



III INTERNATIONAL SCIENTIFIC CONFERENCE

**Ratownictwo medyczne
w nauce i praktyce**



patronat

JM REKTOR

UNIwersytetu
Technologiczno - Humanistycznego
im. Kazimierza Pułaskiego w Radomiu
prof. dr hab. inż. Zbigniew ŁUKASIK

KOMENDANT

1 WOJSKOWEGO SZPITALA KLINICZNEGO
Z POLIKLINIKĄ SPZOZ W LUBLINIE

płk mgr Andrzej Skiba

płk mgr Marcin Sygut

MIKOŁAJKI 7 – 9 września 2017 r.

Book of Abstracts
KSIĄŻKA STRESZCZEŃ



Celem III Międzynarodowej Konferencji Naukowej była integracja środowisk naukowych zajmujących się problemami ratownictwa medycznego, wodnego, górskiego, pierwszej pomocy przedmedycznej oraz szeroko rozumianymi uwarunkowaniami ratowania życia człowieka.

Konferencja kierowana była również do praktyków, których głos w dyskusji był niezwykle ważny. Uczestniczyli w niej ratownicy medyczni, lekarze medycyny ratunkowej i dziedzin pokrewnych, ratownicy Krajowego Systemu Ratunkowo-Gaśniczego oraz studenci

ORGANIZATORZY:

Uniwersytet Technologiczno – Humanistyczny im. K. Pułaskiego

w Radomiu

1 Wojskowy Szpital Kliniczny z Polikliniką SPZOZ w Lublinie

Okręgowe WOPR w Radomiu

MEDICAL EMERGENCY IN NEUROLOGY– NOT ONLY A STROKE.

Poznański P.

Ward of Neurology, 1st Military Clinical Hospital with the Outpatient Clinic in Lublin, Poland

The most known and with the great publicity medical emergency in neurology is the stroke nowadays. There are others cases of neurological diseases which must be treated as a sudden state needed immediate care.

An epileptic seizure, a myasthenic crisis, a Guillain-Barre Syndrome and a meningoencephalitis for example are. Delay of care in this diseases can lead to sever complications of health or even death. But medical emergency in neurology are very often not particular diseases but only symptoms or symptom complex, at the beginning. These are the disorders of awareness, a blackout, a coma, an acute headache, a sudden weakness of all muscles or group muscles, the disorders of vision and many more.

The neurological emergency care should be focused on recognition of individual case and quick and proper treatment. Only a good medical knowledge and medical thinking gives acces to an appropriate diagnosis and treatment.

CONSEQUENCES OF PROFESSIONAL STRESS ON MEDICAL STAFF

Pieniążek M.

Jagiellonian University Collegium Medicum, Cracow, Poland

The direct burdens caused by diseases and their consequences are suffered by patients and the people around them. However, the treatment process engages the whole medical personnel, who are committed to doing their best in order to improve the health of their patients, particularly in the context of chronic diseases.

Even though each hospital ward admits more or less advanced cases, particular attention should be paid to the areas of oncology, palliative care, neurology and cardiosurgery, where the percentage of severely ill patients is definitely higher. The medical personnel dealing with debilitated, dying or terminally ill patients are exposed to professional stress and burnout. This may negatively affect their own health and the quality of the services they provide.

The objective of the paper is to present the fact that it is indispensable for the medical personnel – including the doctor, the nurse, the physiotherapist and the psychologist – to be aware of the influence exerted not only by the medical practitioner on the patient but also by the patient on the medical practitioner.

More emphasis should be laid on the information flow concerning stress and the burnout syndrome, because the patients' health depends on both the physical and mental integrity of the medical personnel.

THE ROLE OF NEUROMUSCULAR MANUAL THERAPY IN CARDIOVASCULAR REHABILITATION

Bellomo R.G.¹, Barassi G.², Prosperi L.², Giannuzzo G.², Supplizi M.², Saggini R.³

¹ *Department of Medical Sciences, Oral and Biotechnology, Associated Professor of PRM, "G.d'Annunzio" University, Chieti, Italy*

² *Degree Course in Physiotherapy, "G. d'Annunzio" University, Chieti, Italy*

³ *Department of Medical Sciences, Oral and Biotechnology, Full Professor of PRM, "G.d'Annunzio" University, Chieti, Italy*

Introduction

Cardiovascular diseases are a matter of primary importance in view of the high mortality rate, higher than 40%, which contradicts it. Furthermore is important, the impact that survival in a cardiovascular disease event has on the quality of life of the affected patient as well as on the care givers.

To date, the standard cardiovascular rehabilitation protocol (CVR) is primarily based on the performance of a controlled and commensurate physical activity respecting the patient's potential, in a broader therapeutic context involving doctors, physiotherapists and all major health figures in formulating a program that adheres to the diagnostic and rehabilitation guidelines best suited to improving the health of the patient while avoiding any pathological recurrence.

To date, the analgesic and re-equilibrating effect of neuromuscular (NMT) therapy on the tissues treated, according to its modalities of application, has been widely demonstrated, because of the effect that a somatic stimulations are capable to activate at visceral level, modifying the local and general reactions and feelings of the body.

With this study, we want to evaluate the effectiveness of the integration of NMT into an CVR protocol by comparing its effects with a standard CVR protocol only.

Materials and methods

In this study, 32 patients were involved, complying with the specific inclusion and exclusion criteria, which were subdivided into 2 groups of 16 elements each.

