

TECHNIQUE FOR FUNCTIONAL TREATMENT OF CONGENITAL HIP DISCHARGE IN CHILDREN

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Objective of the study: To develop a more effective method for the functional treatment of congenital dislocation of the hip joints in children of the first year of life and to improve the results of treatment, to reduce disabilities.

Material and research methods.

The study was carried out by a consultative polyclinic on the basis of the Samarkand branch of the Republican Specialized Scientific and Practical Center of Traumatology and Orthopedics.

To accomplish the set tasks, clinical-functional, ultrasonographic and X-ray examinations of 57 children aged from 7 days to 12 months were carried out. Of these, 16 boys (28.6%), 41 girls (71.9%).

Infants were divided into 3 age groups; 7 days -3 months; 4-6 months; 7-12 months
Children under 3 months - 8 (13.7%), up to 6 months. - 22 (38.6%), up to 12 months - 27 (47.7%).

After establishing the diagnosis, the patient is transferred to the authors' functional abduction splint. (Utility model patent No. FAP 01285, 2018. Uzbekistan).

First, the abductors are put on in such a way that they hold the legs in the flexion position and abduct as wide as they can be withdrawn without effort. The required abduction of the legs is achieved by dosed pulling of the abduction straps for 6-10 days. During this period, it is not allowed to bathe the child and remove the devices.

By flexing the hips at an angle of 75-85° and abducting them at an angle of 80-85°, the centering of the femoral head into the acetabulum is achieved. The splint should be worn until the development of the hip joints is completely normalized.

In case of complete dislocation of the hip, treatment with a splint lasts 5-6 months, and in case of subluxation, 3-4 months. After 5-6 months, a control X-ray is performed. With good development of the cavity and satisfactory centering of the femoral head, the Vilensky splint is recommended.

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The axial load is allowed in children when normal clinical and radiological parameters are reached after 10-12 months.

The immediate results of treatment in 18-24 months are excellent 6-15.4

Results and its discussion. %, good results in 41 (72%), satisfactory in 10 (17.6%) patients, unsatisfactory results were not observed. Treatment outcomes for boys and girls were approximately the same. Somewhat worse (satisfactory) results were obtained in those children

whose relatives had congenital hip dislocations. These patients had a slow formation and dystrophic process of the hip joints.

Conclusions. The developed original device allows obtaining the greatest number of good results and preventing the development of complications due to the sparing effect on the bone, cartilaginous and soft tissue structures of the joint.

The effective use of rehabilitation measures (physiotherapy and exercise therapy) can improve the formation of the bone elements of the hip joint, as well as hormonal physical development and reduce disability.

Literature.

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