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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии
საქართველოს სამედიცინო სიახლე

GEORGIAN MEDICAL NEWS

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GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

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GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

WEBSITE

www.geomednews.com

К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman (Кириллица)**, для текста на грузинском языке следует использовать **AcadNusx**. Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - <http://www.spinesurgery.ru/files/publish.pdf> и http://www.nlm.nih.gov/bsd/uniform_requirements.html В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректур авторам не высылаются, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

При нарушении указанных правил статьи не рассматриваются.

REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or computer-printed on a single side of standard typing paper, with the left margin of 3 centimeters width, and 1.5 spacing between the lines, typeface - **Times New Roman (Cyrillic)**, print size - 12 (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: http://www.nlm.nih.gov/bsd/uniform_requirements.html
http://www.icmje.org/urm_full.pdf

In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

**Articles that Fail to Meet the Aforementioned
Requirements are not Assigned to be Reviewed.**

ავტორთა საქურაღებოლ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დაიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx**. შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგების ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

Содержание:

P.V. Fedorych, T.V. Kuts, S.B. Koval. DETERMINATION OF THE SENSITIVITY OF GARDNERELLA VAGINALIS TO FENTICONAZOLE.....	6-10
Giuseppe Taccardo, Andrea Perna, Alessandro Domenico Santagada, Marco Passiatore, Calogero Velluto, et al. DOES AN EARLY POST-OPERATIVE PAIN RELIEVE INFLUENCE THE FUNCTIONAL OUTCOME OF PATIENTS WITH COLLES FRACTURES TREATED WITH EG-BLOCK SYSTEM?.....	11-16
Oksana Knyzhenko, Svitlana Knyzhenko, Krainyk Hryhorii, Kseniia Kotlubaieva. IMPROPER PERFORMANCE OF PROFESSIONAL DUTIES BY A MEDICAL PROFESSIONAL: CURRENT ISSUES OF RESPONSE AND INVESTIGATION UNDER CRIMINAL LAW.....	17-22
Fana Lichoska-Josifovikj, Kalina Grivceva-Stardelova, Beti Todorovska, Vladimir Andreevski, Filip Nikolov, Dzem Adem. THE VALUE OF SERUM-ASCITES ALBUMIN GRADIENT AS A PREDICTOR OF SPONTANEOUS BACTERIAL PERITONITIS IN PATIENTS WITH LIVER CIRRHOSIS AND ASCITES.....	23-25
Mher S. Bisharyan, Ara B. Dallakyan. ASSESSMENT OF THE SOCIAL AND MEDICAL ASPECTS OF SUICIDE IN THE REPUBLIC OF ARMENIA.....	26-31
Nadiya Ye. Barabash, Tetiana M. Tykhonova, Diana M. Dorosh, Larysa O. Martymianova. HETEROGENEITY OF CLINICAL MANIFESTATIONS OF HYPERPROLACTINEMIA (REVIEW AND OWN OBSERVATIONS)	32-36
Alexander Schuh, Philipp Koehl, Stefan Sesselmann, Tarun Goyal, Achim Benditz. INCIDENTAL INTRAOSSEOUS CALCANEAL LIPOMA IN A PATIENT SUFFERING FROM PLANTARFASZIITIS	37-39
Alexander Schuh, Philipp Koehl, Stefan Sesselmann, Tarun Goyal, Achim Benditz. INTRAMUSCULAR MYXOMA OF THE BUTTOCK- A CASE REPORT	40-42
Tsvetkova M. A., Kovalenko A. YU. ALGORITHM OF ORTHODONTIC TREATMENT PATIENTS WITH A BURDENED DRUG ANAMNESIS. DRUGS THAT CAN INHIBIT TOOTHMOVEMENT.....	43-48
Mazin M. Hammady, Shaymaa J. Mohammed. IMPLEMENTING NEW TECHNIQUE TO EVALUATE COGNITIVE FUNCTION IN PATIENTS WITH MIGRAINE DURING THE ATTACK.....	49-53
Nataliia O. Shevchenko, Liliya S. Babinets, Iryna M. Halabitska. AGE-DEPENDENT IMMUNE STATUS CHANGES IN CHRONIC PANCREATITIS PATIENTS.....	54-58
Salah Kadhim Muslim. A SINGLE SURGEON'S EXPERIENCE IN DEFINING THE LEARNING CURVE FOR TRANSORAL ENDOSCOPIC THYROIDECTOMY -VESTIBULAR APPROACH (TOETVA).....	59-64
Muradyan A.E. CORRELATION AND INFRASTRUCTURE OF SOME PHYSICAL HEALTH INDICATORS BEFORE AND DURING COVID-19 PANDEMIC.....	65-69
Brych V.V., Vasylynets M.M., Shmanko O.P., Bilak-Lukyanchuk V.Y PARTICIPATION OF TRAUMATOLOGISTS IN PROVIDING MEDICAL REHABILITATION OF PATIENTS WITH INJURIES AT THE REGIONALLEVEL.....	70-73
Soldatiuk V.M., Rozhko M.M., Pantus A.V CLINICAL-MORPHOLOGICAL SUBSTANTIATION OF THE FIBROUS MATRIX WITH BIOGEL CENO BONETM APPLICATION FOR PRESERVATION OF THE ALVEOLAR PROCESS OF THE JAWS AFTER THE TEETH REMOVAL.....	74-80
O. Rotar, I. Khomiak, R. Sydorchuk, S. Boiko, I. Bilyk, O. Hrama, Y. Migaichuk. EFFICACY OF THE ALGORITHMIC STEP-UP APPROACH OF INTERVENTIONAL TREATMENT OF PATIENTS WITH ACUTE NECROTIZINGPANCREATITIS.....	81-85
V.V. Ohorenko, A.V. Shornikov, A.G. Kyrychenko, Y.N. Zavalko, V.N. Khomyakov, N.V. Tomakh. IMPROVEMENT OF QUALITY OF LIFE FOR PATIENTS WITH ASEPTIC NECROSIS OF THE FEMORAL HEAD AND NON- PSYCHOTIC MENTAL DISORDERS.....	86-89
Nigar Karimova Ildirim. CYP2B6 SINGLE NUCLEOTIDE POLYMORPHISMS IN AN AZERBAIJANI POPULATION.....	90-93
Olha Filyk, Yaroslav Pidhirnyi. RESPIRATORY MUSCLES FUNCTION IN CHILDREN 6-18 YEARS OLD WITH ACUTE HYPOXEMIC RESPIRATORY FAILURE: THE PROSPECTIVE OBSERVATIONAL COHORT STUDY.....	94-98

