

*Prikazi bolesnika/
Case reports*

REHABILITATION OF TRAUMATOLOGIC
PATIENTS IN BANJA KOVILJAČA

REHABILITACIJA TRAUMATOLOŠKIH
PACIJENATA U BANJI KOVILJAČI

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Ključne reči:

sumporovita voda, peloid, iščašenje
ramena, kineziterapija,
horizontalna terapija

Abstract

Physiatrists are often encountered with undiagnosed conditions, especially in traumatologic patients. Because of that we need cooperation with another specialists, to avoid complications.

To show significance of team work in the treatment of the patients with undiagnosed traumatology conditions, we will present a patient with undiagnosed fracture and luxation of shoulder. After X-ray examination we had consulted orthopedist. The diagnose was: St.post luxationem ant. art. acromioclavicularis cum fracturam tuberculi maioris humeri l. dex. After orthopedic repositioning and immobilization we started with rehabilitation.

Two weeks after of a balneophysical treatment, there was a significant pain relieve and increasing in shoulder joint mobility after adequate orthopedic and physical treatment. Owing to teamwork in rehabilitation of patients in Banja Koviljača, possibility of occurring complications is lessening, and better treatment results are achieved.

INTRODUCTION

In rehabilitation centers, physiatrists are often encountered with undiagnosed conditions, especially in traumatologic patients. Therefore, cooperation with other specialists to prevent possible complication is important.

OBJECTIVE

To show significance of team work in the treatment of the patients with undiagnosed traumatology conditions.

METHODS

Patient B.K. has come for rehabilitation to Specialized Hospital for Rehabilitation Banja Koviljača due to pain and limited mobility in the right shoulder, arisen as a consequence of fall two weeks before.

Clinical examination created suspicion on dislocated shoulder.

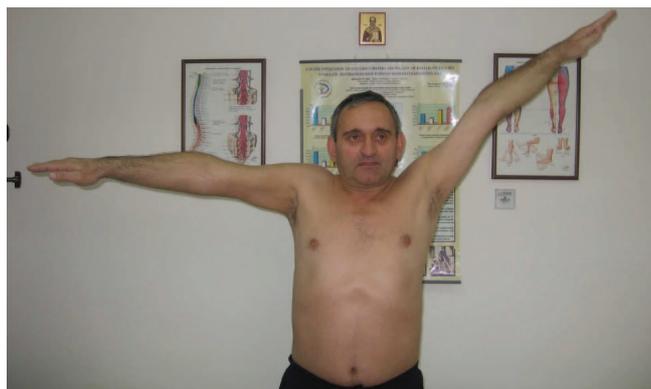
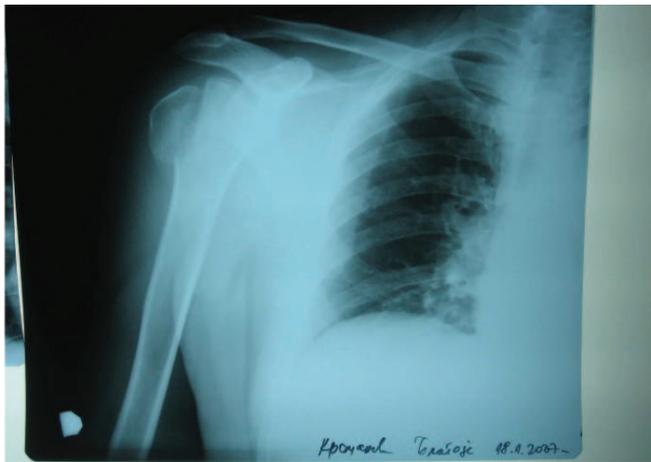
The patient was X-rayed, and orthopedist was consulted.

The diagnose was: St.post luxationem ant. art. acromioclavicularis cum fracturam tuberculi maioris humeri l. dex.

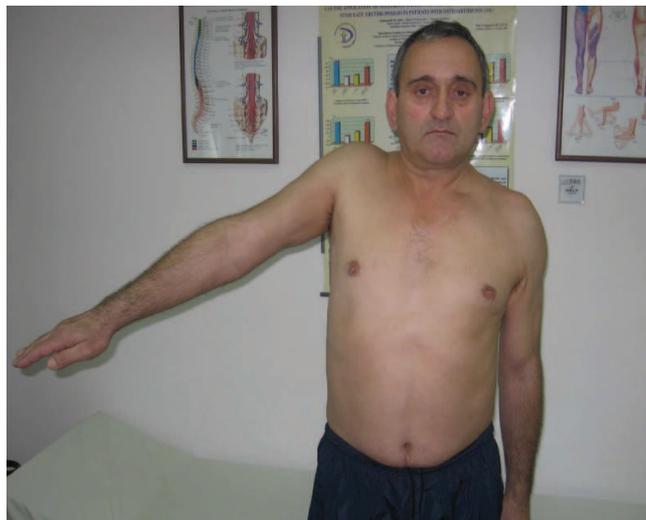


Patient was referred for a treatment in competent health agency where orthopedic repositioning and immobilization was done in three weeks.

After finishing orthopedic treatment patient has come to Banja Koviljača again.



Following balneophysical treatment was started: sulphuric peloid (40° C, 20 min), bath in thermo mineral sulphuric water (12mg/l H₂S, 35° C, 20 min), kinesi therapy and Horizontal® therapy (30 min. 4 electrodes applied on the right shoulder-PRO ElecDT® 2000 device, HakoMed). All therapies were administered once a day, 6 days a week, altogether two weeks.



During rehabilitation, one more follow up at orthopedist was done.

RESULTS: After a two weeks of balneophysical treatment, there was a significant pain relieve and increasing in shoulder joint mobility after adequate orthopedic and physical treatment. But can you imagine what could happen in the case that we did not make a X ray examination and orthopedic consulting?

CONCLUSION: Owing to teamwork in rehabilitation of patients in Banja Koviljača, possibility of occurring complications is lessening, and better treatment results are achieved.

Therefore, along with physiatrists, orthopedists, internists, neurologist, rheumatologists, vascular surgeon, pediatrician and orthopedist for children are engaged.

Apstrakt:

Fizijatri se često susreću sa nedijagnostikovanim problemima, naročito u rehabilitaciji pacijenata sa traumama. Zato je veoma značajna saradnja sa drugim specijalistima kako bi izbegli komplikacije.

Prikažaćemo pacijenta sa nedijagnostikovanim prelomom i iščašenjem ramena. Nakon RTG snimanja konsultovali smo ortopeda. Postavljena je dijagnoza St.post luxationem ant. art. acromioclavicularis cum fracturam tuberculi maioris humeri l. dex. Nakon repozicije i imobilizacije započeto sa rehabilitacijom.

Nakon rehabilitacije značajno je poboljšana pokretljivost u ramenu i ublažen bol. Timskim radom se smanjuje mogućnost nastanka komplikacija.

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