The experimental group (group A) was subjected daily for a period of 4 weeks to a standard CVR protocol consisting of respiratory facilitation maneuvers (from the first postoperative day to the day of

discharge from the cardiologic rehabilitation unit), calisthenics exercises and exercise on a treadmill or cycloergometer (during the hospitalization period in cardiological rehabilitation).

The experimental group (group B) was subjected, at the same time, to the same CVR protocol of Group A, with the addition of 40 minutes of NMT according to the techniques of neuromuscular manual therapy on specific key muscles in the context of a post-surgical cardiovascular dysfunction. Patients were evaluated on the arrival at the hospital in preoperative phase (T0) and discharge from hospital (T1) using Euro-Qol 5d, Tinetti Scale and Vittorio Test as well as evaluation of heart rate, arterial pressure and oxygen saturation.

Results

All the clinical and functional parameters examined showed a marked improvement in both treatment groups, with similar results in terms of strength gains and physical endurance. However, there was a greater improvement in group B regarding the values of some functional parameters directly related to the health state of target tissues of NMT such as flexibility, agility, functional autonomy and cardiorespiratory vital parameters.

Conclusions

The results of the study showed that the two methods positively affected different dysfunctional components, with the NMT which significantly improved the parameters of flexibility, walking skills, quality of life, general health state and all vital parameters, and the classic treatment that influenced physical strength and speed of the patients.

This confirms that the combination of the two therapies succeeds in ensuring a "global" improvement of the whole state of health of the patient, superior to that already ensured by the classic CVR.

We therefore hope in the future further studies focusing on demonstrating the effectiveness and need to use NMT as a complement to the classic CVR to improve the overall health status of patients with cardiovascular problems.

ABDOMINAL PAIN IN ADULTS – EVALUATION AND DIFFERENTIAL DIAGNOSIS.

Pietrzyk Ł.^{1,2}, Dyndor K.^{2,3}, Plewa Z.¹

¹ Department of General, Oncological and Minimally Invasive Surgery, 1st Military Clinical Hospital with the Outpatient Clinic in Lublin, Poland

² Department of Didactics and Medical Simulation, Chair of Human Anatomy, Medical University of Lublin, Poland

³ Department of Radiology, 1st Military Clinical Hospital with the Outpatient Clinic in Lublin, Poland

Abdominal pain is a common presentation of wide range of clinical conditions from benign and self-limited to life-threatening conditions requiring surgical intervention. Acute abdominal pain is the most common surgical emergency and the most common cause for non-trauma-related hospital admissions.

Evaluation of abdominal pain is based on the likelihood of disease, patient history, physical examination, laboratory test, and imaging studies. The location of the abdominal pain should guide the initial evaluation. Associated signs and symptoms should be determined as they have predicted value for certain diseases and might narrow the differential diagnosis.

The physical examination should include evaluation of the vital signs, cardiac and lung examination, and abdominal palpation with the usage of specialized maneuvers typical for certain inflammatory diseases. Based on the patient history and findings from the physical examination appropriate diagnostic tests could be applied.

Laboratory test include a complete blood count, amylase and lipase concentration, liver chemistries, and urinalysis. Imaging studies include plain radiography, ultrasonography, and computed tomography with oral or intravenous contrast media.

The recommendation of the imaging studies is based on the location of the pain.

INTERVENTIONAL CARDIOLOGY IN EMERGENCY CASES- NEW TECHNIQUES AND STANDARDS- REAL LIFE CASES REPORT.

Sobieszek G., Dziekanowska A., Olajosy B., Zieba B., Kula W.

Department of Internal Medicine and Cardiology, 1st Military Clinical Hospital with the Outpatient Clinic in Lublin, Poland

In last twenty years, we observed big progress in interventional cardiology including development of new methods of therapy (rotational atherectomy, orbital atherectomy, retrograde coronary interventions) new technical solutions (leadless pacemakers, subcutaneous cardioverters defibrillators, wearable cardioverter defibrillators), new diagnostic devices (optical coherent tomography, intravascular ultrasonography coregistration) as well as better skills of operators.

This fact is especially important in life threatening emergency cases that require fast reaction, excellent organization and cooperation between medical emergency service and specialized hospital departments, as well as access to modern and most efficient techniques.

We would like to present emergency cases from our hospital including acute myocarditis with hemodynamic fail by young patient, acute myocardial infarction treated by coronary intervention with use of rotablation, recurrent stent thrombosis by patient ST elevation infarction with using OCT (optical coherence tomography) and patient after sudden cardiac arrest treated with ICD (implantable cardioverter defibrillator) implantation.

ACUTE STROKE - RADIOLOGIC PERSPECTIVE.

Dyndor K^{1,2}, Abramczyk M¹, Abramczyk A³, Dyndor P⁴.

¹ Department of Radiology, 1st Military Clinical Hospital with the Outpatient Clinic in Lublin, Poland

² Department of Didactics and Medical Simulation, Chair of Human Anatomy, Medical University of Lublin, Poland

³ District Hospital Jana Bożego in Lublin, Poland

⁴ Department of Orthopedics and Rehabilitation, Clinical Hospital No. 4 in Lublin, Poland

Stroke is a major cause of mortality and morbidity, particularly in old age. The initial step in the evaluation of patients with symptoms of acute stroke is to differentiate between hemorrhagic and ischemic stroke. The ischemic stroke typically presents with rapid onset of neurological deficit, which is determined by the area of the brain that is involved. Since intracranial hemorrhage is an absolute contraindication for reperfusion therapies, most stroke protocols begin with noncontrast head CT.

