

MEDICINE AND PHARMACY

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COMPLIANCE IN THE PROCESS OF REHABILITATION TREATMENT OF PATIENTS WITH MUSCULOSKELETAL INJURIES

According to the study "Global Burden of Disease" (2017), diseases of the musculoskeletal system rank second among the factors of disability in the world and account for 16% of all years lived with disability [1]. Along with other conditions of the musculoskeletal system, injuries that temporarily or permanently reduce work ability and quality of life are significant. At all stages of medical and rehabilitation care for musculoskeletal injuries, the ultimate goal of restoring health is important.

The process of rehabilitation of patients with musculoskeletal injuries needs a comprehensive approach to be implemented fully and efficiently. At this stage, the available modern methods of treatment and immobilization, the nature of motor disorders, the manifestations of comorbidities, as well as individual characteristics of patients (age, sex, type of employment) should be taken into account. The correct organization of rehabilitation treatment is achieved by following the algorithm of providing and combining individual means of rehabilitation. It is important to create a partnership between the care provider (a traumatologist, a physiatrist, a nurse, a physical therapist and their assistant, or an occupational therapist) and the patient. Therefore, the rehabilitation principles include the patient's active participation,

conscious attitude and cooperation with medical personnel in the rehabilitation process. All this will ensure compliance, or commitment to rehabilitation treatment of persons with injuries of the musculoskeletal system. Compliance usually means the patient's adherence to all prescribed medications and recommendations within the prevention, treatment and rehabilitation process [2]. According to researchers, the effectiveness of rehabilitation in various diseases depends on the patients' active participation in the rehabilitation process, their commitment to long-term treatment, proper motivation and skills necessary in the daily management of their disease [3,4,5].

WHO identifies five groups of factors that affect compliance [2]. Let us consider them through the prism of providing recreation therapy for injuries of the musculoskeletal system in Ukraine.

1. Social and economic factors, i.e. financial status, cultural level, level of education, age and distance from the health care institution. Certain factors are especially relevant for Ukraine now due to the low level of financial security of the population, geographical features of certain regions of the country and quarantine measures due to the spread of coronavirus disease (COVID-19). Although patients can get emergency care for musculoskeletal injuries and acute-phase treatment, rehabilitation treatment becomes unavailable for them under present conditions.

2. Systemic (health care system related) factors. The current state of the health care system of Ukraine in the conditions of ongoing reform has expanded the possibilities of providing medical rehabilitation services by health care institutions. At the same time it created certain preconditions for limiting the target group of those receiving these services [6]. Rehabilitation treatment of adults and children from the age of three with musculoskeletal disorders is provided within the government-guaranteed package of healthcare services of the National Health Service of Ukraine. Unfortunately, most healthcare facilities cannot conclude a contract with the NHSU due to lack of material support and staffing.

3. Disease related factors, i.e. the severity of symptoms, the period of the disease

and the availability of effective therapy. The severity of the condition after musculoskeletal injuries is determined by the complexity of the injury and the quality of acute rehabilitation.

4. Therapy related factors, i.e. the complexity of the medication regimen, treatment duration, adverse drug reactions and the ineffectiveness of the prescribed therapy. Rehabilitation after musculoskeletal injuries is quite complicated and should be performed with continuous monitoring and correction, which requires constant communication between the patient and rehabilitation clinicians.

5. Factors related to patient attitudes, i.e. fear of unwanted side effects, premature cessation of the treatment, unreasonable expectations, forgetfulness, and level of knowledge about the disease. Patients with injuries of the musculoskeletal system may discontinue therapy due to disbelief in the result of rehabilitation treatment, lack of rapid effect and incompliance with the recommendations of specialists in rehabilitation treatment.

Therefore, at any stage of care for people with musculoskeletal injuries, the patient's commitment to treatment and recovery is important. This is especially relevant in providing rehabilitation treatment as its effectiveness is the main criterion for recovery and preservation of the patient's quality of life. Achieving patient compliance with rehabilitation treatment after musculoskeletal injuries has a number of challenges, requires better study and development of efficient strategies to improve.

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