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**ASSESSMENT OF THE EFFECTIVENESS OF THE INDIVIDUAL REHABILITATION PROGRAM
IN PATIENTS WITH POSTKOVID SYNDROME****Karimov M.,***Head of gastroenterology department of Republican Specialized Scientific and Practical Center
of Therapy and Medical Rehabilitation, DSc, professor***Sobirova G.,***Professor of Rehabilitation, folk medicine and physical education department
Tashkent Medical Academy, department, DSc***Zufarov P.,***Professor of the Department of Clinical Pharmacology of the Tashkent Medical Academy,
DSc, professor***Bafoeva Z.***Assistant of Rehabilitation, folk medicine and physical education department Tashkent Medical Academy*<https://doi.org/10.5281/zenodo.7584201>**Abstract**

The article presents the results of studies of 79 patients with postcovid syndrome. It was shown that 59 patients of the main group who underwent the rehabilitation program had significantly more pronounced improvement in clinical indicators compared to the control group. The results obtained were confirmed by the tests of Stange and Genche.

Keywords: postcovid syndrome, rehabilitation, tests of Stange and Genche

The pandemic of the disease caused by the new coronavirus SARS-CoV-2 has been going on for several years [1]. According to statistics from Johns Hopkins University, by the beginning of March in 2021, more than 114 million people around the world had COVID-19 cases, which caused the death of more than 2.5 million people. These shocking numbers indicate the importance of the pandemic's problems with modern health and civilisation in general. Without a doubt, it has become a priority in medical science to fight the new disease, that is, to treat it effectively and prevent it[2].

No doubt that tissue damage in COVID-19, even after the disease is mild, will not be without a trace, since it is natural that there are degenerative and dystrophic changes. The complex occurrence of symptoms, the preservation of which after passing the disease, was called postcovid syndrome. In English literature, the term "long COVID" or persistent covid can be found[3].

After 60 days, 12.6% did not express complaints when patients' complaints were evaluated, 32% had 1-2 symptoms and 55% had more than two complaints. Deterioration in quality of life was observed at 44.1%. Most symptoms were observed 6 months after passing the disease: fatigue (63%), insomnia (26%), fear and depression (23%), hair loss (22%), anosmia (11%), joint pain (9%), Heart play (9%), decreased appetite (8%), taste disorders (7%), dizziness (6%), diarrhea and

vomiting (5%), chest pain and feeling of tightness (5%), pain in the, headache (2%), myalgia (2%) [4].

The consequences of the pandemic have affected all areas of medicine and specialists of both primary care and specialized centers continue to struggle with their complications. Rehabilitation of such patients remains relevant to this day. In this regard, the search for effective methods of restorative medicine, leading to the early return of the lost abilities of such patients, is the subject of numerous discussions [5-8].

Purpose. Evaluation of the effectiveness of rehabilitation measures in patients with poskovidny syndrome.

Material and methods. 78 patients were selected who were treated at the Republican Clinical Hospital Zangiota 2, underwent medicamentous rehabilitation, after 3 months there were postcovid syndromes, they were divided into two groups, the first group was in the main group and consisted of 58 patients, the rehabilitation complex was transferred, an individual approach was taken based on patient complaints, these were measures aimed at eliminating respiratory failure, joint pain, depression, , rehabilitation was not carried out in them. After 3 months, re-complaints from both groups of patients were collected and evaluated.

Results. To assess the effectiveness of rehabilitation in our patients, we divided patients into the main (n= 58) and Control (n=20) groups. We asked for complaints in them and put them on the diagram.