Héctor M. Ramos-Zaldívar, Karla G. Reyes-Perdomo, Nelson A. Espinoza-Moreno, Ernesto Tomás Dox-Cruza, Thania Camila Aguirre Urbinaa, et al.	
SAFETY AND EFFICACY OF THYMIC PEPTIDES IN THE TREATMENT OF HOSPITALIZED COVID-19 PATIENTS IN HONDURAS.....	99-105
Melnychenko MH, Kvashnina AA, Sytnikova VA.	
PROGNOSTIC MODEL OF POSTOPERATIVE ADHESIVE INTESTINAL OBSTRUCTION RISK IN CHILDREN.....	106-109
Musayev SA.	
EVALUATION OF THE QUALITY OF LIFE AFTER REVASCULARIZATION AND RECONSTRUCTIVE OPERATIONS ON MITRAL VALVE IN PATIENTS WITH CORONARY HEART DISEASE.....	110-114

PARTICIPATION OF TRAUMATOLOGISTS IN PROVIDING MEDICAL REHABILITATION OF PATIENTS WITH INJURIES AT THE REGIONAL LEVEL

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Introduction.

Traumatism is one of the main causes of death and disability in the European Region of WHO [1]. Many documents have been adopted and a number of measures have been taken to prevent injuries. As a result, there has been a downward trend in injuries over the last decade, but its burden on health care systems remains significant. At the same time, social inequality in injuries persisted, which is an urgent problem of health care [2]. In addition to prevention, the provision of quality medical care, including rehabilitation services, is important for reducing the consequences of injuries and maintaining the working capacity of the population. In this area, inequality of public access to services is also possible both at the level of the whole country and separate regions. Rehabilitation deserves special attention. This was emphasized at the meeting "Rehabilitation 2030: A Call for Action", which identified priority areas for strengthening rehabilitation at the national level [3].

In Ukraine, work to strengthen the rehabilitation sphere began in 2015, when the Rehabilitation Advisory Team of the International Society of Physical and Rehabilitation Medicine (ISPRM) held technical consultations and provided recommendations for improving the situation [4]. One of the recommendations was the step-by-step introduction of rehabilitation services through multidisciplinary rehabilitation teams at all levels of health care, starting with the organization of typical rehabilitation services in acute, post-acute and long-term rehabilitation periods. This was partially implemented first in some health care facilities, and then in the process of health care reform and the establishment of the National Health Service and throughout the country [5]. One of the areas is to provide rehabilitation for musculoskeletal disorders, which is most common in injuries.

