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- 13.00.00 Pedagogika fanlari
- 13.00.01 Pedagogika nazariyasi. Pedagogik ta'limotlar tarixi
- 13.00.02 Ta'lim va tarbiya nazariyasi va metodikasi (sohalar bo'yicha)
- 13.00.03 Maxsus pedagogika
- 13.00.04 Jismoniy tarbiya va sport mashg'ulotlari nazariyasi va metodikasi
- 13.00.05 Kasb-hunar ta'limi nazariyasi va metodikasi
- 13.00.06 Elektron ta'lim nazariyasi va metodikasi (ta'lim sohaları va bosqichlari bo'yicha)
- 13.00.07 Ta'limda menejment
- 13.00.08 Maktabgacha ta'lim va tarbiya nazariyasi va metodikasi
- 13.00.09 Ijtimoiy pedagogika
- 07.00.00 Tarix fanlari
- 19.00.00 Psixologiya fanlari
- 01.00.00 Fizika-matematika fanlari
- 02.00.00 Kimyo fanlari
- 03.00.00 Biologiya fanlari
- 09.00.00 Falsafa fanlari
- 10.00.00 Filologiya fanlari
- 11.00.00 Geografiya fanlari

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SPECIAL PHYSICAL EXERCISES IN COXARTHROSIS DURING THE PREOPERATIVE AND POSTOPERATIVE PERIODS OF REHABILITATION

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Abstract: The article examines the role of special physical exercises in the rehabilitation system of patients with coxarthrosis in the preoperative and postoperative periods. The goals, objectives, and physiological mechanisms of therapeutic physical training are outlined, as well as the features of selecting and dosing exercises depending on the stage of the disease and the phase of treatment. Special attention is paid to restoring hip joint function, reducing pain, and improving patients' quality of life. It is demonstrated that the systematic application of special physical exercises contributes to faster rehabilitation and reduces the risk of postoperative complications.

Key words: coxarthrosis, therapeutic physical training, rehabilitation, hip joint, preoperative period, postoperative period.

Annotatsiya: Maqolada koksartroz bilan og'rigan bemorlarni operatsiyagacha va operatsiyadan keyingi davrda reabilitatsiya qilish tizimida maxsus jismoniy mashqlarning o'rni tahlil qilinadi. Davolovchi jismoniy tarbiyaning maqsad va vazifalari hamda uning fiziologik mexanizmlari yoritiladi, shuningdek, kasallik bosqichi va davolash jarayonining fazasiga qarab mashqlarni tanlash va me'yorlash xususiyatlari ko'rib chiqiladi. Ayniqsa, son bo'g'imi funksiyasini tiklash, og'riq sindromini kamaytirish va bemorlarning hayot sifatini yaxshilash masalalariga alohida e'tibor qaratiladi. Maxsus jismoniy mashqlarni tizimli qo'llash reabilitatsiya jarayonini tezlashtirishi hamda operatsiyadan keyingi asoratlar xavfini kamaytirishi ko'rsatib berilgan.

Kalit so'zlar: koksartroz, davolovchi jismoniy tarbiya, reabilitatsiya, son bo'g'imi, operatsiyagacha davr, operatsiyadan keyingi davr.

Аннотация: В статье рассматривается роль специальных физических упражнений в системе реабилитации пациентов с коксартрозом в предоперационном и послеоперационном периодах. Раскрываются цели, задачи и физиологические механизмы лечебной физической культуры, а также особенности подбора и дозирования упражнений в зависимости от стадии заболевания и этапа лечения. Особое внимание уделяется восстановлению функции тазобедренного сустава, снижению болевого синдрома и улучшению качества жизни пациентов. Показано, что систематическое применение специальных физических упражнений способствует ускорению реабилитации и снижению риска послеоперационных осложнений.

Ключевые слова: коксартроз, лечебная физическая культура, реабилитация, тазобедренный сустав, предоперационный период, послеоперационный период.