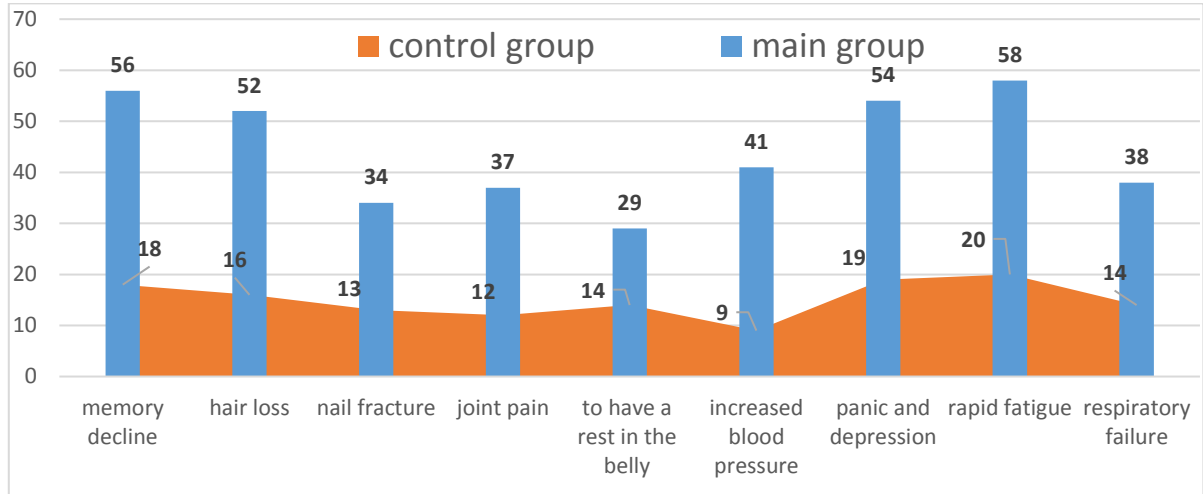


Figure 1. Primary complaints of examined patients

As you can see well from the diagram, the most common ones, which are between 100 and 90%, are rapid fatigue and memory loss, hair loss and fear, and those around 60 to 50% were joint pain, signs of nutritive deficiency and discomfort condition in the abdomen. From these, we assigned rehabilitation to the

main group of patients. Respiratory failure was observed in 65.5% of the sick, and we recommended them walking, cycling, swimming and DJT exercises. They repeated these exercises 3 times a week for 3 months. In assessing the changes in our patients, we used the Genche and Shtange tests (Figure 2).

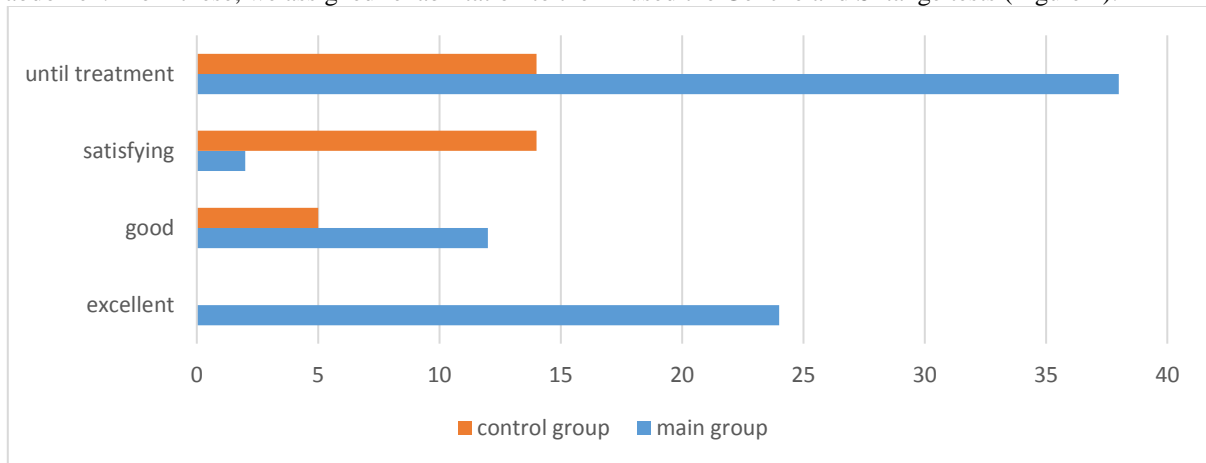


Figure 2. Evaluation of the Genche and Shtange tests.

Positive results were more observed in our patients who followed our recommendations in the diagram and performed DJT exercises. Among our patients, changes in 2 (5.3%) were found satisfactory, the reason for which was the failure to follow the recommendations and do them on time. Our patients in the control group had very few good results, among which a lot of breathing problems were identified.