In Transcarpathian region, with a tendency to reduce overall injuries, there are significant differences in this indicator by administrative territories [6]. The resources of the health care system used to be provided according to the number of populations, not the prevalence of nosologies. This could lead to inequality of access for people with injuries to medical care, including rehabilitation. An important principle of providing rehabilitation services for injuries is an interdisciplinary approach with the involvement of traumatologists. Given that in recent years in Ukraine there is a reorganization and improvement of the rehabilitation system, it is important to study the participation of traumatologists in the rehabilitation process. It is essential to take into account the resources and opportunities for medical rehabilitation at the regional level.

Aim.

To investigate the participation of traumatologists in providing medical rehabilitation care to patients with injuries and form a

recommended plan to strengthen this area at the regional level and the level of individual health care facility.

Materials and methods.

Medical-statistical, sociological, graphic, bibliosemantic methods and methods of structural and logical analysis were used during the research. The sociological survey was conducted with the help of a specially designed questionnaire, which contained 3 blocks of questions: questions about seniority, qualifications, place of work; questions on resource provision and organization of rehabilitation care in institutions at the place of work; questions on participation in ensuring the rehabilitation process. The survey involved 65 traumatologists, which amounted to 72.2% of all doctors specializing in "Traumatology" in Transcarpathian region. The average age of study participants was 39.6 ± 13.0 years old. Distribution by professional experience: 33.8% - more than 20 years, 35.4% - 11-20 years, 18.5% - 6-10 years, 12.3% - up to 5 years. The survey was conducted in September-October 2021. The licensed program Microsoft Excel 10 and Google Workspace packages were used to calculate the obtained data.

The application of these methods in the study was reviewed and approved by the Committee on Ethics of State Higher Educational Institution «Uzhhorod National University» (Protocol No. 3 of May 19, 2020).

Results.

The study found that the largest share of surveyed physicians ($35.4 \pm 5.9\%$) believe that medical rehabilitation services are needed by 50-59% of their patients with injuries. Only $20.0 \pm 5.0\%$ of doctors said that 90-100% of their patients needed rehabilitation. However, only $75.4 \pm 5.9\%$ of traumatologists indicated the possibility of receiving rehabilitation services in the institutions where these doctors work.

To understand the resources of this rehabilitation care, we analysed the answers of interviewed physicians on the availability of structural units, their technical equipment, and the availability of appropriate staff. Thus, $15.4 \pm 4.5\%$ of traumatologists reported that in their health care facilities there are only structural units of the old model: physiotherapy room, sports room, massage room. A quarter of traumatologists ($24.6 \pm 5.3\%$) indicated the presence of, in addition to the above units, a rehabilitation room. It was determined that $33.8 \pm 5.9\%$ of the surveyed doctors indicated that they work in institutions where there is a separate rehabilitation department with these offices. $7.7 \pm 3.3\%$ of traumatologists indicated that there was only a physiotherapy room in a hospital.

Only $4.6 \pm 2.6\%$ of the surveyed physicians assessed the equipment of rehabilitation services units as fully meeting the requirements of regulatory documents and the needs of patients with injuries. $27.7 \pm 5.6\%$ of respondents indicated incomplete

equipment provision for more than 50% of the needed, and a slightly larger share (32.3±5.8%) of respondents indicated less than 50% of needed provision. It should be noted that 27.7±5.6% could not answer the question because they do not have the information.

The next step was the analysis of the provision of these structural units with medical staff to provide rehabilitation services. It was found that, according to most traumatologists, the facilities are equipped with nurses in physiotherapy rooms. This was stated by 70.8±5.6% of traumatologists. 72.5±5.5% of respondents indicated the availability of doctors who provide rehabilitation care (physical and rehabilitation medicine doctors, physiotherapists, sports therapists, and sports medicine doctors). The share of traumatologists noted the presence of both physical therapists and instructors in physical therapy - 64.6±5.9% and 56.9±6.1%, respectively.