On CT 60% of infarcts are seen within 3-6 hours and virtually all are seen in 24 hours. The overall sensitivity of CT to diagnose stroke is 64% and the specificity is 85%. The most common early symptoms include: hypoattenuating brain tissue, obscuration of lentiform nucleus, dense MCA sign, „insular ribbon” sign and loss of sulcal effacement. Gradient T2*-weighted MRI sequences (including gradient-recalled echo [GRE] and susceptibility-weighted imaging [SWI] sequences) are equally—if not more—sensitive for the detection of acute intracranial hemorrhage. But CT has the advantage of being available 24 hours a day and is the gold standard for hemorrhage. Diffusion-weighted imaging (DWI) is approximately 4 to 5 times more sensitive in detecting acute stroke than CT. DWI can reveal acute brain infarction within 1 to 2 hours. Cytotoxic edema restricts diffusion of water molecules and appears as increased signal intensity on DWI. Reperfusion therapy with intravenous tissue plasminogen activator (tPA) and/or endovascular thrombectomy is a mainstay of acute stroke management.

Intensive care management of stroke is focused on reducing complications of reperfusion, such as hemorrhagic transformation, and minimizing secondary brain injury, including brain edema and progressive stroke.

OPIEKA DUCHOWA W MEDYCYNIE

Pater D.

Faculty of Theology, Cardinal Stefan Wyszyński University in Warsaw

Życie człowieka stanowi wielką wartość. Z tej racji wymaga należytego szacunku i ochrony. Wraz z rozwojem cywilizacyjnym ludzkości następował także rozwój wiedzy o zdrowiu i chorobach człowieka. Wiedza ta z czasem przerodziła się w naukę zwaną medycyną. Podstawowe doświadczenia ludzkie takie, jak choroba i śmierć stawiają człowieka wobec delikatnych problemów dotyczących religii, etyki oraz misji personelu medycznego wobec chorego. W rozwiązaniu tych problemów pomocne są wskazania Kościoła dotyczące życia religijnego, etyki zawodowej i form działalności pastoralnej. Natomiast akceptacja nauki Kościoła w tym zakresie przez środowisko medyczne ma istotny wpływ na postawę etyczno-moralną pracowników służby zdrowia.

Od służby medycznej oczekuje się nie tylko odpowiedzialnego leczenia, ale również ludzkiego wsparcia, chrześcijańskiego świadectwa w obliczu tajemnicy cierpienia i śmierci. W wierze bowiem odnajduje się odpowiedź na najważniejsze pytania dotyczące ludzkiej egzystencji. Pracownicy służby zdrowia potrzebują umocnienia i siły duchowej oraz światła wiary, aby z miłością służyć życiu cielesnemu. Służba zdrowia jest kategorią zawodową wymagającą szczególnej troski duszpasterskiej.

Prezentację całościowego podejścia do osoby chorej stawia sobie za cel niniejszy artykuł. Holistyczne podejście do istoty ludzkiej polega na postrzeganiu człowieka jako niepodzielnej całości, w skład której wchodzi jednocześnie pierwiastek fizyczny, umysłowy i duchowy. Między tymi sferami obserwuje się ścisłą i daleko idącą zależność. Ważnym elementem są również potrzeby pacjenta w sferze życia religijnego, bowiem stan choroby często skłania człowieka do szczególnej refleksji nad sprawami ducha, wiecznością czy sumieniem. Często chory zastanawia się nad sensem życia i cierpienia, jak również odpowiedzialnością przed Bogiem. Wspomniane tu elementy opieki nad chorym wpływają znacząco na jakość życia osoby cierpiącej i jedynie od otoczenia chorego zależy, jak wysoki będzie jej poziom.

**STROKE - A COMPREHENSIVE LOOK AT THE DISEASE THAT IS A CONSEQUENCE
OF THE DEVELOPMENT OF CIVILIZATION, THE INTENSITY OF LIFE AND THE
AGING OF SOCIETY.**

Ostański P.

*Department of Neurology and Stroke, 1st Military Clinical Hospital with the Outpatient Clinic in
Lublin, Poland*

Stroke (insultus cerebri) is a disease closely related to the aging of the population and to the intensity of working life. Inadequate diet, lack of reasonably and systematically practiced sport or dosed physical exercise predisposes to cerebral infarction and consequently to disability.

Particularly unregulated hypertension in association with weakening of vessels connected with smoking, alcohol abuse, atherosclerotic plaque - significantly increases the potential risk of stroke. Isolation from family, social and occupational life leads to a dramatic decrease in the quality of life of people affected by this disease.

Stroke can be ischemic or hemorrhagic. It can affect both the cerebral hemisphere, the brainstem and the cerebellum.

The location of the infarct site plays the most important role in the occurrence of certain symptoms and deficiencies in the mental and motor sphere. It is very important for the person with the symptoms of the stroke to get to the hospital as soon as possible, mainly because of the possibility of appropriate treatment in the so-called time window - up to 6 hours after the onset of the disease.

The turbulent of the vascular lesion of the brain poses a serious risk of death in the early hours and days of the stroke. That is why it is so important to recognize the first symptoms of the disease. The purpose of the work is to present the main causes, symptoms, consequences of the disease and the treatment of existing psycho-motor deficits.

PŁATNA KĄPIEL GRUP ZORGANIZOWANYCH – BEZPRAWNE PRAKTYKI NAD POLSKIM MORZEM

Michniewicz I., Michniewicz R.

