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**MANAGEMENT AND INVESTIGATION OF KINEZYTHERAPIS INFLUENCE  
OVER THE CRHRONICAL VENOUS DISEASE TREATMENT**

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**Abstract:** Chronical diseases are long-term diseases that develop slowly over time, often progressing in severity, and can often be controlled, but rarely cured. The varicose veins- superficial lower extremity veins dilatation, is another process of chronical vessels disease. The most important reason of chronic venous disease is correlated with heredical factors and the still of life. The secondary varicose is caused by malformations, traumatism and deep vein thrombosis.

The principal way of resolving this problem is the surgical intervention. As in the any case surgical intervention, the right mode of rehabilitation is of a great importance.

The present report examines the management and the influence of kinezitherapy over the chronical venous insufficiency treatment. This report also emphasizes on different kinezitherapy treatment approaches like an elastic compression, lower extremity exercises and position treatment. The algorithm in examination of diabetic patients, the different pathways in their treatment were confirmed: conservative, endovascular, vascular reconstruction and rehabilitation.

The difference of chronical venous diseases treatment compared with the treatment of acute venous diseases are: supporting of good health in future and avoiding the complications by improving the comfort of life, that requires permanent healthcare and rehabilitation. The management of healthcare includes a different medical specialists participating, good communication and coordination between them, that improves the access to specialist and reduce the price of healthcare. The specialists participating in multidisciplinary team, have a role as a direct delivers of a healthcare. They also have a role in helping the patients in the process of self management of the disease, were the patient participates too.

**Keywords:** manegement, kinesitherapy, venous disease, rehabilitation

**МЕНИДЖМЪНТ И ПРОУЧВАНЕ НА ВЛИЯНИЕТО НА  
КИНЕЗИТЕРАПЕВТИЧНАТА ПРОГРАМА ВЪРХУ ЛЕЧЕНИЕТО НА  
ХРОНИЧНАТА ВЕНОЗНА НЕДОСТАТЪЧНОСТ**

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**Резюме:** Според СЗО хроничните заболявания се определят като ”всяко смущение или отклонение от нормата, което има една или повече от следните характеристики: -трайниса-предизвикват инвалидност, следстви от необратими патологични промени, изискват рехабилитационно третиране, или според всички очаквания ще налагат продължителен надзор, или грижи

Наличието на разширени вени или така наречената Варикозна болест (варикоза) е ЗАБОЛЯВАНЕ, КОЕТО СЕ ПРОЯВЯВА В НЕРАВНОМЕРНО РАЗШИРЯВАНЕ И ЗМИЕВИДНО НАГЪВАНЕ НА ПОДКОЖНИТЕ ВЕНИ НА КРАКАТА. Основните причини за развитие на ХВН са наследствената обремененост и начина на живот. Основното лечение в тези случаи е оперативно. Както при всяка оперативна интервенция, от изключителна важност е ранното и правилно раздвижване на пациента.

Настоящото проучване има за цел да представи мениджмънта и влиянието на кинезитерапевтичната програма върху лечението на хроничната венозна недостатъчност. То набляга на различни кинезитерапевтични техники като еластокомпресия, лечение с положение и упражнения за долните крайници.

Разликата в рехабилитацията на хроничната венозна недостатъчност в сравнение с острата е подържане на задоволително здраве в дългосрочен план и избягване на усложнения чрез подобряване качеството на живот изискващи непрекъснатост на грижите и рехабилитацията. Това включва участието на различни специалисти, добра координация и комуникация между тях за подобряване на достъпа и намаляване на разходите. Специалистите, влизащи в мултидисциплинарния екип, освен като преки доставчици на здравни услуги имат и ролята да подпомагат пациента при управление на болест, където той е активен участник и влияе върху повишаване на качеството. Мениджмънта обхващаща всички свързани с потребностите на пациента аспекти-от организацията и управлението им до професионалните умения на доставчиците на рехабилитационни грижи.

**Ключови думи:** мениджмънт, кинезитерапия, венозна недостатъчност, рехабилитация

The human body has superficial and deep venous systems. The superficial veins are situated between the skin and the muscular fascias. The deep veins are situated deep, under the muscular fascias parallel with the main arterial vessels and with the same names, for ex. Arteria Iliaca externa and Vena Iliaca externa. The vein wall has the same structure as the arterial one, but it is thinner, and the arterial walls muscular layer is stronger. The main characteristic of the lower extremity veins is the presence of valves, which permit unidirectional blood flow. The deep and the superficial veins are connected with the deep veins on Safeno-Femoral junction, Safeno-Popliteal junction and through perforant veins which structure is the same like the lower extremity veins. In to the cases of valves insufficiency, the reflux of blood flow appears in to the superficial veins. The pressure in to the superficial veins rises, the fact that results in their progressive dilatation. This process is the reason of primary varicose. Secondary varicose is caused by malformations, traumatism and deep vein thrombosis. Of great importance are also some heredical factors and style of life.

The most widely used classification for the severity of varicose veins is the CEAP classification. CEAP stands for: Clinical, Etiologic, Anatomic and Pathophysiologic

The CEAP categories are as follows:

0. No visible or palpable signs of venous disease.
1. Telangiectasies or reticular veins.
2. Varicose veins.
3. Edema.
4. Pigmentation or eczema.
5. healed venous ulcer.
6. Active venous ulcer.

The principal way of resolving this problem is the surgical intervention. As in the any case of surgical intervention, different kinezitherapy treatment approaches like an elastic compression, lower extremity exercises and position treatment are of a great importance.

In our research of six patients with chronic venous disease, CEAP 1 and 2 st., we used conservative therapy and kinezitherapy treatment that includes: elastic compression, lower extremity exercises and position treatment.

All six patients underwent clinical examination in Clinic of vascular surgery, ultrasound diagnosis and measurement of circumferences of lower limb, under the knee and at the ankle in cm. All six patients were with varicose veins, valves insufficiency and limb edema. One of them suffered of superficial thrombophlebitis.

The conservative therapy included Diosmin for all patients and anticoagulant only in the superficial thrombophlebitis patient.

Kinezitherapeutical program included rhythmic peripheral joint exercises, position treatment, walking, going up and down stairs, breathing exercises and after that first class elastic compression.

The circumference was measured every day before and after the exercises. After 10 days of kinezitherapeutical treatment, the improvement of general status, muscular tonus and reduced circumferences were significant. The average reducing of limb circumferences was 1,5 cm.

The management of healthcare includes a different medical specialists participating, good communication and coordination between them, that improves the access to specialist and reduce the price of healthcare. The management of chronic venous insufficiency includes: reducing of subjective complaints, rising quality of life and avoiding the complications. In superficial thrombophlebitis patient we did not find complication like Deep vein Thrombosis (DVT), or Venous ThromboEmbolicism (VTE).

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