In the study of the procedure for referring patients with injuries to receive rehabilitation services, it was determined that the majority of surveyed traumatologists (56.9±6.1%) draw up an electronic referral, 12.3±4.1% - a written referral. Only oral referrals for medical rehabilitation after injuries are practiced by 24.6±5.3% of doctors. It should be noted that all forms of referral simultaneously are used in their practice by 3.1±2.1% of traumatologists.

The answers of the interviewed physicians regarding their involvement in multidisciplinary rehabilitation teams were also analysed. It is determined that 75.4±5.3% of traumatologists participate in the work of multidisciplinary teams in various forms. One third of traumatologists (32.3±5.8%) said that they participate in the joint development of individual rehabilitation plans. 7.7±3.3% of traumatologists indicated the joint development of clinical routes of patients. A rather large share of doctors – 35.4±5.9% – are involved in the creation of rehabilitation plans only with the help of modern information and communication channels (Skype, Viber, Zoom).

64.6±5.9% of physicians reported the inclusion of measures to rehabilitate patients with injuries in the long-term and annual work plan of the health care facilities and the personal work plan. For 80.8±4.9% of them it is a section of the plan for general health care, and for 12.3±4.9% it is a separate section for rehabilitation care.

70.8±5.6% of surveyed physicians reported the practice of conducting informational and educational work to ensure the adherence to rehabilitation among patients who need it. However, 40.0±6.1% of respondents indicated such work among all patients with injuries. Another 30.8±5.7% of participants indicated that they practice such information activities to form the adherence only within the framework of an individual rehabilitation program.

It should be noted that only 40.0±6.1% of surveyed doctors at the time of the survey were already familiar with the Law of Ukraine of December 3, 2020 "On Rehabilitation in Health Care" [7].

Discussion.

The provision of medical rehabilitation services to patients with injuries in the acute, subacute, and long-term periods in accordance with regulations requires the presence of appropriate

departments and a multidisciplinary team of specialists. According to the answers provided by traumatologists, not all institutions have the appropriate structure, but still retain units that existed before the reform of health care in Ukraine. It should be said that according to the answers of the participants of the study on the presence of rehabilitation specialists at health care facilities, we can conclude that the situation has improved. If in 2020 there were almost no physical therapists in health care facilities in Transcarpathian region [8], now 64.6±5.9% of traumatologists reported their presence.

All physicians surveyed refer patients with injuries for receiving rehabilitation services, but only 56.9±6.1% do so electronically. This allows patients to receive free medical rehabilitation services in accordance with the Medical Guarantees Program (Law of Ukraine of 19.10.2017 № 2168-VIII "On State Financial Guarantees of Medical Care"). Oral and written referrals do not allow you to receive these services. At the same time, it is important that traumatologists supplement e-referrals with oral messages and conversations to motivate their patients to rehabilitate. The adherence of patients with musculoskeletal disorders to the rehabilitation process provides a better end result of recovery, but often has a number of obstacles: the presence of pain, financial costs, difficulty adhering to the regime [9]. One of the ways to overcome this is to conduct informational and educational work with patients by doctors who provided medical care for injuries. But only 40.0±6.1% of doctors mentioned such work with all patients. With a low level of understanding of the need for rehabilitation to restore ability to work and improve the quality of life, patients may refuse to receive rehabilitation services.

According to the requirements of the National Health Service of Ukraine, medical rehabilitation for musculoskeletal disorders should be provided by a multidisciplinary team with the participation of a traumatologist. The survey found that 75.4±5.3% of traumatologists are involved in the rehabilitation process together with other specialists in the development of individual rehabilitation plans and clinical routes. Only remote participation with the help of information and communication channels in such processes does not allow to fully cooperate with rehabilitation specialists and ensure a high-end result. The results of the use of information and communication channels by doctors may probably be related to the COVID-19 pandemic, but this was not examined during the study.

Taking into account the results of the study and in order to improve the participation of traumatologists in the rehabilitation process, we have developed a recommended plan to strengthen the participation of traumatologists in the rehabilitation process at the regional and individual level (Figure 1). The plan includes areas of work, activities and expected results.