In 63.7% of patients noted pain in the joints of the legs, hindering their movement, affecting the quality of life. We developed a patient-care, low-intensity DJT complex and spent 3 Months, 3 times a week, each exercise with 6-8 repetitions. We used a visual pain scale to assess the intensity of pain in the joint (Figure 3).

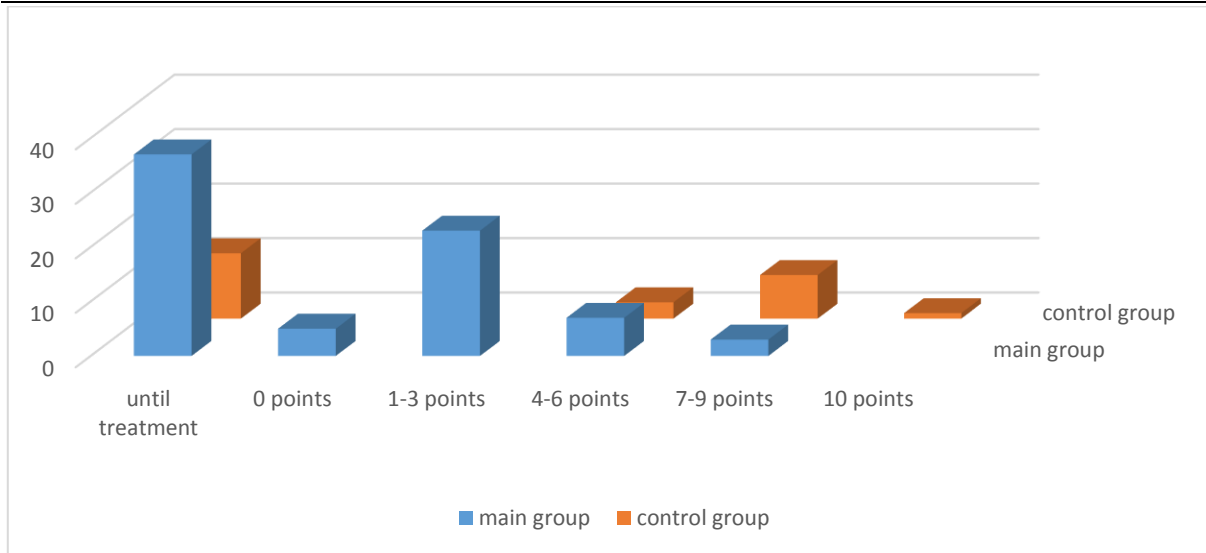


Figure 3. Distribution of patients on the visual pain scale.

So in our patients, that is, we observed the effectiveness of physical rehabilitation carried out in the main group, 13.5% of patients rated themselves with 0 points, 62.2% of our patients rated with 1-3 points, which is considered very good indicators. In our 3 patients, 7-9 points were observed, they said that they did not perform DJT exercises due to pain. We observed that those in the control group who scored satisfactory i.e. 7-9 points were 66.7%. Among our patients, there was a feeling of rest in the abdomen, a

feeling of heaviness in the right side head, for which we recommended and conducted a diet, mineral waters, as well as special exercises that improve the function of the liver and biliary tract.

We relied on their subjective data to find out the results in our patients, and good results were observed in patients who followed the recommendations. In patients who did not carry out rehabilitation, discomfort remained in the abdomen (Figure 4).