INTRODUCTION

Coxarthrosis is one of the most common degenerative-dystrophic diseases of the musculoskeletal system. It is characterized by progressive damage to the hip joint, impaired function, pain syndrome, and limited mobility. The disease often leads to reduced working capacity and, in advanced cases, disability. In cases of significant joint destruction, conservative treatment becomes insufficiently effective, and surgical intervention is required, most commonly total hip arthroplasty. In this context, medical rehabilitation becomes especially important, with special physical exercises serving as an essential component. The purpose of this study is to analyze the significance and specific features of special physical exercises in coxarthrosis during the preoperative and postoperative rehabilitation periods. Coxarthrosis is a chronic disease characterized by destruction of articular cartilage, deformation of joint surfaces, and the development of secondary changes in bone and muscle tissue.

The main clinical manifestations include pain in the hip joint area, stiffness of movement, limping, and muscle weakness. As the disease progresses, the range of motion decreases, gait biomechanics are disturbed, and compensatory changes develop in the spine and other joints. All these factors determine the need for a



comprehensive approach to treatment and rehabilitation. Therapeutic physical training is one of the leading non-pharmacological methods for managing coxarthrosis. Special physical exercises are aimed at restoring and maintaining the functional capacity of the hip joint, improving blood circulation, strengthening periarticular muscles, and normalizing motor patterns.

LITERATURE REVIEW

Physical exercises exert a positive effect not only on the musculoskeletal system but also on the cardiovascular, respiratory, and nervous systems. In addition, they contribute to improving the patient's psycho-emotional state and increasing motivation for treatment. The main objectives of special physical exercises in the preoperative period include reduction of pain syndrome, improvement of hip joint mobility, strengthening of the lower limb and trunk muscles, and preparation of the patient for the upcoming surgical intervention. Preoperative preparation enhances the overall functional condition of the body and facilitates faster postoperative recovery. During the preoperative period, gentle and moderately intensive exercises are applied, with primary emphasis placed on isometric contractions of the thigh and gluteal muscles, exercises performed in lying and sitting positions, as well as breathing exercises. Muscle relaxation techniques, gentle stretching, and mobility development within a pain-free range are recommended. All movements should be performed without sharp pain, at a slow pace, and with adequate rest intervals. In the early postoperative period, the primary objectives are prevention of complications, improvement of blood circulation, prevention of muscle atrophy, and restoration of basic motor functions. At this stage, breathing exercises, active movements in the distal segments of the limbs, and isometric exercises targeting the thigh and gluteal muscles are implemented.

All exercises are performed under medical supervision, taking into account the patient's clinical condition. In the late postoperative period, the focus shifts to restoration of weight-bearing function of the limb, increased range of motion in the hip joint, and development of a correct gait pattern. Exercises in the standing position with support and gradual load progression are utilized. Elements of balance, coordination, and muscle strength training are incorporated. A crucial stage involves teaching the patient self-care skills and safe ambulation techniques.

RESEARCH METHODOLOGY

Methodological principles for conducting classes. The effectiveness of special physical exercises in coxarthrosis depends on adherence to the following principles: individual approach; gradual and consistent increase in load; regularity of training; combination of active and passive exercises; control of pain syndrome and the patient's general condition. Therapeutic physical training sessions should be conducted systematically and adjusted depending on the stage of rehabilitation and the body's response to the load. The use of special physical exercises in coxarthrosis is an effective method of medical rehabilitation; however, their prescription and implementation require strict consideration of contraindications and adherence to safety measures. Improperly selected load or ignoring clinical limitations may lead to increased pain, development of complications, and delayed recovery.

Absolute contraindications include conditions in which performing physical exercises is strictly prohibited due to a high risk of deterioration in the patient's condition. These include: acute inflammatory processes in the body; elevated body temperature; severe pain syndrome not relieved by medication; serious cardiovascular complications, including unstable angina and decompensated heart failure; thromboembolic complications; early postoperative complications accompanied by bleeding or pronounced instability of the condition; septic conditions. In such situations, priority is given to stabilizing the patient's general condition, after which the issue of prescribing therapeutic physical training is reconsidered.

