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脊柱微调手法对退行性腰椎滑脱症腰椎稳定性的影响 点此下载全文

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摘要:

目的:探讨脊柱微调手法对退行性腰椎滑脱症腰椎稳定性的影响。方法:将99例患者随机分为2组,试验组采用软组织推拿和脊柱微调手法治疗.对照组采用软组织推拿和屈膝屈髋垫枕整复法治疗。治疗前后进行腰痛程度、神经损伤及生活障碍评估,以X线测量法观察微调手法对滑脱椎体前后向位移、腰椎前凸角、腰骶角、骶骨水平角等影响。结果:试验组疗效优良率60%。对照组疗效优良率36.7%,两组间疗效差异显著(P(0.05);试验组滑脱椎体前后向位移治疗前后无显著性差异(P)0.05)。增大和减小的腰椎前凸角、腰骶角、骶骨水平角等治疗前后均有显著性差异(P(0.01)。结论:脊柱微调手法疗效优于屈膝屈髋垫枕整复手法;脊柱微调手法可动态调整退行性腰椎滑脱患者的异常脊柱曲度和序列,改善脊柱承重力线。增强脊柱稳定性。

关键词: 退行性腰椎滑脱 脊柱微调手法 脊柱稳定性

A study on lumbar stability of degenerative spondylolisthesis treated with spine fine adjusting manipulation — Download Fulltext

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Abstract:

Objective: To explore the influence on lumbar stability of degenerative spondylolisthesis treated with spinal fine adjusting manipulation. Method: Ninety-nine patients were randomly divided into a test group(n=50) treated with spinal fine adjusting manipulation and soft tissues manipulation and a control group(n=49) treated with reduction manipulation by flexing hip and knee and soft tissues manipulation. The scores of low back pain, nerve injury and impairment of daily living in two groups were evaluated, and the involved vertebrae slipping rate, lumbar lordosis, lumbosacral angle and sacrohorizontal angle in test group were measured in plain radiographs. Result: The excellent rate of treatment was 60% and 36.7% in test group and control group respectively. There was significant difference in therapeutic effect between the two groups(P<0.05). Lumbar lordosis, lumbosacral angle and sacrohorizontal angle in test group appeared significant changes after spine fine adjusting manipulation(P<0.01). While there was no significant difference in slipping rate before and after manipulation in test group (P>0.05). Conclusion: The therapeutic effect of spine fine adjusting manipulation is better than reduction manipulation by flexing hip and knee; spinal fine adjusting manipulation can dynamically adjust abnormal spine curve and alignment and rectificate the gravity line of spine to enhance lumbar stability.

Keywords: degenerative spondylolisthesis spine fine adjusting manipulation spine stability

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