202 - ANALYSIS OF BODY POSTURE ADOPTED BY WOMEN WITH FIBROMYALGIA SYNDROME

DANIELA FRANCINE RADAELLI[1]
DANIELA PILOT FRANCIOZI[2]
ANA LÍGIA OLIVEIRA[3]
[1;2] Acadêmica do 7° período do curso de Fisioterapia da Universidade do Vale do Itajaí - UNIVALI
[3]Fisioterapeuta docente do curso de Fisioterapia da Universidade do Vale do Itajaí - UNIVALI
Universidade do Vale do Itajaí - Itajaí - Santa Catarina - Brasil
danielaradaelli@hotmail.com, dani_pf@hotmail.com, analigia@univali.br

INTRODUCTION

Fibromyalgia is a rheumatic syndrome chronic non-inflammatory, of unknown etiology that affects about nine women for every man, and his first symptoms arise, on average, mainly between 30 and 50 years of age, but is a syndrome that affects children and teenagers to older individuals. Is characterized by widespread musculoskeletal pain and so-called tender points. Pain, along with other features such as sleep disturbance and fatigue, contributing to the worsening of cardiorespiratory fitness, the general health and quality of life of patients (ANDRADE, et al, 2008 and MOREIRA and CARVALHO, 2001).

Physiotherapy has an important role in improving pain control and increasing or maintaining the functional abilities of the patient at home or at work, as well as the reduction of other symptoms that cause suffering (APTA, 2001). In view of these symptoms, we see the relationship between fibromyalgia syndrome and possible postural changes that women adopt to use your body to its functions. Postural assessment is based on an effective treatment, and guide the therapist in the selection of appropriate techniques. Depending on the variety of tests, measurements and sequence of data collection that are available, the spreadsheet format depends on the individual preference of the evaluator. However, it is essential to take complete (GOULD III, 1993).

This work aims to analyze the posture adopted by women with fibromyalgia syndrome clinic school of physiotherapy UNIVALI second of a validated instrument. The objective of this study was constructed from the following research question: what is the attitude of women with fibromyalgia?

METHODOLOGICAL APPROACH

Data collection was performed from August 2007 to December 2008, at the premises of the physiotherapy clinic UNIVALI. Research was governed by Resolution 196/96, where all participating women signed an informed consent form, approved by the ethics committee. Postural assessment was performed with women wearing swimsuits, following the route proposed by Marques (2005), where the views were observed anterior, posterior, lateral right and left side, this has had an average of 60 minutes and the data were stored in tables built into Excel for further data analysis.

PRESENTATION AND DISCUSSION OF RESULTS

We assessed thirty-three women diagnosed with fibromyalgia at the physiotherapy clinic of the University of Vale do Itajaí (UNIVALI). These women were part of the interdisciplinary program, been invited to participate in the postural evaluation by academic. Only when you call, there has been much turmoil, considering that for women a postural assessment was directly related to the relief of pain complaints of the spine. Age of the women studied ranged from 31 (thirty one) to 71 (seventy-one) years and with regard to time of pain, women evaluated in our study had a range of 12 (twelve) and 540 (five hundred and forty) months. Can be observed in our study by evaluating the participants, twenty-seven women make up 81.8% of the sample reported to be poor quality sleep and sixteen women, who account for 48.5% of the sample, have higher pain complaints in the morning. Beyond the pain, two common symptoms are stiffness of the muscles in the morning and poor quality sleep, resulting in the patient wakes up feeling as tired as before bed, causing pain in the morning (CHAITOW, 2002).