The recommended plan defines the main directions of strengthening the participation of traumatologists in the rehabilitation process of people with injuries. Each direction includes several measures:

1. The direction of increasing the number of patient referrals for medical rehabilitation through the use of electronic referrals includes two groups of measures:

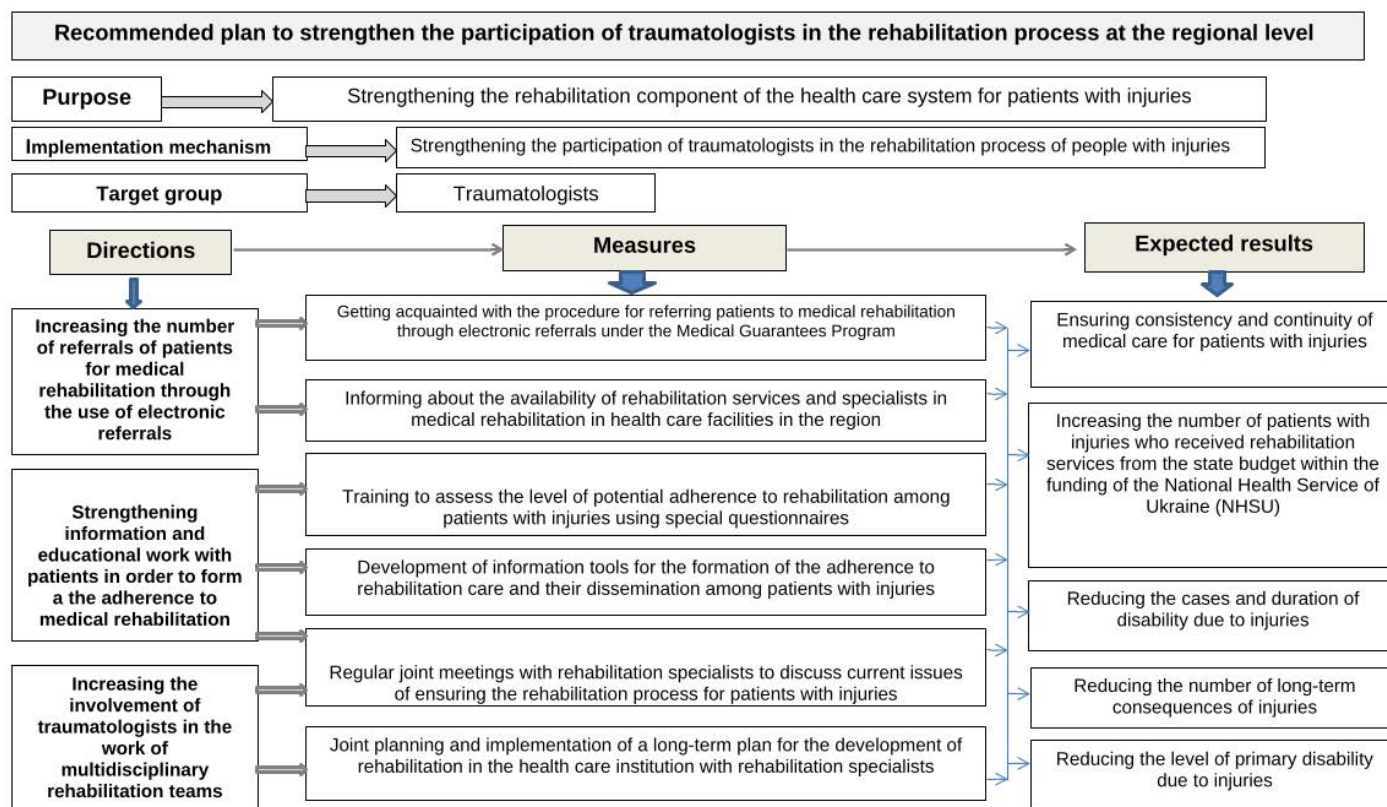


Figure.1. Recommended plan to strengthen the participation of traumatologists in the rehabilitation process at the regional level.

a) holding meetings with a detailed introduction to the procedure for referring patients to rehabilitation through electronic referrals under the Medical Guarantees Program.

b) regular informing about the availability of rehabilitation services and rehabilitation specialists in health care institutions of the region.

2. The direction of strengthening informational and educational work with patients with the aim of forming commitment to medical rehabilitation:

a) seminars and trainings on assessing the level of potential commitment to rehabilitation in patients using special questionnaires, training in communication technologies about the forming of potential commitment.

b) development of informational tools for the forming of commitment to rehabilitation care and their distribution among patients.

3. The direction of strengthening the involvement of doctors in the work of multidisciplinary rehabilitation teams:

a) regular joint meetings with rehabilitation specialists to discuss current issues of ensuring the rehabilitation process for patients with injuries.

b) joint planning and implementation of a long-term plan for the development of the rehabilitation direction in the health care institution with rehabilitation specialists.

