

# 臀肩式练功治疗脊柱胸腰段压缩骨折

湖北中医学院附属医院(430061) 叶劲 白书臣

**摘要:**本文介绍一种新型脊柱胸腰段压缩性骨折练功疗法。治疗患者 28 例,随诊其中 24 例 3~41 个月,效果满意。该练功疗法的特点是:运动幅度小,简单易学、易为中老年患者接受。并扼要介绍了该法与传统练功疗法的不同之处。

**关键词** 脊柱 骨折 练功疗法

脊柱胸腰段压缩性骨折脱位是中老年人容易罹患的损伤,臀肩式练功疗法具有活动幅度小,简单易学等特点,更能使骨折的前纵韧带牵伸和压缩的椎体膨胀。

### 临床资料

笔者 1990 年开始运用此法,治疗病人 28 例,随诊 24 例,共 26 个椎体。其中新鲜骨折 21 例,陈旧性骨折 3 例。最大年龄 78 岁,最小年龄 19 岁。压缩椎体节段分布:胸 12 椎体 8 例,腰 1 椎体 16 例,腰 2 椎体 1 例,腰 4 椎体 1 例。合并腰 4 椎体 I° 滑脱 1 例,合并椎间隙狭窄 1 例。椎体压缩程度 1/3~2/3 强。

### 治疗方法

早期卧硬板床,2~3 天后开始脊柱背伸练功治疗。练功时先全身放松,然后做挺胸背伸动作,要求臀部和肩部不离开床面(图 1),具体指标是:脊柱胸腰段离开床面 4cm 左右(约一横拳的宽度)。开始练功时不强求立即达到指标,但每日练功 3 遍,每遍做背伸动作 15~30 次。以后逐渐加大活动量,练功后作全身放松,消除腰背部不适感。练功 1 个月后可起床稍事活动,但禁止做任何弯腰的动作。

### 疗效标准和随诊结果

疗效标准参照 1975 年在天津召开的“全国中西医结合治疗骨折经验交流座谈会”通过的“胸腰椎骨折脱位疗效标准草案”<sup>(1)</sup>。随诊时限:3~41 个月,平均 22 个月;良:7 例,尚可:15 例,差:2 例,总有效率 92%。

### 讨论

传统的拱桥式(图 2)和飞燕式练功疗法,特点是利用上肢和下肢的协同动作,做挺腹和抬举骨盆的运动,使整个躯体呈过伸状态,由于其屈曲度最大的部位在骨盆及腰骶关节(此处接近躯体的中点),该部牵张力

最强,而脊柱胸腰段牵张力相应较小,所以疗效将受到一定的影响。臀肩式练功疗法改变了脊柱绞链的最高点,患者练功时做挺胸的动作,使脊柱胸腰段位于拱形的最高点,接近脊柱绞链的中点,屈曲度最大(图 1),从而使该部所受牵张力最强,对压缩椎体的膨胀复位最有利。

臀肩式与拱桥式练功疗法的区别在于挺胸与挺腹的不同。臀肩式采用挺胸动作,力量直接作用于略向后凸的胸腰段脊柱,使整个胸腰段呈完全伸展位。拱桥式采用挺腹动作,力量作用于原本略向前凸的腰段脊柱,再通过绞链效应,间接传递,产生脊柱胸腰段的背伸。由于臀肩式练功疗法无需四肢配合,故尤其适宜于合并脊髓神经损害致双下肢截瘫或合并四肢骨折患者的早期练功。

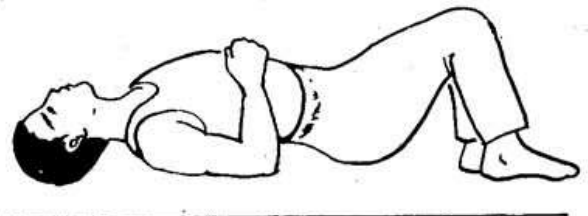


图 1



图 2

### 参考文献

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## Abstract of Original Articles

### Observation of the rabbit tibial interfragmental gap in vivo by light guide fiber method

Zou Bing-zeng(邹炳曾) Shang Tian-yu(尚天裕) Song Yue(宋跃) Zhao Hong-pu(赵洪普)  
*Institute of Orthopaedics and Traumatology, China Academy of TCM(100700)*

In this article, changes of the healing process of rabbit tibial interfragmental gap treated with small splints and intramedullary nail fixation were observed. Through light guide fiber method, image pattern analysis measurements and radiographic analysis of the callus, the results showed that the mean value of fracture interfragmental gap decreased along with increasing of the time. There are also correlation between the tendency of changes of fracture and post-fracture time and burden of the limb ( $p < 0.01$ ). Roentgenogram showed that the fractures were healed by the external bridge callus across the fracture site at sixth week. The results suggested that longitudinal displacement within  $0.33 \pm 0.17 - 0.95 \pm 0.43$  mm of the experimental rabbit tibial fracture ends can facilitate bone healing.