ANALYSIS OF BODY POSTURE OF THE LOWER LIMBS AND LUMBAR SPINE

Standing in the standing position, was asked the women where they felt more body weight, with three possible options: the right side, left side or bilaterally. Was obtained as a result of these questions as follows: 30.3% of the sample, ie, ten women had a greater weight on the right side of the body, thirteen women make up 39.4% of the sample equal weight to both sides; 30.3% of the sample, ie, ten women had higher body weight to the left. When asked what part / region of the foot felt more weight, with the possible answers: the medial side, toes and heel. Pointed to the following result: 27.3% of the sample, which reflects in nine women, a higher weight distribution on the edge of the foot, eight women make up 24.2% of the sample showed higher weight distribution on the edge lateral toes; 27.3% of the sample, ie, nine women had a greater distribution of weight on the toes, and twenty women, who account for 60.6% of the sample reported feeling greater distribution of body weight in the heel.

Our body is a solid statement, a stack of segments in which each piece is balanced in the underlying. Ie, if each segment should be in balance, this balance will also be affected by the balance of the underlying segment. Human balance is made up of a succession of muscular imbalances controlled by tonic. She should avoid imbalances when possible, but mainly due to control imbalances necessary and inevitable (BIENFAIT, 1993). The unequal application of the muscles causes changes its tone. Prolonged static request favors the formation of points of tension in the muscle belly and tender points on palpation over the tendon. Metabolic changes diminish the strength of muscles (DÖLKEN, 2008). The support of the foot and toes on the floor all the static condition. Static there is no good without good support, are the deformations of the feet cause or consequence of weak static (BIENFAIT, 1993).

When carrying out the assessment of the feet, it was noticed that, twelve women, representing 36.4% of the sample, have the toes flexed, and sixteen women, who account for 48.5% of the sample had hallux valgus. Observed when the shape of the foot, was obtained as a result of the following: 60.6% of the sample, which reflects on 20 women, showed the normal foot. To Marques (2005) flexed fingers are due to shortening of the short flexor muscles and flexor digitorum longus and the big toe, hallux valgus and the shortening of the adductor hallucis. High arch foot is due to the shortening of the muscles of the posterior chain (shortening of the flexor digitorum brevis and hallux). Flat foot due to trauma, muscle weakness, ligament laxity, paralysis or pronated foot.

By observing the position of the calcaneus, twenty-four women make up 72.7% of the sample valgus heel, and the remaining 27.3%, nine women showed the calcaneus and in no way representative of the heel varus. Second Bienfait (1993) without good support from the feet, there is no good still. These restraints depend on the good balance of the foot, but can be disrupted by imbalances superjacent. The support of the foot should be the first concern of the therapist in the treatment of re static. The balance of the knee is intimidating on the foot, in a bottom-up, the hip, in a top-down system.

To assess the position of the knees, it was observed that: 72.7% of the sample, ie, twenty-four women valgus knees, four women who make up 12.1% of women had varus knees, and six women that reflects 18.2% of the sample crooked knees and none of the women studied had knee flexion. Continuing evaluation of the knee, to look to the item rotation, we obtained the following result:

twelve women make up 36.4% of the sample rotation medial and eighteen women, ie 54.5% of the sample showed rotation lateral knee. To Marques (2005) knee flexion due to hamstring tightness and / or gastrocnemius. hyperextension due to shortening of the triceps muscles of the leg. Valgus knee is related to muscle shortening chains and previous varus is related to shortening of hamstrings (especially the soleus).

When done the analysis of the pelvis, was found as a result of the following: 57.6% of the sample, nineteen women, had leveled the pelvis to the left, nine women make up 27.3% of the sample height differences of the pelvis right. The positioning of the pelvis: twenty-five women, which reflects 75.8% of the sample, are with the pelvis in anterior tilting, while 24.2% of the sample, eight women have pelvic retroversion. As the rotation of the pelvis: twenty-three, which make up 69.7% of the sample rotation to the right, already left, have belt women, who make up only 15.2% of the sample.