The recommended plan can be adapted to the specifics of the health care institution and included in its general operational work plan.

Implementation of the plan's measures will strengthen the rehabilitation direction of medical care for patients with injuries

in the region. At the level of individual institutions, the plan can be supplemented by measures of cooperation between different specialists who provide rehabilitation services to patients with injuries.

Conclusion.

As a result of the study, some aspects of the participation of traumatologists in providing medical rehabilitation to people with injuries were identified:

1. $56.9 \pm 6.1\%$ of traumatologists refer their patients for rehabilitation services via electronic referrals, which provides for an insufficient level of provision of services at the expense of state funds within the Medical Guarantees Program.

2. $40.0 \pm 6.1\%$ of traumatologists conduct informational and educational work in order to form the adherence to the rehabilitation process of all patients with injuries, which may reduce the coverage of rehabilitation services.

3. $75.4 \pm 5.3\%$ of doctors in various forms of cooperation take part in the work of multidisciplinary rehabilitation teams.

Based on the results of the research, a recommended plan for strengthening the participation of traumatologists in the rehabilitation process at the regional and individual level has been developed.

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SUMMARY

PARTICIPATION OF TRAUMATOLOGISTS IN PROVIDING MEDICAL REHABILITATION OF PATIENTS WITH INJURIES AT THE REGIONAL LEVEL

Brych V.V., Vasylynets M.M., Shmanko O.P., Bilak-Lukyanchuk V.Y.

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The aim is to investigate the participation of traumatologists in providing medical rehabilitation care to patients with injuries and form a recommended plan to strengthen this area at the regional level and the level of individual health care facilities. Medical-statistical, sociological, graphic, bibliosemantic methods and methods of structural and logical analysis were used during the research. The survey involved 65 traumatologists, which amounted to 72.2% of all doctors specializing in "Traumatology" in Transcarpathian region. All physicians surveyed refer patients with injuries for rehabilitation services, but only 56.9±6.1% do so electronically. It was determined that 75.4±5.3% of traumatologists participate in the work of multidisciplinary teams in various forms, 32.3±5.8% - participate in the joint development of individual rehabilitation plans. 70.8±5.6% of surveyed physicians reported the practice of conducting informational and educational work to ensure adherence to rehabilitation among patients who need

it. The study identified some aspects of the participation of traumatologists in providing medical rehabilitation to persons with injuries: the frequency of referrals for rehabilitation, information work to form the adherence to rehabilitation, forms of participation in multidisciplinary teams. Based on the results of the research, a recommended plan for strengthening the participation of traumatologists in the rehabilitation process at the regional and individual level has been developed.

Key words: Injuries, medical rehabilitation, adherence, traumatologists.

РЕЗЮМЕ

УЧАСТИЕ ВРАЧЕЙ-ТРАВМАТОЛОГОВ В МЕДИЦИНСКОЙ РЕАБИЛИТАЦИИ БОЛЬНЫХ С ТРАВМАМИ НА РЕГИОНАЛЬНОМ УРОВНЕ

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Целью работы стало исследовать участие врачей-травматологов в обеспечении медицинской реабилитационной помощью пациентов с травмами и сформировать рекомендуемый план усиления этого направления на уровне региона и отдельного учреждения. При проведении исследования использовались такие методы: библиосемантический, медико-статистический, социологический, графический и метод структурно-логического анализа. В опросе приняли участие 65 врачей-травматологов, что составило 72,2% всех врачей специальности «Травматология» в Закарпатской области. Все опрошенные врачи направляют пациентов с травмами для получения реабилитационных услуг, но только 56,9±6,1% делают это посредством электронного направления. Определено, что 75,4±5,3% травматологов принимают участие в работе мультидисциплинарных команд в разных формах; 32,3±5,8% принимают участие в совместной разработке индивидуальных реабилитационных планов. О практике проведения информационно-образовательной работы для обеспечения приверженности к реабилитации нуждающихся пациентов сообщили 70,8±5,6% опрошенных врачей. В результате исследования установлены отдельные аспекты участия травматологов в обеспечении медицинской реабилитации лицам с травмами: частота направлений на реабилитацию, проведение информационной работы для формирования приверженности к реабилитации, формы участия в работе мультидисциплинарных команд. По результатам исследования разработан рекомендуемый план усиления участия врачей-травматологов в реабилитационном процессе на уровне региона и отдельного учреждения.

Ключевые слова: травмы, медицинская реабилитация, приверженность, травматологи.