RECOVERY OF THE HIP-FEMORAL JOINT DISEASES THROUGH SPECIFIC MEANS FOOTBALL

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Abstract: Etiopathology adepistarea hip leads to the following conditions at the hip joint femoral: Bursitis Meralgia iliopsoasă and paraesthesia. Other causes pain, primary or secondary osteoarthritis of the hip, femoral neck fracture, bone metastases at the proximal end of the femur, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, lumbar discopathy.

Static standing hip hip supposed to be extended and indifferent position rotations and abduction - adduction. The extension is limited pressing iliofemoral ligament femoral head in acetabulum and is called "ligament standing position".

Static methods: progressive relaxation after Jacobson, autogenous training after Schultz

Dynamic Methods: eutonia after Gerda Alexander, Biofeed-back

Football specific means used in the recovery of the hip-femoral joint mobility

Treatment is done only after evaluating patient.

Recovery through physiotherapy include affected limb posture, Musculoskeletal the hip joint manipulation, mobilizations passive, active and active resistance.

The recovery program should begin immediately after mobilization exercises being amplified gradually, depending on the degree of the condition.

Medical rehabilitation is aimed to increase joint mobility and tone, she made through physical therapy exercises, physiotherapy and therapeutic massage.

Keywords: the hip-femoral joint, illness, recovery, specific means football

Introduction

The hip joint - is a joint synovial femoral, spheroidal, with three axes of movement, locomotion very important state and comprising the following articular surfaces: the means of connection.

Joint stability is ensured by three factors [1]:

• bone factors represented by:
• coaptation of the articular surfaces;
• articular axis obliquity;
• factors ligament;
• muscle factors:
• anterior-posterior stability (large gluteal muscle);
• lateral stability (gluteal muscle medium);
• participates in the stability:

pelvitrohanterienii (fixed femoral head in acetabular cup) and longitudinal muscles - adducts balanced with abductorii (tend to luxeze femoral head);

Biomechanics is a enartroză hip and has three degrees of freedom allowing flexion-extension movements, abduction-adduction, internal-external rotation and the combination of movement circumducție. Femoral neck length and angle cervical-diaphyseal make the movements of flexion, extension, abduction and adduction to associate with rotation.

Treatment is done only after evaluating patient. The drug involves NSAIDs, painkillers, cortisone with systemic or topical administration (infiltrations). They are useful and Physiotherapy and remedial gymnastics. If infectious arthritis, patients benefit from antibiotic treatment for several months. In systemic rheumatic diseases, immune system therapy will address and will treat all affected joints. Bone metastases in bone antiresorptive therapy can be done and / or cytostatic, after identifying the primary tumor. In some cases, treatment is interdisciplinary, with physiotherapist, orthopedics, oncology and infectious disease.

There are other local causes hip pain less common in medical practice. For example, septic arthritis (infection after an invasive procedure intraarticular often local) or tuberculous arthritis.

Hip disease can occur in patients who have a beginning necrosis of the femoral head or those with Duchenne hip that evolution is towards osteoarthritis.

Methodes and materiales

Overall recovery objectives and means hip affected [2]:

1. Relaxation

It's paramount objective in the recovering hip. Relaxation addresses both the stress, muscle tension and mental condition because the hospital atmosphere. Relaxation exercises can be obtained by muscle relaxation and overall divided into two groups:

Static methods: Progressive Relaxation by Jacobson - involves learning proper muscle tone control, from muscle contractions caused by a scheme targeting specific body parts in the following order: upper extremities, lower abdomen, paravertebral region, thorax and facies.

Autogen training, after Schultz - aims to reduce tonic and motor stimuli to induce a state of self-delusion by sustained concentration. It includes acknowledging the weight and heat (muscles) focus on respiratory rate (breathing) sensation of heat in the abdomen, focusing on heart rate, feeling cold frontal region.

Dynamic Methods: Eutonia after Gerda Alexander - the dynamic plan involves body awareness and static and dynamic knowledge of the body in space. Muscle relaxation after Bio Feed-back method is performed using an electromyography to record muscle tension and transmit information in the form of virtual or acoustic signal allowing his patient tone recognition, thus facilitating muscle relaxation.

2. Fight Pain

Hip pain may originate in any of the components of articular and periarticular pain relief is important in the recovery plan, it could cause neofuncţie. Pain can be treated using: frecvenţă- low currents diadynamic currents, currents Trobert, galvanic current; Local heat-paraffin; Shortwave; massage-smoothing; reflex massage

3. Fight joint inflammation - is sometimes present, forming a continuous source of pain. In the paper, the main means used in this direction were: Sleep and thrust the ax-articular pressure drop; Local massage with anti-inflammatory drugs (NSAIDs). It insisted on the groin and buttocks; vibromassage

4. Develop stability - This objective was achieved by isotonic exercises and izometonice. They will be presented in the personal experiment. Primary objective is the development of stability in recovering leg. Avoid force development adductors and psoas.