Made the assessment on the lordosis of the lumbar spine, it was the following: Fifteen women make up 45.5% of the sample normal curvature of the low back and 12.1% of the sample, four women had normal lumbar curvature high. On the concavity of the lumbar spine 81.8% of the sample, ie, twenty-seven women had lumbar concavity high and eight women make up 24.2% of the sample had low lumbar concavity. When to straighten the lumbar spine: only two women, reflecting 6.1% of the sample showed high lumbar rectified and 30.3% of the sample, ie, ten women had low back rectified. When the kyphosis of the lumbar spine, no woman has made this change.

Because of structural changes of the pelvis is not practical to describe a neutral position based on a previous point and a later point particular that are the same horizontal plane. However, the anterior iliac spine and upper molars are approximately the same plane. In the neutral position of the pelvis, there is a normal anterior curve in the lumbar (LIPPERT, 2006). A faulty posture, the pelvis can be tilted front, back or sideways. Any inclination of the pelvis involves simultaneous movements of the lower back and hip joints. The anterior pelvic tilt, pelvis tilts forward, decreasing the angle between it and the thigh before, resulting in bending the hip joint, the lower back to arch forward, creating an increase in the previous curve (lordosis) in the region. The posterior pelvic tilt, pelvis tilts back leg, the hip and extend the lower back becomes flat. The lateral pelvic tilt, one hip is higher than the other and the spine is bowed with convexity toward the lower side (KENDALL; et al, 2007).

ANALYSIS OF BODY POSTURE AND UPPER THORACIC SPINE

To observe the formation of scoliosis, found that no woman had cervical scoliosis, and that ten of the women surveyed, representing 30.3% of the sample showed thoracic scoliosis and only three of the women surveyed, which account for 9, 1% of the sample showed lumbar scoliosis. On the thoracic spine, it was observed that eleven women, who make up 33.3% of the sample showed a thoracic kyphosis appropriate. Any postural deviation is set by a static muscle retracted. In the case of scoliosis, the muscles responsible for the retracted position characteristic of the deformity are the transverse spinal (especially the multifidus), which inserts on the skeleton make it clear that they are the only ones able to produce rotation in one direction and lateral-bending to the side opposite characteristic curves of scoliosis (PEREA, DIOGO and NOGUEIRA, 2003). To Bienfait (1995), scoliosis always comes from an imbalance target, which must compensate static physiology.

When using the third finger test-ground to assess the flexibility of the spine, we obtained the following result: seven women, reflecting 21.2% of the sample did not change the same, now twenty-six women who account for 78.6% of the sample showed a lack of flexibility. And, when performed to measure the soil on the third finger, there was a range of 4 to 35 cm away. Second Marques (2005) the lack of flexibility may be due to shortening of paravertebral, hamstrings, glutes and triceps muscles of the leg.

To perform the analysis of the shoulder blades, it was found that: thirty women, representing 90.9% of the sample showed elevated scapula, 6.1% of the sample, ie, two women showed adduction of the shoulder blades, fourteen women, who account for 42.4% of the sample abduction of the shoulder blades, no patient developed depression and downward rotation of the shoulder blades, or even depression and upward rotation. When carrying out the assessment of the shoulder, we obtained the following results: twenty-nine women make up 87.9% of the sample protracted shoulders, 48.5% of the sample, ie, sixteen women had high shoulders, already twenty and eight women, representing 84.8% of the sample had uneven shoulders.

The position of the upper limb and shoulder depends on the position of the scapula and the thoracic region. Maladjustment of the shoulder blades adversely affect the position of the shoulders, and poor alignment of the glenohumeral joint may predispose to injury and chronic pain (KENDALL; et al, 2007). Heritage as human beings, Bienfait (1995) says it is rare to find one person who has uneven shoulders, one shoulder bulged or a narrow shoulder, these anomalies always correspond to a tonic muscle contraction precisely the same way as the column back is related to the pelvic movements, the thoracic spine with scapular movements. The chest part of all movements of the shoulder, also related to muscle imbalances. Shoulder higher can result in a hollow on the opposite side, the shoulder can lead to protracted thoracic spine rotation opposite also thoracic imbalances are associated with a lateral-flexion and rotation direction.

