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不同站立姿势对偏瘫患者足底压力及平衡功能的影响 [点此下载全文](#)

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摘要:

摘要目的: 探讨偏瘫患者不同站立姿势下足底压力的变化及对平衡功能的影响。**方法:** 选择24例偏瘫患者, 要求每位患者在Novel Zebriis压力测试平板上, 分别以四种姿势站立, 即双足并拢、双足左右分开、健足在前患足在后, 以及患足在前健足在后站立, 测试患者在四种不同站立姿势下的压力峰值、平均压力、压力中心偏移的椭圆轨迹长度, 以及椭圆轨迹包围面积。结果: ①压力峰值: 双足分开较双足并拢站立时, 健侧前半足和后半足压力峰值均有明显下降 ($P<0.05$); 患足在前较患足在后站立时, 患足压力峰值明显下降 ($P<0.05$)。②平均压力值: 双足分开较双足并拢站立时, 健侧前半足平均压力明显下降, 后半足平均压力明显提高 ($P<0.05$), 但患侧前半足和后半足平均压力变化不大 ($P>0.05$); 健侧和患侧整足平均压力无明显变化 ($P>0.05$); 患足在前较患足在后站立时, 健足平均压力明显提高, 患足平均压力明显下降 ($P<0.05$)。③压力中心偏移的椭圆轨迹长度和椭圆面积: 双足分开较双足并拢站立时椭圆面积明显下降 ($P<0.05$), 椭圆轨迹长度明显增加 ($P<0.05$), 椭圆轨迹长度与椭圆面积比值明显下降 ($P<0.05$); 患足在前较患足在后站立时, 椭圆面积明显下降 ($P<0.05$), 椭圆轨迹长度与椭圆面积比值明显下降 ($P<0.05$)。结论: ①四种常见的站立姿势中, 患足在前站立时患足平均压力较其它三种站立姿势有明显差异, 双足并拢、双足分开、健足在前站立时患足平均压力几乎一致。②四种站立姿势中, 双足分开站立时患者的平衡稳定性最好。

关键词: [足底压力](#) [偏瘫](#) [平衡功能](#) [站立姿势](#)

Influence of varied erect positions on plantar pressure and balance function in hemiplegic patients [Download Fulltext](#)

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Fund Project:

Abstract:

Abstract Objective: To discuss the alteration of plantar pressure on varied erect positions and influence on balance function of hemiplegic patients. **Method:** A total of 24 cases of hemiplegic patients were selected. Each patient was requested to stand on the Novel Zebriis pressure test platform to examine the pressure peak value (PPV), average pressure (AP), ellipse track length (ETL) of pressure center deviation(PCD) including ellipse area (EA) on four different erect positions that were feet together (FT), both feet apart toward left and right (FALR), both feet apart (FA) with unaffected side forward (FAUF), and while the affected side forward (FAAF). **Result:** ①PPV: PPVs of front half foot and back half foot of unaffected side both decreased significantly when FA than FT ($P<0.05$). The PPVs of affected side decreased significantly when the affected side forward than that backward erecting ($P<0.05$). ②APV: when compared FA with FT erecting, AP of front half foot in unaffected side decreased significantly and that in back half foot increased significantly ($P<0.05$). But there was no great change in both the front and back half feet in affected feet ($P>0.05$). There was no obvious change in AP in both entire UF and AF ($P>0.05$). When compared FAAF with FAUF erecting, AP in US improved obviously and that in AS decreased significantly ($P<0.05$). ③ETL and EA of PCD: EA decreased significantly ($P<0.05$), ETL increased significantly ($P<0.05$) and ratio of ETL and EA decreased significantly ($P<0.05$) when compared FA with FT. While compared FAAF with FAUF erecting, EA decreased significantly ($P<0.05$) and the ratio of ETL and EA decreased obviously ($P<0.05$). **Conclusion:** ①In the four common erect positions, AP in both US and AS had obvious difference than other three erect positions when FAAF. And APs in US and AS were almost the same between FT, FA and FAUF. ②The patient's balance stability when FA was the best among the four erect positions.

Keywords: [plantar pressure](#) [hemi plegic](#) [balance function](#) [erect position](#)

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