ANALYSIS AND RESULTS

Relative contraindications imply temporary limitation or modification of physical load. These include moderate pain syndrome; pronounced swelling in the joint area; unstable blood pressure; concomitant chronic diseases in the stage of exacerbation; significant muscle weakness; and psycho-emotional instability of the patient. In such cases, exercises may be continued with reduced intensity, a decreased range of motion, and increased rest intervals. The decision is made individually by the physician. In the preoperative period, the main objective is to improve the patient's functional condition without aggravating the degenerative process. Special attention is paid to pain control. Exercises should not provoke acute or increasing pain in the hip joint. Sudden swinging movements, deep squats, excessive axial loads, and high-resistance exercises are contraindicated. Movements performed through pain are not permitted, as they may lead to additional trauma to joint structures. All exercises should be performed in a gentle mode, mainly in lying or sitting positions, which reduces stress on

the joint. It is important to monitor heart rate and the patient's overall well-being. The early postoperative period is the most critical stage of rehabilitation. During this time, there is a risk of thromboembolic complications, prosthesis dislocation, wound dehiscence, and inflammatory processes. The main safety measures include strict adherence to the recommended range of motion; avoidance of excessive hip flexion; exclusion of hip adduction and internal rotation after endoprosthesis; use of assistive devices for walking; and performance of exercises only under medical supervision.

Particular attention is given to thrombosis prevention. For this purpose, breathing exercises and active movements in the ankle joints are applied. The patient must be trained in proper positioning in bed, safe standing, and correct walking techniques. Failure to follow these recommendations may lead to serious complications. In the late postoperative period, the load is gradually increased; however, the principle of gradual progression remains fundamental. Sudden expansion of physical activity without adequate muscular preparation is unacceptable. During gait restoration, it is necessary to control step symmetry and avoid limping, as incorrect motor patterns may lead to overload of other joints and the spine. The load should be increased progressively, taking into account the body's adaptive capacity. If pain, swelling, or a feeling of joint instability occurs, the intensity of exercises should be reduced. Regular medical supervision is an essential safety requirement. The following indicators are assessed: level of pain syndrome; range of motion in the joint; muscle strength; heart rate and blood pressure; and the presence of swelling or signs of inflammation. The patient should be informed about possible symptoms of complications and the need to promptly report any changes in well-being. Psychological comfort is also important. Fear of movement after surgery may lead to reduced activity and delayed recovery.