To observe the evaluation of the clavicles, were obtained as follows: Seventeen women make up 51.5% of the sample have the clavicles in normal position, and of these sixteen women who had alterations of these fifteen women make up 45.5% of sample have clavicles with a marked inclination and a patient, which amounts to 3% of the sample has clavicle horizontally. As the difference in depth Twenty-six women, which reflects 78.8% of the sample have different depths.

The obliquity of the clavicles can be related to the unevenness of the shoulders may be caused by the upper trapezius muscle, which pulls up and out when it is retracted, the middle trapezius is retracted and the shoulder is narrow. Other muscle involved is the levator scapulae, that when the blade is retracted up and rotate inward. The two clavicles are after the same side with the entire shoulder girdle in a slanting front, signaling a hollow dorsal ipsilateral shoulder lower, in this case concave chest is a case of scoliosis. The flattening of the clavicle is a sign of the rise of the sternum, or chest is in a position of inspiration, is due to contraction of the scalene cervical region. The difference in depth is related to the winding of the shoulders, which may be lateral (pectoralis major) and a roll over (pectoralis minor). Both laterally and above, the winding is related to scapular deformities (BIENFAIT, 1995).

The analysis of sternal mobility, 78.8% of patients with poor mobility, as mobility and costal, only 36.4% had good mobility. On the diaphragmatic, about 60.6% had good mobility, can be noted that mobility is the margin used by living with fibromyalgia. Bankoff (2007) says that much of the population over the age of two runs the costal breathing, which leads to changes in biomechanical chest as the ribs start to play a role of elevation and depression during the breathing process, leaving the chest increasingly depressed. The inspiratory retraction of the chain that lifts the chest and prevents him from returning to the initial expiratory position, thus limiting the movement of the diaphragm. Moreover, the shortening of accessory muscles tonics antigravitários cause a series of postural changes in the cervical spine, shoulders and back.

ANALYSIS OF BODY POSTURE OF THE NECK, HEAD AND MOUTH

In relation to the positioning of the head, the alignment of the cervical spine was not seen in twenty-three women, indicating that 69.7% of the sample showed this change. The anterior head was present in seven women, who make up 21.2% of the sample. Inclination of the head was present in twenty-five women, representing 75.8% of the sample. The bow to the right accompanied by rotation to the left side was present in twelve women, representing 36.4% of the sample, while a head tilt to the left side accompanied by rotation to the right side was present in thirteen women make up 39.4%. Was also established that two women, who account for 6.1% of the sample showed an increase in cervical curvature and six women, representing 18.2% of the sample

showed a reduction of the curvature of the spine.

Second Marques (2005) when the cervical length is no shortening of paraspinal falling in the occipital or cervical spine. When the neck is the head tilt to the right side there is shortening of trapezius and scalene on the same side. When the neck is inclined to one side and rotation to the opposite there is shortening of the scalene and sternocleidomastoid same side of the opposite side. When the head is anterior muscle is shortening earlier.

For Kendall, et al (2007) the proper alignment of the thoracic region is essential for the proper alignment of the head and neck, faulty alignment in this region adversely affects the head and neck. The balance of the head is the capital of the static equilibrium. Is performed by two systems tonics with slightly different physiologies. The upper cervical spine is small attitudes. Your muscles keeps the head upright in the oscillations of the trunk and the displacement of the body. Muscles have called "back-cervical-head" controls the major imbalances that gestures and positions of daily life require (BIENFAIT, 1993).

In our study to examine the conditions of the jaw of patients, we can obtain the following result: seven of the patients, who account for 21.2% of the sample, showed retraction of the mandible and three patients, who account for 9.1% of sample showed mandibular protrusion. By observing the lateral displacement during mouth opening was obtained as follows: 78.8% of the sample, it incurs in twenty-six patients showed retinal functional for opening the mouth, 63.6% of the sample, ie twenty-one of the patients, performed the opening normally. To Marques (2005) when it protrudes to articulate the problem is to bypass the side of the joint involved and there is no deviation is suggested muscle problem. When there is protrusion of the mandible shortening of the masseter and the medial and lateral pterygoid.

