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自身重力牵引治疗腰腿痛的临床观察 <u>点此下载全文</u>

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摘要:

摘要目的:观察自身重力牵引治疗腰腿痛的临床疗效。方法:采用病例随机对照的研究方法,将60例腰腿痛患者随机分为对照组(30例) 和实验组(30例)。对照组采用常规水平牵引,实验组运用自身重力牵引。在治疗1个疗程和2个疗程后,分别计算两组手指指地距离、直腿抬高 角度、视觉模拟疼痛评分和J0A下腰痛评分的变化。结果:治疗前,对照组和实验组各项指标差异均无显著性意义(P>0.05);一个疗程后,两 组各项观察指标与各自治疗前相比,差异均有显著性意义(P<0.05),但是两组间各项观察指标差异无显著性意义(P>0.05);2个疗程后,两 组各项观察指标与各自治疗前相比,差异均有显著性意义(P<0.05),而且两组间各项观察指标差异有显著性意义(P<0.05)。显著有效率对照 组和实验组分别为40.0%和73.33%, 经Ridit分析, 差异有显著性意义(P<0.05); JOA下腰痛评分治疗后对照组和实验组分别为(21.93±3.43)和(2 3.93±3.83),差异有显著性意义(P<0.05)。说明实验组优于对照组。结论:自身重力牵引治疗腰腿痛疗效优于常规水平牵引疗法。

关键词: 腰腿痛 腰椎间盘突出 自身重力牵引

Clinical observation of self-gravitation traction on patients with low back pain Download Fulltext

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Fund Project:

Abstract:

Abstract Objective: To evaluate the curative effect of self-gravitation traction on patients with low back pain. Method: Sixty low back pain cases were randomly divided into control group (30 cases) and treatment group (30 cases). The control group was given horizontal traction and the treatment group was given self-gravitation traction. The total scores including finger floor distance (FFD), straight leg raising (SLR), visual analogue scale (VAS) and JOA were recorded after one course and two course of treatment. Result: No statistical difference was found between two groups in the baseline data. After one treatment course, all observed indexes recovered partly in two groups, but there was no statistical difference between two groups. After two treatment courses, there were significant statistical differences in all the indexes between two groups. The effective rates were 40.0% and 73.33% in control group and treatment group, respectively. Ridit analysis revealed that there was significant difference between two groups in curative effect. The JOA scores of treatment group were significantly higher than that of control group (P<0.05). Conclusion: The self-gravitation traction was a effective method to treat low back pain. It can be controlled by patient self and suit to clinics, especially to army clinics.

Keywords: low back pain <u>lumber disc herniation</u> <u>self-gravitation traction</u>

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