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Therapeutic Effects of PNF Stretching in the Rehabilitation of Monoparesis After Stroke

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Abstract:
In today's sedentary lifestyle of people's stroke is very common condition. People are not doing exercises and not wake up early so its very common reason.
My patient was alright but suddenly in the morning they have a blurry vision and dizziness patient was fall and then they wake up into the hospital. And they get monoparesis. The patient feel headache at the right side and the left side upper limb weakness. And there is a history of similar episode 2 to 3 month back. No history of hypertension and diabetes and thyroid.
BACKGROUND: Stroke is a condition in which there is poor and lack of blood supply towards the brain. The stroke is of two types are as follows: first is ischemic stroke and the ischemic stoke is also divided into two types are as follow: embolism stroke and thrombosis stroke. And hemorrhagic stroke.
Ischemic stroke: in this type of stroke blood supply get decreases due to the embolism and thrombosis this may leads to dysfunction of the brain tissues in that area. Embolism stroke obstruct due to the embolus into the elsewhere in the body. And thrombosis stroke obstruction into the blood vessels by forming a blood clot locally.
Embolism stroke: its occur suddenly and early morning. embolism moves easily or transfer.
Thrombolytic: if the person is living a sedentary lifestyle than thrombolytic stroke occur. Patient feel difficulty in balancing or in the night it feels heavy of the limbs and in morning increases.
Hemorrhagic stroke: it is rupture of blood vessels due to major cause accident and internal bleeding and sometimes due to hypertension.
Risk factors: controllable factors are hypertension, diabetes, obesity, acute MI, hypoleukemia.
Uncontrollable: family history, AIDS, gender factor, age factor.
Clinical manifestation: Internal carotid artery supply to brain. Vertebral artery goes to back and supply hind brain , occiput. Internal carotid artery supply anterior cerebral artery , medial cerebral artery .
VERTEBRAL ARTERY: posterior cervical artery, basilar artery.
ETIOLOGY: mid brain involvement contralateral ipsilateral hemiplegia mixed, blur vision colour blindness, cerebral artery involvement: ataxia involve 3 cardinal signs are intentional trauma, nystagmus, scanning speech. Brain stem involve: dysarthria, dysphagia, bulbar palsy.

CASE DISCRIPTION: subjective assessment:
Demographic data: the age of my patient is 56 year male working as a farmer and he comes with a complaint left side weakness and having a right side headache. Patient history of presenting illness was left side weakness since in the evening which is sudden in onset and also complaint headache at right side which is gradual in onset. And also there is a history of similar episode 2-3 months back. And no history of hypertension, diabetes, thyroid. And there is no family history.

Objective assessment: general examination: pulse: 76/min, bp: 180/100mmhg, R/R: 18/min, temp: 92.3OF, pallor: negative, jaundice: negative, edema: negative, cyanosis: negative, clubbing: negative, JVP: negative.
The left side upper limb weakness is seen in which range of motion are decreases. The flexion, extension, abduction, adduction, internal and external movements are restricted.
Physiotherapy management: active movements of left side upper and lower limb should be done, passive movements of upper limb is done 3 sets each sets 10 reps and active assisted movement is done 3 sets each sets 10 reps . PNF stretching is done which was more beneficial for the patient which was helped in joint positioning, isometrics and theraband exercises is done.

UNIQUENESS OF THE STUDY:
patient was coming with the symptoms of left side upper limb weakness in which the left side upper limb range of motion is decreases and the muscle power also decreases. So for increases the range of motion passive movements and active assisted movements is done. And for muscle power isometrics and theraband exercises is done. And PNF stretching is very beneficial for the joint positioning which was very helpful for improving the patient condition.

RESULT:
and applying this protocol is very beneficial and very helpful for improving the patient condition. For applying this protocol the range of motion is increases with in 4 days and after 2 weeks for applying this protocol seen improvement his flexion reaches to above 50 degree and extension 30 degree and abduction reaches 60 degree. And the ADLS was also improves.

DISCUSSION:
at the time of the discharge when asked about the treatment protocol and how they feel after the treatment procedure. The patient says that they can't even move there hand but after the treatment he able to do flexion extension abduction and adduction se well. Then we ask for the patient about the follow ups and the patient go in such a good condition after the treatment. Home advices are given exercises are prescribed to the patient.
Conclusion: the patient admitted to the hospital in unconscious condition there family members told that they suddenly falls in the morning and at that time they can't even comes in a conscious condition. When the patient comes in conscious condition they told the complaint they can't able to move their left side upper limb and right side headache . then we diagnose and observe the patient condition range of motion is checked and the MMT (manual muscle testing should be), then started the treatment protocol PNF stretching is done isometric and range of motion exercises should be done. And improvement is seen with in 2 weeks.

Reference:
1. Glady Samuel raj, Adam's and victor's, David Eagleman, cash's.