CLOSING REMARKS

Static posture found by the study is as follows: standing with normal curvature, calcaneal valgus, knee valgus and external rotation, anterior tilting of the pelvis and uneven to the left, rotation to the right pelvis, the spine with concavity is high and low is the normal curvature, normal curvature of the thoracic spine, shoulder blades high, protracted and uneven shoulders, clavicles in normal position, but with different depths, spine aligned, head tilted to the left and rotated to the right mandibular retraction.

After the end of research and analysis of results, we ask ourselves about the development of postural changes on the existence of a relationship with the emotional state of patients and how the pain could affect the body posture. To Bienfait (1995) "attitude is the way we approach life." for Struyf (1995), the human being uses his body from what we perceive and experience to translate their emotions and their experiences. The body is expressed with the help of muscles, the posture, the gesture and mime. Even when an expression is inhibited, the neuromuscular system is activated from head to toe. Thoughts and emotions are expressed through the muscle groups that act as a kind of messengers of the body.

The analysis of the pain for postural defects, often wonders why there are many cases of postural defects without pain symptoms and postural defects that apparently give rise to mild symptoms of mechanical stress and muscle. The answer to both questions depends on the constancy of defect (KENDALL; et al, 2007).

With this research, there were many things that until then it was difficult to understand. Learned that the posture may have interference from various factors such as work overload and repetitive, localized pains, emotions and behaviors, as well as static changes due to shrinkage and even by the contributions of some diseases such as fibromyalgia syndrome.

Met difficulties in carrying out the research because few publications regarding the position that fibromyalgia patients have adopted, then were searched about the anatomy and physiology of each postural change and somehow try to relate to SFM. Another difficulty was the absence of radiological examination of the spinal curvatures, and then just used methods of palpation, which prevented a reliable evaluation of the spine.

We suggest further studies in this aspect of postural assessment and fibromyalgia that postural changes can be prevented or even treated in its entirety as soon as possible and can contribute to a better quality of life and reduction in pain complaints of individuals with fibromyalgia.

REFERENCES

AMERICAN PHYSICAL THERAPY ASSOCIATION (APTA): Guide to Physical Therapist Practice. **Phys Ther,** v. 81, n. 32, 2001.

ANDRADE, S. C. de; CARVALHO, R. F. P. P. de; SOARES, A. S.; VILAR, M. J. Benefícios da Talassoterapia e Balneoterapia na Fibromialgia. **Revista Brasileira de Reumatologia,** v. 48, n.2, mar./abr., 2008.

BANKOFF, A. D. P. Morfologia e cinesiologia aplicada ao movimento humano. Rio de Janeiro: Guanabara Koogan, 2007.

BIENFAIT, M. **Os Desequilíbrios Estáticos. São Paulo: Summus Editorial,** 1995.

BIENFAIT, M. **Os desequilíbrios estáticos: fisiologia, patologia e tratamento fisioterápico. São Paulo: Summus Editorial**, 1993.

CHAITOW, L. **Síndrome da Fibromialgia.** São Paulo: Manole, 2002.

DÖLKEN, M. **Fisioterapia em Ortopedia.** São Paulo: Livraria Editora Santos, 2008.

GOULD III, J. A. **Fisioterapia na Ortopedia e na medicina do esporte.** 2. ed. São Paulo: Manole, 1993.

KENDALL, F. P.; MCCREARY; E. K.; PROVANCE, P. G.; RODGERS, M. M.; ROMANI, W. A. **Músculos: provas e funções.** 5. ed. São Paulo: Editora Manole Ltda., 2007.

LIPPERT, L. S. **Cinesiologia clínica e anatomia. 4. ed.** Rio de Janeiro: Editora Guanabara Koogan, 2006.