**Key words** Fracture healing Fracture end gap Light guide fiber method Rabbit

### Phagocytic function and heterogenicitic motive studies of surface wound healing

—Studies on the mechanism of Wei Nong Zhang Rou(2)

Li Xiu-lan(李秀兰) Xu Er-zhen(徐尔真) Shi Yi-jian(师宜健) Zhao Feng-yi(赵凤仪)  
*Tianjin Institute of Orthopaedics(300211)*

Rabbit infected surface wound models were prepared. Wound exudation and surface wound cells were collected with modified Schilling stainless steel tube embedded in the hypoderm. The surface wound cells were stained with Wright-Giemsa stains. It was found that number of macrocytes(M) increased during process of the surface wound healing in external application of Chinese drug group, besides the wandering macrocytes were more than permanent ones. The differences were significant statistically. Through histochemical staining, there were very significant difference of the acid-phosphatase (AcP) and sugar metabolic rate-limiting succinate dehydrogenase (SDH) between surface wound healing and control group. It is suggested that external application of Chinese medicine can activate surface wound cells and elevate intracellular enzymic activity. It plays an important role in promoting surface wound healing.

**Key words** Surface wound healing Macrocytes Acid phosphatase Succinate dehydrogenase

### A comparison between two kinds of internal fixation in treating fracture of patella

Cai Hua(蔡桦) Zhan Jie-hui(詹杰辉)

*Affiliated Hospital of Orthopaedics, Guangzhou College of TCM(510240)*

Fifty-three cases of fracture of patella were treated with coarse silk thread cerclage internal fixation in 39 cases, and tension steel wire internal fixation in 14 cases. Three months postoperatively showed that the former was superior than the later. It is because in later group tail of the Kirschner pin brought a touching pain postoperatively, so recovery of the function was generally slower than the

former group. It is suggested that in the treatment of fracture of patellar the former method was first choice.

**Key words** Fracture of patellar Internal fixation of fracture Clinical study

**Eighty-two cases of open tibio-fibular fracture treated with integration of traditional Chinese and modern medicine**

Lu Ding-quan(陆鼎铨)

*Fu Yang City People's Hospital, Zhejiang Province(311400)*

Better results were obtained in the treatment of **82** cases of open tibio-fibular fracture treated with integration of traditional Chinese and modern medicine. It is advised to let the open fracture becoming closed fracture after through debridement. During external fixation the patient kept in sitting position, let the affected limb hanging naturally in order to reduce the fracture ends in position correctly by means of gravity, then correct external fixation was applied instead of internal fixation. Application of drugs according to differentiation of symptom-complex in different stages and early functional exercises were emphasized.

**Key words** Fracture of tibia and fibula Integration of traditional Chinese and modern medicine

**Compressive fracture of thoracic and lumbar vertebrae treated with buttock-shoulder style of training**

Ye Jin(叶劲) Bai Shu-chen(白书臣)

*Affiliated Hospital of Hubei College of TCM(430061)*

In this article, a kind of new functional exercise was introduced in the treatment of compressive fracture of thoracic and lumbar vertebrae. Twenty eight cases were treated. After a follow-up study of **3-41** months, satisfactory results were found in **24** cases. The characteristics of the exercise are small amplitude of movement, easy to be carried on, they were well accepted by middle and senile patients. The difference between the method and traditional therapy was introduced.

**An analysis of reoperated cases following replacement of the femoral head in senile**

Zhou Zhang-wu(周章武)

*Affiliated Hospital of Anhui College of TCM(230031)*

Twenty-nine reoperated cases following failure of replacement of the femoral head have been performed from March of **1979** to Feb. of **1992**. Regarding the main causes of **reoperation**, inappropriate between the head and acetabulum and loosening of the prosthesis; secondly **breaking** of prosthesis, infection and dislocation etc. were also mentioned. Prophylactic measures were suggested.

**Key words** Artificial femoral head Neck-shaft angle of the femur Anterior incline angle of the femur