5. Develop mobility şoldului- traction in the shaft, passive mobilization, mobilization autopasive, mobilization activo-passive, active mobilization, hydrokinetotherapy

6. Re-education gait - This is achieved using fixed braces. Is used both for physical therapy for the passive and active. In the first case mechano facilitates passive movement to its execution and in the second, loading resistance opposes the effort to be stretched muscle power.

Massage - is another means necessary. It is one of the oldest therapeutic means - improves blood circulation and lymphatic helping to eliminate passive hyperemia and catabolite; stimulates contraction of muscle fibers increasing their excitability. The massage is recommended before physical therapy sessions.

Hydrokinetotherapy - is another means used in treatment. Water temperature: 35-37 ° C. Action hydrotherapy refers not only to the changes on skin temperature and peripheral circulation but also on metabolism in general. Hydrokinetotherapy was used both in individual tubs and collective hidrokinetoterapie Basin. Here runs passive physical therapy, active, and active resistance.

Discussions

The recovery program should begin immediately after mobilization exercises being amplified gradually, depending on the degree condition ..

Medical rehabilitation is aimed to increase joint mobility and tone, she made through medical gymnastics exercises (physical therapy), physiotherapy and therapeutic massage.

Medical rehabilitation gives patients several benefits:

• Prevention of possible complications due to prolonged immobilization
• Restoring stability joints and muscle tone
• recovery and improvement in joint mobility / eliminate pain in mobilizing
• Recovery of muscular strength and improve blood circulation locally
• Increased resistance joints by progressive loading
• Regaining amplitude moving
• Resume driving

Recovery through physiotherapy include affected limb posture, Musculoskeletal the hip joint manipulation, mobilizations passive, active and active resistance [3].

Earlier recovery practice various exercises assisted maintenance limb affected, preventing

edema, and the installation of movement disorders.
The exercises, performed properly, increase the degree of stability of the balance (through muscle toning), while increasing mobility and hip, to obtain functional movement ideal angles.
Electrotherapy sessions also help to relieve pain, various forms of effects with current pain relievers, muscle relaxants, and anti-inflammatory decontracturante.
Also, laser therapy stimulates circulation locally, increasing metabolism and accelerating the healing process.
Massage can increase joint mobility and muscle tone, being allowed only focus away from the fracture.
Made by special techniques, aimed at favoring the return veno-lymphatic specialist combat muscular contractions responsible for the appearance of pain.

Specific means football game used in recovering the hip-femoral joint mobility [4]

Fig. 1. Hitting the ball with the flat ground level

Fig. 2. Hitting the ball with the flat top

Fig. 3. Hitting the ball with the thigh

Fig. 4. Hitting the ball with the flat of sagittal position both inwardly and externally

Fig. 5. Hitting the ball with shoe full height

Fig. 6. Hitting the ball backwards with full shoestring

Fig. 7. Hitting the ball with the outside of the foot twisted and bent inward

Fig. 8. Lying back, hitting the ball with the sole path High

Fig. 9. Lateral decubitus full shoelace hitting the ball with the back forward

Fig. 10. Throwing leg

Conclusions:

1. Recovery of the affected limb posture include physical therapy, Musculoskeletal manipulations in the hip joint, passive mobilization, active and active resistance [5].
2. Recovery Program must begin immediately after mobilization exercises being amplified gradually, depending on the degree of affection.
3. Medical rehabilitation is aimed to increase joint mobility and tone, she made through physical therapy exercises, physiotherapy and therapeutic massage.

References

[1]. Cioroiu, S. G. (2006). *Esenţial în anatomie şi biomecanică*. Braşov: Editura Universităţii Transilvania, pp. 56
[2]. Creţu, A., coautor Bratu, M., (2003). *Refacere în sport*, Bucureşti: Editura Alexandru 27, pp.98
[3]. Cernăianu, C., (1997). *Teoria şi practica jocului şi antrenamentului modern*, Bucureşti: Editura Fundaţiei România de Mâine pp118
[4]. Păun, D., (2011). *Fotbal – tehnică şi tactică*, Bucureşti: Editura Bren, pp105
[5]. Untea, Gh., (1984). *Aspecte metodico-biologice în fotbal*, Bucureşti: Editura Sport-Turism, pp79