

REHABILITATION ISSUES IN PATIENTS WITH POSTOPERATIVE DISCOGENIC THORACIC MYELOPATHY

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Discogenic thoracic myelopathy caused by the herniation of the thoracic disc and cord compression requires immediate surgical attention to prevent permanent neurologic compromise. Based on our data, 80% of individuals will have alleviation of pain with surgery, 85% will have improvement in hyperreflexia, and 82% will have improvement in urinary symptoms. However, clinical outcomes after thoracic disc surgery are not as good as after cervical or lumbar disc surgery, and 8-12% of individuals undergoing surgical procedures for thoracic disc problems experienced no relief of symptoms.

The primary focus of rehabilitation in patients with discogenic thoracic myelopathy is to restore function in activities of daily living and to teach individuals how to manage their symptoms.

Rehabilitation process starts with assessment of the degree of involvement of the central nervous, including signs of upper motor neuron involvement, sensory/motor changes, signs of bowel and bladder dysfunction.

While managing pain, therapists instruct individuals in exercises to the trunk and other involved extremities. Exercises of the trunk and extremities may be initiated when indicated and progressed as tolerated. Postural training should be followed by strengthening, balance, and stabilization exercises of the trunk. In lower extremity impairment, gait training, stretching, and strengthening exercises are indicated. Besides supervised rehabilitation, the individual should be instructed in a home exercise program to be practiced daily and continued independently after the completion of rehabilitation.