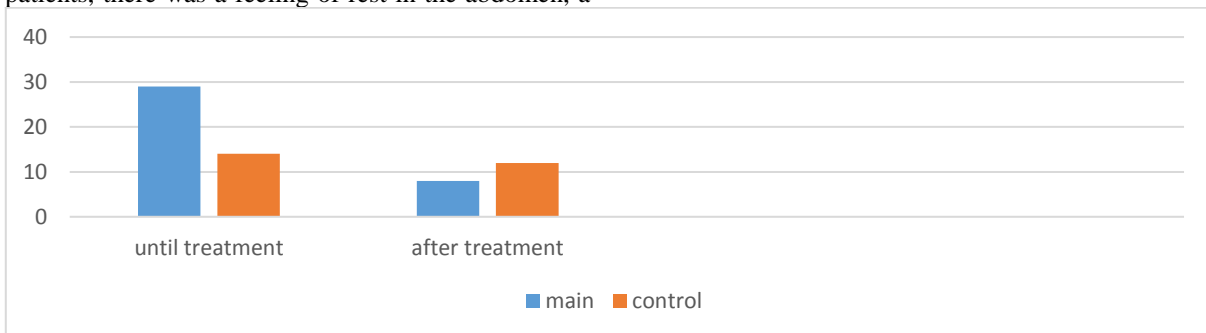


Figure 4. Unpleasant situations in the abdomen

Patients who performed regular DJT exercises, complaints decreased by 50% to 13%, while 13% of patients noted that the discomfort had decreased or had gone away altogether. They associate this with the fact that they themselves did not follow the recommendations. 70% of patients in the control group had problems with digestion, and after 3 months 60% remained in the patient. One of the common complaints among our patients was the observation of fear and

panic. To such our patients, we recommended and conducted Autotraining and yoga exercises. Yoga exercises themselves also have the property of calming, improving breathing and improving the performance of the whole organism along with blood circulation.

We evaluated the rehabilitation measures we carried out in our patients on the hospital anxiety and depression detection scale (Hospital Anxiety and Depression Scale, HADS).

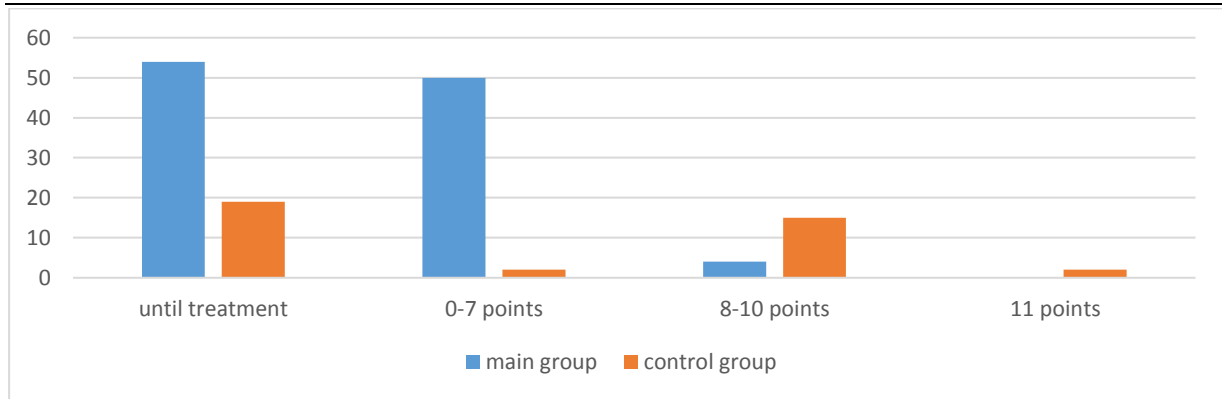


Figure 5. Hospital Anxiety and Depression Scale, HADS

The rehabilitation measures taken in our patients showed a good effect and said that the anxiety and panic in them had passed. Our patients, assessed by 8-10 points, were 7.4%, and they were patients who did not follow the recommendations. To assess the

effectiveness of rehabilitation in our patients, we evaluated the condition before and after rehabilitation by taking a scale of Borg (subjective sign) and 6 min walking test (Figure 6, 7).