Higher Vocational State School of President Stanisław Wojciechowski in Kalisz

W 2012 roku, w życie weszła ustawa o bezpieczeństwie osób przebywających na obszarach wodnych. W ślad za tym, nowelizacji uległo szereg innych przepisów – w tym dotyczących organizacji wypoczynku dzieci i młodzieży. Organizatorzy nie muszą już zatrudniać swoich ratowników do kąpeli dzieci, mają jednak zobowiązanie do korzystania wyłącznie z kąpielisk zorganizowanych i strzeżonych.

Zarówno Ministerstwo Spraw Wewnętrznych i Administracji – jako organ nadzoru nad ratownictwem wodnym, jak i Ministerstwo Edukacji Narodowej (odpowiadające za wypoczynek dzieci i młodzieży), stoją na stanowisku, że zorganizowane grupy wypoczynku mogą korzystać z kąpielisk i miejsc wykorzystywanych do kąpeli, które są nadzorowane przez ratowników zatrudnionych na tych akwenach.

Niedopuszczalną, a jednak często występującą praktyką są nad polskim morzem tzw. „strefy kolonijne”. Forma taka (strefa kolonijna) zazwyczaj nie spełnia wymogów – bo nie jest kąpieliskiem w świetle obowiązującego prawa, a dodatkowo grupy zorganizowane zmuszane są do wnoszenia opłat za korzystanie z tych stref.

ADULTS' KNOWLEDGE CONCERNING THE PROBLEM OF PROVISION OF PREMEDICAL FIRST AID

Sierpińska L.¹, Sobczyk M.²

¹ Independent Public Health Care Unit, 1 Military Clinical Hospital with Polyclinic, Lublin, Poland.

² Students' Scientific Circle, College of Business and Entrepreneurship, Ostrowiec Świętokrzyski, Poland

INTRODUCTION:

Premedical first aid concerns the care activities which should be provided prior to the arrival of a physician or other qualified medical staff for people in situations threatening health or life.

Objective. Recognition of the state of adults' knowledge concerning the provision of premedical first aid.

MATERIAL AND METHODS:

The study comprised 123 adults, both rural and urban populations from the Warsaw Region. The study was conducted in the first quarter 2015, by the method of a diagnostic survey, using as a research instrument an author-constructed questionnaire.

RESULTS.

Many adult respondents (47.97%) reported that they 'knew a lot' concerning the provision of premedical first aid, the remainder indicated 'I do not know much' (43.90%), and 'I know nothing' (8.13%). A large group of the respondents (93.50%) knew the telephone numbers of emergency services. All respondents mentioned one or several sources of knowledge about the provision of first aid. They most frequently reported education 'while attending school or university'(48.78%). Less than a half of the respondents (48.78%) indicated 'I can use much knowledge in practice' concerning the provision of premedical first aid, 39.84% of the respondents admitted 'I am unable to use much knowledge', whereas 11.38% of adults in the study reported 'I cannot use any knowledge'. A part of the respondents (45.53%) have experienced the situation of necessity to provide premedical first aid, and approximately 1/3 of the respondents (35.77%) have provided first aid in practice.

CONCLUSIONS.

In adults, a deficit of knowledge was observed with respect to the provision of premedical first aid. The majority of respondents could not use theoretical knowledge in practice. It is necessary to educate adults concerning the provision of premedical first aid, because a large group of respondents have been in a situation in which it was necessary to provide first aid, and 1/3 of respondents have provided aid in practice.

LOSY LUDZI I KRAJÓW A UMIEJĘTNOŚCI PŁYWACKIE

Michniewicz I, Michniewicz R.

Higher Vocational State School of President Stanisław Wojciechowski in Kalisz

Najstarsze znane przekazy o tym, że ludzie pływali – pochodzą sprzed ponad 10.000 lat. Świadczą o tym m.in. malowidła ściennie w jaskini Wadi Sura w Egipcie.

Niezwykłe historie opisujące starożytnych pływaków, bogów, herosów czy wojowników, zawarte są w wielu mitach. Zazwyczaj wiążą się one z nadzwyczajnymi wyczynami podczas bitew czy wojen lub z wątkami miłosnymi.

Niektóre historie to legendy, inne oparte na faktach spaja jedna, niezaprzeczalna idea. Stanowią często wzór do naśladowania, zarówno od strony etycznej, ale również motywują do nauki, czy poprawy umiejętności pływackich.

Przedstawienie w brawny sposób, różnych epizodów w których ludzie doskonale radzą sobie w środowisku wodnym, może zachęcić do podjęcia większego wysiłku osób z różnych grup wiekowych i zawodowych zainteresowanych pływaniem

EFFECTS OF A CARDIOVASCULAR REHABILITATION PROTOCOL ON PATIENTS UNDERGOING CARDIAC SURGERY

Bellomo R.G.¹, Barassi G.², Irace G.², Di Felice P. A.², Pecoraro I.², Saggini R.³

¹*Department of Medical Sciences, Oral and Biotechnology, Associated Professor of PRM, "G.d'Annunzio" University, Chieti, Italy*

²*Degree Course in Physiotherapy, "G. d'Annunzio" University, Chieti, Italy*

³*Department of Medical Sciences, Oral and Biotechnology, Full Professor of PRM, "G.d'Annunzio" University, Chieti, Italy*

INTRODUCTION

Cardiovascular diseases are still the main cause of death in Italy today, being responsible for 44% of all deaths. Also, those who survive a heart attack become chronically ill people as the disease modifies the quality of life and entails significant economic costs for society.

