

KINESIOTHERAPY FOR MYOFASCIAL PAIN AT DENTAL DOCTORS**Djurabekova Aziza Taxirovna**

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The occurrence of diseases as a result of occupational exposure to the body by anti-reactive factors, always has the specificity of multiple symptoms. A special category includes the problems of motor pain disorders associated with overstrain and micro traumatization, where a significant role is played by the defeat of the upper extremities (1, 3). The regularity of this fact is due to the anatomical structure of the shoulder girdle, a greater functional ability to perform power movements, manual labor, physical exertion, where a high-speed reaction is required (2, 6). An important fact in the professional lesion of the musculoskeletal system is that it is a forced position, a prolonged monotonous and characteristic movement of the same type, both of individual muscles and a whole group of muscles (4, 5).

Taking into account the reaction of the organism itself to the forced load and taking into account the capabilities of the organism, the disease of the musculoskeletal system can manifest itself in representatives of the same professions in different ways, for someone adaptation to physical activity is favorable, for someone with deformation in the bone structure and muscle dysfunction, inflammation of the joint cavity. More 40% of all degenerative-dystrophic diseases of overexertion muscles are occupied by myofibrosis of the upper extremities, which occurs at the time of muscle overstrain and their atrophy with the formation of fibrosis (3, 5, 7). Diagnostics by the neuroimaging method of muscular pathology requires widespread introduction, and an anamnesis of the connection between myofibrils and professional activity.

The main complaints of the examined VSCs were muscle pain in the forearm and shoulder area. At 55% at the end of the working day, 45% during the entire working day, it increased in the evening. Another common complaint is a decrease in strength in the hand (since of all examined only one doctor had a left working arm, the decrease in strength was on the right side). All the subjects experienced a feeling of numbness, but pain on palpation was only 59%, the strength of the decrease was 38%. Compaction of muscle tissue was noted in 63%. That is, the data obtained conclusively confirm the overstrain of a functional nature, in the first group (where the work experience reached no more than 10 years, and the age of the doctors were younger) is moderately pronounced, in contrast to the second group. In the second group of VSCs, concomitant diseases were found, arthrosis in three doctors of the shoulder joint, in 2 elbow joints (according to the literature, it is deforming arthrosis that is the result of frequent vibrations of the devices used in work). As a result of a thorough clinical and neurological examination, attention is drawn to the violation of the vegetative nature of the limb to the touch, pronounced dermatographism, dryness of the skin, in comparison with a healthy hand. Only 5 people out of 50, these are doctors of the 2nd group turned to specialists for the treatment of pain in the arm, that is, the duration of the functional load was constant, the doctors did not give themselves the opportunity to "rest" the arm, change the work group, reduce the stress load, some doctors violated the work schedule and worked in 2 shifts (the norm is 3 hours). Thus, in VSC, myofibrosis could be suspected in the case of a complex indicator of complaints in the muscles of the arm, soreness and compaction in the muscles, muscle strength by 3-4 points, taking into account the length of service and concomitant disease in the form of arthrosis and disorders of the autonomic and peripheral nervous system ... Of the total number of patients examined, 13 doctors of the dental office were suspected of myofibrosis (judging by the above-described signs). For more accurate informational content of the study of muscle structure, the method of MRI diagnostics (Signa Explorer General Electronic (GE-2020) (USA)) was proposed. Out of 13 people, 4 showed signs of the initial stage of myofibrosis, 5 - more than 10 years of experience, signs of stage 2, 4 - the diagnosis was not confirmed. At the first (initial) stage, edema of the muscle mass was revealed, the optimization diameter was increased, and the muscle tissue itself was less than normal. If at an early stage there is an inflammatory nature of the violations, then at a later stage 2, the level of storage of the process is noted, there is no edema of the muscle tissue, and the muscle is not able to accumulate a contrast agent, which

is reflected in the image of the magnetic resonance signal, the optimization thickness is increased, the wavy uneven contour of the muscle tissue, muscle is atrophied.

If the neuroimaging data from the total number of the examined were relatively scarce, then the electroneuromyography indicators expanded the level of change, indicating the involvement of nerve fibers in the pathological process. So in 27% of the examined, the speed of the impulse is reduced both in motor and sensory fibers, especially since this indicator corrected with complaints of weakness in the hand. The process of ENMG stimulation in motor fibers (naturally in the proximal region) showed a decrease in the amplitude of the M-response, and with stimulation of sensitive lines, a noticeable decrease, which indicates a demyelinating nature of the lesion in relation to sensory disturbances and bosonic in relation to motor changes. Only 2 patients had a partial block of impulse conduction in terms of severity. In addition to complaints of pain in the arm and shoulder area (mainly on the right as described above), doctors experienced more than 37% irradiation to the neck, 10% to the scapula, or 26% to the fingers.

The irradiation was in the nature of a vegetative disorder, which had a burning character of pain, paresthesia 59% in the hand, or running chills 18%, 19% tingling, or "shocks" 13%, the greatest percentage was the feeling of a constant cold limb (the hand is freezing). In 39% there was a blueness of the skin of the hand, in 10% there was swelling (more in the morning). Pallor of the skin, dry skin, brittle bones on the affected side were mainly noted in doctors who complained of irradiation to the cervical region in 12.5% of cases. neuropathic syndrome was found in 40% of the examined, in 7% there was a lesion of the upper primary bundle of the brachial plexus itself, from the side of the lesion. As a result, in the aggregate examination of a detailed clinical and neurological examination, paresis was found, of one degree or another, in 9 patients the ROSC was moderate, in 12 cases it was mild. Reflexes are reduced on the affected hand (premortal) in 22% of cases, hypotrophy, respectively, in the same amount.

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