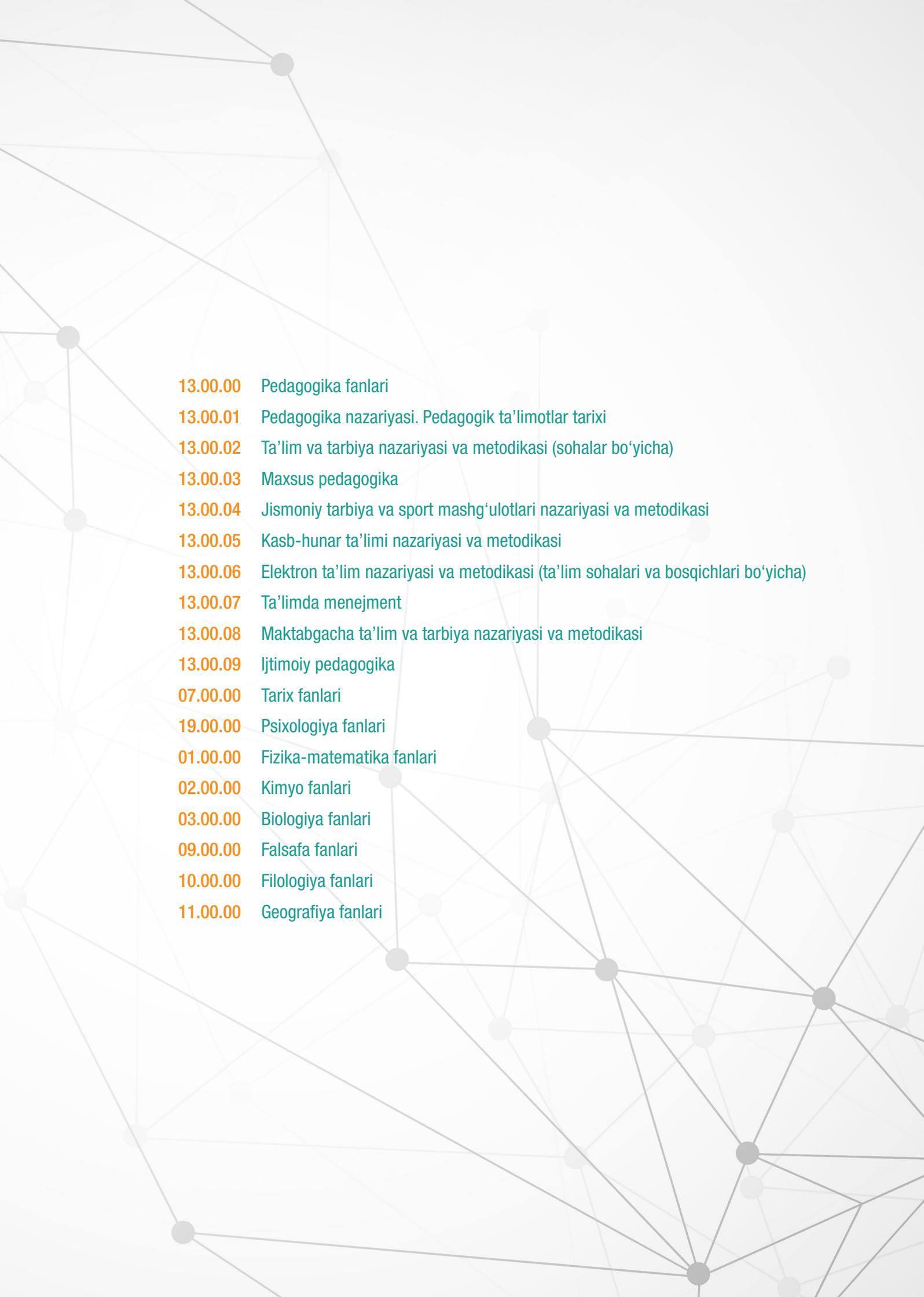
Conversely, excessive self-confidence may result in violation of the rehabilitation regimen. Therefore, the rehabilitation process should be accompanied by patient education, development of adequate motivation, and maintenance of a balance between activity and caution.

CONCLUSION

Observance of contraindications and safety measures during the performance of special physical exercises in patients with coxarthrosis is a necessary condition for effective and safe rehabilitation. An individualized approach, gradual progression of load, continuous medical supervision, and patient education regarding movement safety principles help minimize the risk of complications and ensure successful restoration of hip joint function.

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- 13.00.00 Pedagogika fanlari
 - 13.00.01 Pedagogika nazariyasi. Pedagogik ta'limotlar tarixi
 - 13.00.02 Ta'lim va tarbiya nazariyasi va metodikasi (sohalar bo'yicha)
 - 13.00.03 Maxsus pedagogika
 - 13.00.04 Jismoniy tarbiya va sport mashg'ulotlari nazariyasi va metodikasi
 - 13.00.05 Kasb-hunar ta'limi nazariyasi va metodikasi
 - 13.00.06 Elektron ta'lim nazariyasi va metodikasi (ta'lim sohaları va bosqichlari bo'yicha)
 - 13.00.07 Ta'limda menejment
 - 13.00.08 Maktabgacha ta'lim va tarbiya nazariyasi va metodikasi
 - 13.00.09 Ijtimoiy pedagogika
 - 07.00.00 Tarix fanlari
 - 19.00.00 Psixologiya fanlari
 - 01.00.00 Fizika-matematika fanlari
 - 02.00.00 Kimyo fanlari
 - 03.00.00 Biologiya fanlari
 - 09.00.00 Falsafa fanlari
 - 10.00.00 Filologiya fanlari
 - 11.00.00 Geografiya fanlari



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