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**Kinesiotherapy in patients with osteoporosis****Bojan Bacic and Ljiljana Jovanovic**

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In addition to medical and physical therapy, an integral part of the modern approach to the treatment of osteoporosis is also the application of the kinesiotherapy program. Kinesiotherapy has special significance, bearing in mind that it also forms part of the basis for the prevention of osteoporosis, and not just part of the medical treatment. On the other hand, the savvy way of life, as well as unfavorable demographic trends (an increase in the number of elderly people), have made the number of patients suffering from this disease growing year on year. During 2017, in the Institute, this rheumatology was performed over 7000 measurements of mineral bone density (osteodensitometric examinations). With the long-term work of our physicians and physiotherapists, in the Department of Physical Medicine and Rehabilitation of the Institute of Rheumatology, an osteoporosis exercise program was designed. The goal of this program is primarily preventive and educational but also a therapeutic approach in the treatment of osteoporosis which has been applied since 1993. The basis of this program is a combination of active exercises, static contractions, protective positions and breathing exercises. The program is individual and adapts to the patient depending on the degree of loss of bone mass, from the presence of compressive fracture, age, comorbidity and general psycho-physical condition of the patient. The program is gradual and divided into several initial positions: position on the back, position on the side, position on the stomach, four-legged, sitting and standing position. Given that kinesiotherapy represents only one part of the overall physical and medical treatment of osteoporosis, it is difficult to talk about the concrete results of the kinesiotherapy program itself. However, the experiences we have gained in long-term work and contact with patients who are being treated with this disease, as well as the statements of the patients themselves (on improving the general psycho-physical condition, physical holding and reduction of the frequency of compressive fractures), tell us that this program has positive effects. Based on years of work with osteoporosis patients and the use of kinesiotherapy in prevention and treatment, we have concluded that our specific exercise program, as a non-pharmacological method, plays an important role in the prevention of osteoporosis, improves the poor life habits of patients and their condition and thus directly affects the very causes the occurrence of this disease.

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