Cardiovascular disease accounts for 43.4% of the 541.250 deaths recorded in Italy and we can conclude that mortality for coronary heart disease is approximately 20% of the total.

Cardiovascular Rehabilitation (CVR), combining prescription of physical activity with the modification of patient risk profile, ultimately aims to promote clinical stability, reduce the risk of subsequent cardiovascular events and cardiopathic disabilities. These goals are achieved through a comprehensive diagnostic-assessment and treatment approach, of which exercise is only one component. The complexity and intensity of this approach must be commensurated with the clinical characteristics of patients.

MATERIALS AND METHODS

The study included 10 patients aged 59 to 79 years, 4 men and 6 women, undergoing cardiac surgery for mitral valve replacement (2 patients), aortic valve (6 patients) and myocardial revascularization (2 Patients) by using a median sternotomy access at the Department of Cardiovascular Diseases of the Institute of Research and Care John Paul II UCSC, headquartered in Campobasso.

Each patient was evaluated on arrival at hospital in preoperative phase (T0) and discharge from hospital (T1) using Euro-Qol 5d, Tinetti Scale and Vittorio Test as well as evaluation of hearth rate, arterial pressure and oxygen saturation.

Patients were treated according to the traditional cardiovascular rehabilitation protocol validated by EBM, articulated into a single daily session of about one and a half hours of exercises to improve respiratory function, exercises for the recovery of cardiovascular fitness through the exercise with bikes and treadmills, exercises for the prevention and correction of altered posture attitudes and re-education programs that consist of training for proper breathing and expulsion of secretions, dietetic consultations, relaxation techniques and stress management.

The protocol lasted 4 weeks.

RESULTS

The data collected showed how a standard CVR protocol can positively influence the vital and functional parameters of subjects who are suffering from thoracic surgery. It can be pointed out that the application of conventional rehabilitation treatment can provide improvements both at the motor and at the functional level, in particular through the restoration of an adequate muscular strength, leading the patient to gain greater control over the actions of daily living and allowing him to progressively increase the intensity of the rehabilitation programs dedicated for him.

CONCLUSIONS

The data collected, while deserving of further studies and insights, through the increase of the sample, denotes with absolute certainty that CVR is an effective treatment in improving the quality of life and reintegration in a social context. Rehabilitation intervention in this case is an intensive and preventive rehabilitation model for the damage resulting from high-risk pathologies.

To conclude, the methodology has proved to be feasible, reproducible and well accepted by patients during the study.

ZNACZENIE PREWENCJI RENTOWEJ W CHOROBY ZWYRODNIENIOWEJ STAWU KOLANOWEGO

Majsterek A¹, Kaczor R¹, Stanisławska I², Łyp M¹.

¹Department of Physiotherapy, University of Rehabilitation in Warsaw, Poland

²Department of Dietetics, University of Rehabilitation in Warsaw, Poland

INTRODUCTION

Choroba zwyrodnieniowa stawów jest schorzeniem u osób w wieku starszym. W miarę zaawansowania objawy chorobowe nasilają się, występują dolegliwości bólowe czego konsekwencją jest ograniczenie możliwości funkcjonalnych.

AIM

Ocena skuteczności rehabilitacji w leczeniu choroby zwyrodnieniowej stawu kolanowego u pacjentów korzystających z zabiegów fizjoterapeutycznych w dwóch Niepublicznych Zakładach Opieki Zdrowotnej w ramach prewencji rentowej prowadzonej przez Zakład Ubezpieczeń Społecznych.

MATERIAL AND METHODS

Badaniem objęto 30 pacjentów ze zmianami zwyrodnieniowymi stawu kolanowego, w wieku 48 – 72 lat. W badanej grupie było 17 kobiet oraz 13 mężczyzn.

Do oceny wykorzystano - Wizualną Skalę Analogową (VAS), Zmodyfikowany Kwestionariusz Laitinena oraz skalę WOMAC (Western Ontario and McMaster Universities Index of Osteoarthritis).

RESULTS

Na podstawie przeprowadzonych badań można stwierdzić, że u większości pacjentów odnotowano poprawę stanu funkcjonalnego oraz zmniejszenie dolegliwości bólowych.

CONCLUSIONS

Po analizie wyników z trzech przeprowadzonych ankiet wykazano bardzo wyraźną poprawę stanu zdrowia po leczeniu fizjoterapeutycznym.

Pacjenci po leczeniu w ankietach wskazywali znacznie niższe nasilenie bólu, zmniejszenie problemów z wykonywaniem codziennych czynności oraz zwiększenie swobody i ruchomości stawu kolanowego.

LIFE-THREATENING CONDITIONS IN DERMATOLOGY AND ALLERGOLOGY.

Denisow-Pietrzyk M.^{1,2}, Flisiuk M.¹, Cielica W.¹

¹ *Department of Dermatology, 1st Military Clinical Hospital with the Outpatient Clinic in Lublin, Poland*

² *Department of Didactics and Medical Simulation, Chair of Human Anatomy, Medical University of Lublin, Poland*

Life-threatening conditions in dermatology and allergology are the group of rare diseases of different etiology. Action-oriented knowledge is needed to manage these emergencies, as the patient's life depends on the prompt and adequate treatment. The most common emergencies in dermatology and allergology included: severe cutaneous adverse drug reactions (SCARs), angioedema, and anaphylactic reaction.