MARQUES, A. P. **Cadeias Musculares.** São Paulo: Manole, 2005

MARTINEZ, J. E.; ATRA, E.; FERRAZ, M. B.; SILVA, P. S. B. Fibromialgia: aspectos clínicos e socioeconômicos. **Revista Brasileira de Reumatologia**, v. 32, n. 30, 1992.

MOREIRA, C.; CARVALHO, M. A. P. **Reumatologia: diagnóstico e tratamento.** 2. ed. Minas Gerais: Editora Médica e Cientifica Ltda., 2001.

PEREA, D. C. B. N. M.; DIOGO, A. A.; NOGUEIRA, P. V. G. **Fatores etiológicos das escolioses idiopáticas e atitudes escolióticas**. 2003. Disponível em: <http://geocities.yahoo.com.br/gagaufera2003>. Acesso em: 02 de junho de 2009.

STRUYF, D. G. **Cadeias Musculares: O método G. D. S**. São Paulo: Summus Editorial, 1995.

ANALYSIS OF BODY POSTURE ADOPTED BY WOMEN WITH FIBROMYALGIA SYNDROME

DANIELA FRANCINE RADAELLI, DANIELA PILOT FRANCIOZI, ANA LÍGIA OLIVEIRA

SUMMARY

Introduction: Fibromyalgia is a chronic pain syndrome of unknown etiology that affects mainly women, is characterized by diffuse muscle pain and painful muscle points on palpation. Patients with the fibromyalgia syndrome (FMS) may also present: sleep disturbance, fatigue, chronic headaches, mental disorders, intestinal and functional. Many patients may have postural changes they see the influence negatively the quality of life and increase their pain complaints. Goal: To analyze the attitude that women with fibromyalgia syndrome. Methodological Approach: Sample consisted of 33 (thirty-three) women with fibromyalgia who participate in the interdisciplinary program at the physiotherapy clinic of UNIVALI. We analyzed the posture of each individual woman, as proposed

by Marques (2005). The method of analysis was done by building a cross-reference table for comparison between means. Presentation and Discussion of Results: After assessing each woman with fibromyalgia syndrome, a predominantly static posture is as follows: standing with normal curvature, calcaneal valgus, knee valgus and external rotation, anterior tilting of the pelvis and uneven to the left, rotation of the pelvis to the right, lumbar spine with concavity is high and low is the normal curvature, normal thoracic kyphosis, large blades, shoulders bulged and uneven, clavicles in normal position, but with different depths, spine aligned, head tilted to the left and round to the right mandibular retraction. Closing Remarks: Postural changes found in women with fibromyalgia syndrome can be caused by several factors, as well as muscle imbalances, repetitive work, overload, fear, pain, sadness, anxiety, how does the life, anger and sense of abandonment.

KEYWORDS: postural changes, physical therapy, fibromyalgia syndrome.

