, the last place the experimental grupul C patients, those who followed only medicamentos.

Opinion treatment. The study showed need a program coordinated kinetic least 3 weeks by the state of IVP Combination drug therapy significantly decreases the intensity of specific siptomatologiei increase during periods of remission. Programs applied kinetic stage I-IVP, may reduce adecvată.În advanced simptomtologia without medication is not associated with risky medicamentos. Kinetic treatment. treatment of choice in preventing the installation is IVP, preferably to people who are prone to IVP or are environmental factors faforizanţi Issue IVPPropuneri.Programs specific kinetic device vascular be grouped into courses of at least 3 weeks, (physical therapy) followed by maintenance programs 2-3 times per week (kinetoprofilaxie primary and secondary), for self-standing and seating.

REFERENCES

10. Abenhaim L. *Phlebology.* (1999), 14 (suppl 1):1-126. 4. Jantet G. Angiology. 2002. , 53:245-256.
11. Chirila L.,(1983). *Vasculopatyes functional recovery of chronic peripheral*. Ed Medical.
12. Coleridge-Smith PD. In: Gloviczki P, Yao JST, eds. (2001).*Handbook of venous disorders.* Guidelines of the American venous forum. 2 ed. London: Arnold.
13. Gherasim. L., (1996). *Internal Medicine*. I II. *Cardiovascuare diseases, metabolic*. Ed healthcare. Bucharest
14. Obraşcu C., (1986). *Recovery of patients with cardiovascular exercises fizice*.Ed Medical, Bucharest.
15. Simke M. *Data on file.*
16. Zbrenghe T., (1995). Barnea. 1 (in red) Recovery of cardiovascular patients, Cluj-Napoca.
17. Zbrenghe. T., (1996). *Rehabilitation at home sick*. Ed Medical, Bucharest.