Severe cutaneous adverse reactions (SCARs) can present in a multitude of ways including Stevens-Johnson syndrome, toxic epidermal necrolysis, drug reaction with eosinophilia and systemic symptoms, and acute generalized exanthematous pustulosis. Early recognition and diagnosis of SCARs are crucial in the identification of culprit drugs. Early drug withdrawal is mandatory in all SCARs. Angioedema is nonpitting edema of the dermis and subcutaneous layers and is a clinical manifestation of allergic reactions caused by immunoglobulin E (IgE)-mediated hypersensitivity to foods or drugs. Angioedema can also result in acute urticaria or a more generalized anaphylactic reaction. The tongue, lips, face, and throat are the most common sites of involvement; however, swelling can also affect extremities, genitalia, and viscera. Angioedema that is likely to be life-threatening is seen in anaphylactic reactions and the disorders mediated by bradykinin.

Anaphylactic reaction (AR) is a severe, life-threatening, systemic allergic reaction that is almost always unanticipated. Airway obstruction or vascular collapse typical for AR might lead to death. The most common causes of anaphylaxis are food allergies, stinging insects, and medications. The most common symptoms affect the skin and respiratory tract. The management of the anaphylaxis includes administration of intramuscular epinephrine before respiratory failure or cardiovascular compromise.

ORGANIZACJA SPŁYWÓW KAJAKOWYCH W ŚWIETLE OBOWIĄZUJĄCYCH PRZEPISÓW

Michniewicz I.

Higher Vocational State School of President Stanisław Wojciechowski in Kalisz

Spływy kajakowe to bardzo popularna forma wypoczynku czy rekreacji, na różnych akwenach. Osoby prywatne, szkoły czy inni organizatorzy, realizują ten rodzaj aktywności wodnej jako: imprezy integracyjne, rodzinne, obozy, czy kilkugodzinne atrakcje w czasie różnych wyjazdów grup.

Obowiązujące przepisy (w tym ustawa o bezpieczeństwie osób przebywających na obszarach wodnych) – nie regulują w najmniejszym stopniu zasad zabezpieczania (w tym ze strony ratowników, sprzętu etc.) tego typu przedsięwzięć. Wiadomo jedynie, że organizator ma zapewnić bezpieczeństwo. Jakimi środkami, w oparciu o jakie kryteria czy standardy – nie wiadomo, gdyż nikt nie ma w tej materii odniesienia do krajowych / prawnych zaleceń.

Pozostaje zatem logika, dobra praktyka, realna troska i posiadane finanse – jako narzędzia do stworzenia warunków bezpieczeństwa uczestnikom spływów kajakowych.

CARBON MONOXIDE POISONING TREATMENT IN HYPERBARIC CHAMBER

Zielinski E¹., Pedrycz A².

¹Department of Emergency Medicine and Disaster Collegium Medicum in Bydgoszcz Nicolaus Copernicus University in Toruń, Poland

²Department of Histology and Embryology Medical University in Lublin, Poland

Carbon monoxide (CO) is a colorless, odorless, non-irritant and toxic gas, undetectable by the sensory organs. Resulting from the incomplete combustion of substances, products containing hydrocarbons (e.g., industrial gases, coal wood). According to research is one of the most common causes of poison inhalation in the world.

From the epidemiological point of view, the largest number of food poisoning is observed in the autumn-winter period. This is connected with the possible being in areas with deficient ventilation and the victims of the fires. In addition to the standard of conduct in carbon monoxide poisoning including: derivation of a patient with space exposure, oxygen therapy, intravenous access Active or passive voice, fluid therapy, other possible injuries is used successfully in the hyperbaric chamber treatment.

SYNTETYCZNA ANALIZA EPIDEMIOLOGII UTONIEŃ

Michniewicz R.

Higher Vocational State School of President Stanisław Wojciechowski in Kalisz

Utonięcia stanowią podstawową przyczynę niezamierzonych śmierci. W zestawieniu danych Światowej Organizacji Zdrowia wynika, że w 2014 roku utonęło na całym świecie 372.000 osób. Daje to ponad 9% udziału w globalnej śmiertelności. Jeszcze bardziej przerażający jest przykład z którego wynika, że co godzinę, każdego dnia ponad czterdzieści osób traci swoje życie przez utonięcie. Liczba ta nie obejmuje ofiar, które straciły życie w wodzie podczas kataklizmów, powodzi, samobójstwa i zabójstwa.

Najwyższy wskaźnik umieralności przez utonięcie występuje w Afryce – 13,1 : 100 000. Dla porównania w Polsce współczynnik ten to 1,23 osoby na 100 000. Priorytetowym czynnikiem przewidującym przetrwanie w utonięciach jest czas przebywania pod wodą. Zanurzenie człowieka przez ponad pięć minut stanowi zły wynik prognostyczny.

Z dostępnych danych wynika, że na każdą śmierć w wodzie przypadają nawet cztery przypadki prawie utonięć, powodujące często poważne skutki neurologiczne czy w konsekwencji śmierć. W krajach rozwiniętych najwyższa częstość występowania utonięcia jest u dzieci w przedziale wiekowym 0 – 5 lat i u dorosłych między 15 a 24 lata

THE ROLE OF FOCUSED ASSESSMENT WITH SONOGRAPHY FOR TRAUMA (FAST).

