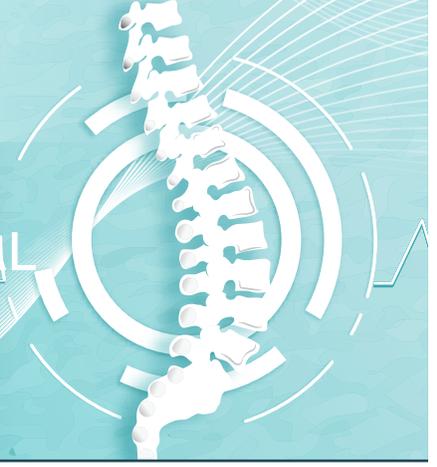


3. BÖLÜM

BEL AĞRILARINDA MEDİKAL TEDAVİLER VE EGZERSİZ REÇETELEME



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GİRİŞ

Bel ağrısı klinik pratikte en sık karşılaşılan durumlardan biridir. Yetişkinlerin yüzde 84'ü ve çocukların dörtte birinden fazlası hayatlarının bir döneminde bel ağrısı çekiyor. Bel ağrıları ciddi klinik, sosyal ve ekonomik kayıplara neden olan, dünya nüfusunun çoğunluğunu etkileyen bir sağlık sorunudur. Kronik bel ağrısı, sosyal hayatı ve iş hayatını etkilemesi ile dizabilitenin en yaygın nedenlerinden biridir. (1).

Bel ağrısı, yaşam kalitesi ve işlev üzerinde önemli olumsuz etkilere sahip olabilen ve tedavi maliyetleri genel sağlık harcamalarındaki yerleri giderek artan bir hastalıktır (2). Doğrudan yüksek maliyetlere ek olarak, bel ağrısı, işin atlanmasının veya işteyken üretkenliğin azalmasının en yaygın nedenlerinden biridir ve yüksek dolaylı maliyetlerle sonuçlanır (3).

Bel ağrısı sıklıkla semptom süreleri, olası nedenler , radiküler semptomların varlığı ve yokluğu ve karşılık gelen anatomik veya radyografik anormallikler göz önüne alınarak sınıflandırılır ve tedavi edilir. Akut bel ağrısı 4 haftadan kısa , subakut bel ağrısı 4-12 hafta arası , kronik bel ağrısı ise 12 haftadan uzun sürer. Akut

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Yapılan bir meta-analizde, rekürren veya kronik bel ağrısında bel okulunun etkinliği egzersiz, manipülasyon, miyofasyal tedavi, öneri, plasebo ve bekleme listeleri ile karşılaştırılmıştır. Ağrı azalması, işe dönüş, fonksiyonel kapasite değerlendirilerek kısa ve orta vadede bel okulunun daha etkin olduğuna dair orta dereceli kanıt bulunmuştur (78).

Maul ve ark.nın yaptıkları çalışmada; kronik bel ağrılı 183 hastanın, sadece bel okulu ve bel okulu ile kombine egzersiz tedavisi ile uzun dönem sonuçları karşılaştırılmıştır. Egzersiz ile kombine bel okulu tedavisi ile hastaların fonksiyonel kapasiteleri ve gövde kas güçlerinde anlamlı artış ile bel ağrısında belirgin azalma sağlandığı bildirilmiştir (79).

SONUÇ

Sonuç olarak, akut ya da progresif nörolojik defisit olmadığı sürece bel ağrı- larının tedavisi konservatiftir. Egzersizler de konservatif tedavinin ana parçasıdır ve bozulmuş kas performansını, kondisyon eksikliğini, atrofiyi, enduransı, hipo ve hiper-mobilitiyi, nöromuskuler kontrolü, balans ve koordinasyonu, postür ve dizilimi düzeltmeyi hedefleyen aktiviteleri içerir. Hastanın yararlanabilmesi için program, semptomların şiddetine ve süresine, fizik muayene bulgularına, eşlik eden komorbid hastalıklarına biyo-psiko-sosyal tüm yönler ele alınarak kişiye özel oluşturulmalıdır.

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