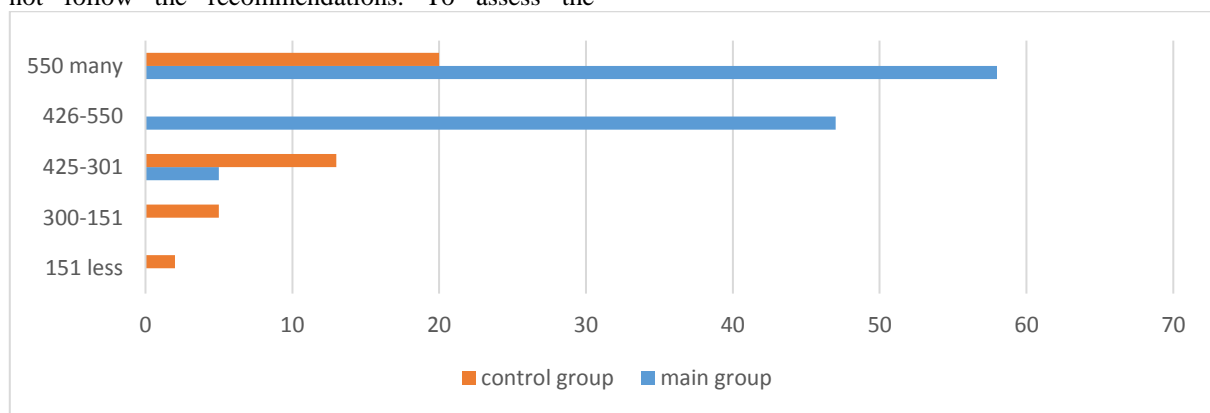


Figure 6. 6 minute walk test results

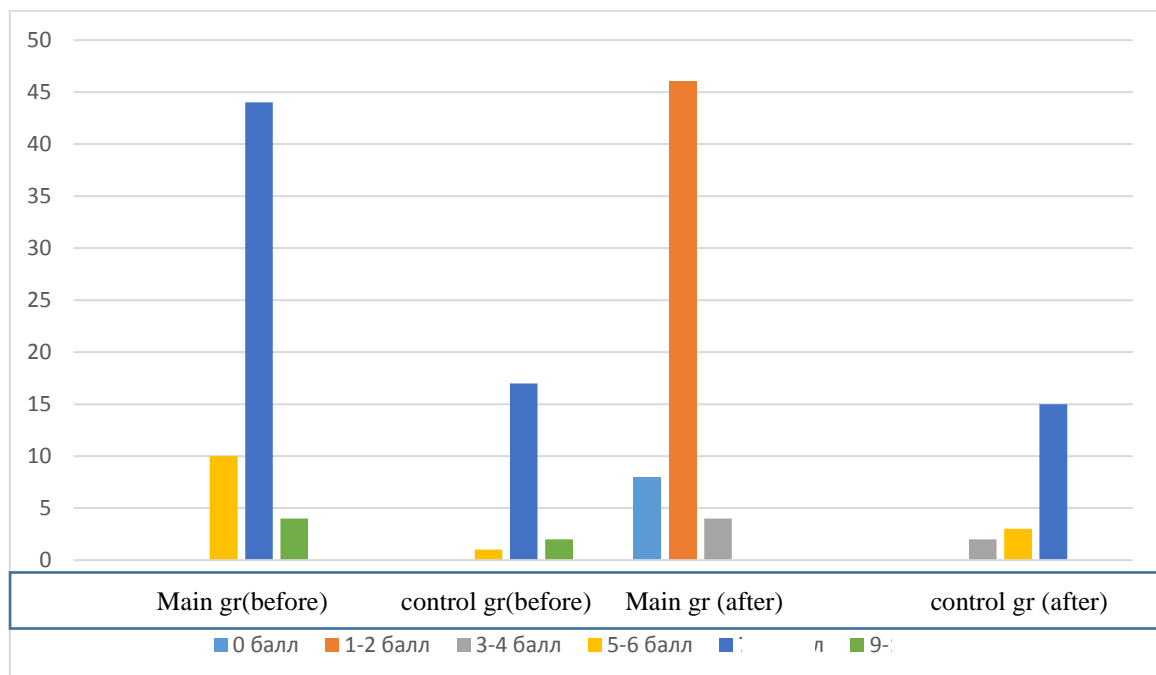


Figure 7. Borg test results

The best method for assessing the effectiveness of rehabilitation is a 6-minute walking test and a borga scale, depending on the picture, we can observe an

increase in tolerance to physical load in our patients. This in turn indicates the effectiveness of rehabilitation.

Conclusion.

1. All patients with postcovid syndrome need rehabilitation.
2. In patients who have undergone rehabilitation, reliably pronounced positive clinical results are determined, compared with patients who have not undergone rehabilitation.
3. A differentiated, individual approach to rehabilitation further increases the effect of rehabilitation.

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