Dyndor K.^{1,3}, Abramczyk M.¹, Pietrzyk L.^{2,3}

¹ Department of Radiology, 1st Military Clinical Hospital with the Outpatient Clinic in Lublin, Poland

² Department of General, Oncological and Minimally Invasive Surgery, 1st Military Clinical Hospital with the Outpatient Clinic in Lublin, Poland

³ Department of Didactics and Medical Simulation, Chair of Human Anatomy, Medical University of Lublin

Focused Assessment with Sonography for Trauma (FAST) is the most widely used bedside ultrasound application in emergency medicine. This imaging technique is very easy to perform in the following clinical settings: blunt trauma, unexplained hypotension, penetrating trauma and assessment of the pregnant trauma patient. Actually, the use of the FAST-exam has become an extension of the physical examination of the trauma patient. This rapid bedside ultrasound is proven and useful for the evaluation of the chest, abdomen and pelvis. Moreover, it is a screening test, but the examination has been shown to be both sensitive and specific in the identification of free fluid. In the context of traumatic injury, free fluid is usually due to haemorrhage. The examination protocol consists of standard sonograms:

- RUQ: the assessment of fluid around liver and Morison pouch- the most sensitive region for free fluid,
- LUQ: the assessment of fluid around spleen and in left flank;
- subxiphoid process- window of the heart: the detection of pericardial fluid,
- suprapubic view: the assessment of fluid in pelvis cavity in longitudinal scan- the most dependent space in the peritoneum for free fluid,
- the pleural cavity: searching for pneumothorax and free fluid.

It is important to note that, paramedics and clinicians should be well-trained and prepared to make the appropriate diagnosis in practice. Some studies have shown no significant difference in diagnostic accuracy between radiologist and non-radiologists for example emergency physicians. When the FAST exam is employed immediately after patient's trauma, it has been shown to decrease

time to needed for operations, costs and hospital admissions. Anatomical knowledge and familiarity with technique allow to avoid common pitfalls.

PRAWNE ASPEKTY STOSOWANIA PRZYMUSU BEZPOŚREDNIEGO PRZEZ ZESPOŁY RATOWNICTWA MEDYCZNEGO

Mąkosa M.

Catholic John Paul IInd University in Lublin, Poland

Celem wystąpienia konferencyjnego jest wskazanie prawnych podstaw stosowania przymusu bezpośredniego przez zespoły ratownictwa medycznego, prześledzenie ewolucji rozwiązań prawnych funkcjonujących w tym obszarze oraz dokonanie oceny ich skuteczności.

Przymus bezpośredni pojmowany jako czynność lub zespół czynności nakierowanych na osobę (poszkodowanego) wykazującego zaburzenia psychiczne w celu wykonania nieodzownych procedur medycznych budzi spore kontrowersje. Zasadność stosowania przymusu bezpośredniego w formach przewidzianych przez ustawę z dnia 19 sierpnia 1994 r. o ochronie zdrowia psychicznego (przytrzymanie, przymusowe zastosowanie leków, unieruchomienie, izolacja) służy z jednej strony zabezpieczeniu chorego – by nie pogorszył swego stanu zdrowia – poprzez udzielenie mu odpowiedniej pomocy medycznej, z drugiej strony mają zapewnić ochronę pracownikom zespołów ratownictwa medycznego (ZRM).

Osoba prezentująca zaburzenia psychiczne może stanowić zagrożenie dla zdrowia lub życia swojego, jak i osób trzecich. W takich przypadkach konstytucyjne prawo każdej osoby do wyrażania zgody na podejmowanie względem niej interwencji medycznych bądź odmowy poddania się tym czynnościom doznaje istotnego ograniczenia. Naruszenie nietykalności osobistej pacjenta (poszkodowanego) z zaburzeniami psychicznymi może się odbywać jedynie według ściśle określonych prawem reguł przy użyciu metod jak najmniej uciążliwych dla człowieka.

THE NON-SUICIDAL SELF-INJURIES (NSSI) IN YOUNG PEOPLES

Masiak J.

Department of Psychiatry, Independent Neurophysiological Unit, Medical University of Lublin, Poland

The doctors of various specialties and psychologists recognize increasing number of patients who present with the non-suicidal self-injuries (NSSI) as the only complain or as a part of many medical complaints.

For the first time criteria for the NSSI were included in the 5th edition of classification of mental disorders (DSM5) edited by American Psychiatric Association which shows as well importance of this disorder in clinical practice.

Research on NSSI explores psychological reasons for such maladaptive behavior. Specialist assessments and interventions are being proposed/developed for patients/individuals who engage with the NSSIs.

In the treatment and management of the of NSSI alongside surgical interventions, the emphasis is placed on addressing the problem through psychopharmacology and psychotherapy.

ZNACZENIE REHABILITACJI W LECZENIU ZMIAN ZWYRODNIENIOWYCH STAWU BIODROWEGO

Wolowska-Kowalska M¹., Kaczor R¹., Stanisławska I²., Łyp M¹.

1Department of Physiotherapy, University of Rehabilitation in Warsaw, Poland

2Department of Dietetics, University of Rehabilitation in Warsaw, Poland

INTRODUCTION

Choroba zwyrodnieniowa stawów (ch.z.s) jest najczęściej spotykaną chorobą stawów występującą u 50% ludności w wieku 60 lat. Jest chorobą zwyrodnieniową dotyczącą głównie stawów najbardziej obciążonych, tj. stawów biodrowych i kolanowych.

AIM

Ocena skuteczności postępowania fizjoterapeutycznego w leczeniu zmian zwyrodnieniowych stawu biodrowego.

MATERIAL AND METHODS

Badaniami objęto 30 osób z rozpoznaną chorobą zwyrodnieniową stawów biodrowych. Do oceny skuteczności zastosowano Wizualno-Analogową Skalę Bólu (VAS) oraz Zmodyfikowany Kwestionariusz Laitinena. Do analizy różnic wykorzystano test U-Manna-Whitneya. Za różnice istotne statystycznie uznano takie, przy których otrzymana wartość prawdopodobieństwa była $p < 0,05$.

Do oceny korelacji wykorzystano test korelacji porządku rang Spearmana. Oznaczone współczynniki korelacji uznano za istotne przy $p < 0,05$. W celu oceny siły związków korelacyjnych wykorzystano klasyfikację według J. Guilford

RESULTS

Na podstawie analizy wyników wykazano istotną statystycznie poprawę u pacjentów ze zdiagnozowaną chorobą zwyrodnieniową stawu biodrowego, u których zastosowano zabiegi z zakresu fizjoterapii.

CONCLUSIONS

Potwierdzono pozytywny wpływ leczenia na zmniejszenie dolegliwości bólowych u pacjentów. Po terapii zmniejszyło się zapotrzebowanie na środki farmakologiczne. Rehabilitacja nie wpłynęła na zmianę zakresu ruchu chorego stawu biodrowego.

HOUSING SHORTAGE AS A THREAT TO SOCIAL SECURITY

Legierska U.

The Faculty of Administration and Social Sciences, Warsaw University of Technology, Poland

INTRODUCTION

One of the basic threats to social security is doubtlessly housing shortage, in extreme cases homelessness as well as owning ineligible apartments.

In this paper there will be discussed the problem of eviction and a government program named “An Apartment Plus” which aim is to help people who unaided cannot obtain a place to live.

AIM

The aim of this paper is to show how this program is working and its influence on acquiring apartments.

RESULTS

It should be emphasized that safety of building construction is as well very significant. As far as a threat to social security is concerned it is not only about owning an apartment but also about the way in which it is used which can result even in construction disaster.

TRANSPORT OF PREGNANT TRAUMA

Miturski A¹, Pedrycz A.², Kraczkowski JJ¹

¹ Department of Obstetrics and Pathology of Pregnancy, Medical University of Lublin, Lublin, Poland

² Department of Histology and Embryology Medical University in Lublin, Poland

Trauma in pregnancy remains as important public health issue. 8% of pregnancies may be complicated by maternal injury. Physical trauma affects has a major impact on traumatic fetal mortality and serious maternal injury morbidity and mortality pregnant women each year.

Automobile crashes during pregnancy are the leading cause of maternal mortality and morbidity and on pregnancy outcome. An improved understanding of the elements of motor vehicle crashes that cause pregnancy complications has been gained through series of investigations. Optimal management of the pregnant trauma victim requires a multidisciplinary team, where the obstetrician plays a pivotal role. A multidisciplinary approach is warranted to optimize outcome for mother and fetus.

The transport of pregnant women to an appropriate health facility plays a major role in preventing maternal deaths. The characteristics of the pregnant trauma women transported, are described for each trimester of pregnancy. Pregnant woman uterus can press down against the inferior vena cava and the aorta, impeding venous return and cardiac output. Lateral left tilt is feasible. The angle of tilt between 15° and 30° can reduce aortocaval compression syndrome. Manually displace the uterus to the left is also helpful to remove caval compression.

The results of previous studies show the three-point belt is the best and most important safety device for protecting pregnant occupants. Pregnant women should be counselled to wear seatbelts throughout pregnancy and reduce risk of complications of crash. We recommend introduction of injury prevention programs targeted to pregnant woman and their families.

ERECTOR SPINAE DIFFERENCES DURING FATIGUING LUMBAR ISOMETRIC EXTENSION BETWEEN HEALTHY SUBJECTS AND PATIENTS WITH CHRONIC LOW BACK PAIN

González-Sánchez M¹., Galán-Mercant A²., Cuesta-Vargas AI.¹

¹*University of Málaga, Spain*

²*University of Jaén, Spain*

INTRODUCTION

Objective: to analyse the behaviour of the Erector Spinae (ES) using sEMG, ultrasonography and a load cell, an isometric fatiguing lumbar extension test (IFLET), comparing the emergence and evolution of fatigue among healthy subjects and patient with chronic non specific low back pain (PwCNLBP).

DESIGN: CROSS-SECTIONAL STUDY.

Settings: Biomechanical Laboratory from a Spanish University, Participants: Healthy adults and PwCNLBP participated in the present study. Intervention: During IFLET analyzing the behaviour of the ES using sEMG, ultrasonography and a load cell to obtain function and architecture muscle. The test consisted of an isometric lumbar extension for 30 seconds duration for which each participant performed a maximum and constant push to 45° from the vertical, with the lumbar spine in neutral position.

Main Outcome Measure(s): Torque, muscle thickness, pennation angle and muscle. The fair values of the variables were measured at baseline, at 10, 20 and 30 seconds.

RESULTS:

From the second measurement point established in this study (10sec), there were significant differences in all variables measured.

CONCLUSION:

PwCNLBP undergoes more pronounced changes in function (moment of force and muscle activation) and muscle architecture (pennation angle and thickness) of the ES when performing an IFLET, making a transition to fatigue that is much faster and more intense than a healthy subject exposed to the same stimulus.