ANALYSE DE LA POSTURE ADOPTÉE PAR LES FEMMES ATTEINTS DU SYNDROME DE FIBROMYALGIE

SOMMAIRE

Introduction: La fibromyalgie est un syndrome douloureux chronique d'étiologie inconnue qui affecte principalement les femmes, se caractérise par des douleurs musculaires diffuses et des points musculaires douloureux à la palpation. Les patients atteints du syndrome de fibromyalgie (FMS), mai aussi présents: troubles du sommeil, fatigue, maux de tête chroniques, troubles mentaux, intestinales et fonctionnel. Mai de nombreux patients ont des changements de posture qu'ils voient l'influence négative sur la qualité de vie et augmenter leurs plaintes douleur. Objectif: Analyser la position que les femmes atteintes du syndrome de fibromyalgie. Approche Méthodologique: Échantillon se composait de 33 (trente-trois ans) des femmes atteintes de fibromyalgie qui participent au programme interdisciplinaire à la clinique de physiothérapie du Univali. Nous avons analysé la posture de chaque femme en particulier, tel que proposé par Marques (2005). La méthode d'analyse a été effectuée par la construction d'une cross-table de référence pour la comparaison entre les moyennes. Présentation et Discussion des Résultats: Après l'évaluation de chaque femme atteinte du syndrome de fibromyalgie, une posture statique prédominant est la suivante: debout les courbure normale, valgus calcanéen, valgus du genou et de la rotation externe, bascule antérieure du bassin et de manière inégale de la gauche, la rotation du bassin vers la droite, rachis lombaire à concavité est élevée et faible est la courbe normale, normale cyphose thoracique, de grandes lames, les épaules bombées et inégale, les clavicules en position normale, mais avec des profondeurs différentes, la colonne vertébrale alignés, la tête inclinée vers la gauche et aller à droit de rétractation mandibulaire. Considérations Finales: Les changements de posture chez les femmes atteintes du syndrome de fibromyalgie peut être causée par plusieurs facteurs, ainsi que les déséquilibres musculaires, travail répétitif, une surcharge, la peur, la douleur, la tristesse, l'anxiété, que vaut la vie, la colère et le sentiment d'abandon.

MOTS-CLÉS: changements de posture, la thérapie physique, le syndrome de fibromyalgie.

EL ANÁLISIS DE LA POSTURA CORPORAL ADOPTADA POR LAS MUJERES CON EL SÍNDROME DE LA FIBROMIALGIA

RESUMEN

Introducción: La fibromialgia es un síndrome de dolor crónico de etiología desconocida que afecta principalmente a mujeres, se caracteriza por dolor muscular difuso y puntos musculares dolorosos a la palpación. Los pacientes con el síndrome de fibromialgia (FMS) también pueden presentar: trastornos del sueño, fatiga, dolores de cabeza crónicos, trastornos mentales, intestinales y funcionales. Que muchos pacientes pueden tener cambios posturales que ver la influencia negativa de la calidad de vida y aumentar sus quejas de dolor. Objetivo: Analizar la actitud de que las mujeres con el síndrome de fibromialgia. Enfoque Metodológico: La muestra se compone de 33 (treinta y tres) mujeres con fibromialgia que participan en el programa interdisciplinario en la clínica de fisioterapia de UNIVALI. Analizamos la postura de cada mujer, según lo propuesto por Marques (2005). El método de análisis fue hecho por la construcción de una cruzada tabla de referencia para la comparación entre los medios. Presentación y Discusión de los Resultados: Después de evaluar a cada mujer con el síndrome de la fibromialgia, una postura fundamentalmente estático es el siguiente: de pie, con curvatura normal, calcáneo valgo, valgo de la rodilla y rotación externa, la inclinación anterior de la pelvis y desigual a la izquierda, la rotación de la pelvis a la derecha, columna lumbar con concavidad es alta y baja es la curvatura normal, normal cifosis torácica, hojas grandes, los hombros sobresalían y desigual, clavículas en posición normal, pero con diferentes profundidades, la columna vertebral alineada, la cabeza inclinada hacia la izquierda y vuelta a la retracción de la mandíbula derecha. Consideraciones Finales: Cambios posturales en las mujeres con el síndrome de la fibromialgia puede ser causada por varios factores, así como los desequilibrios musculares, el trabajo repetitivo, sobrecarga, miedo, dolor, tristeza, ansiedad, ¿cómo la vida, la ira y el sentido de abandono.

PALABRAS CLAVE: cambios posturales, terapia física, el síndrome de fibromialgia.

ANÁLISE DA POSTURA CORPORAL ADOTADA POR MULHERES COM SÍNDROME DE FIBROMIALGIA

RESUMO

Introdução: A fibromialgia é uma síndrome dolorosa crônica de etiopatogenia desconhecida que acomete preferencialmente mulheres, é caracterizada por dores musculares difusas e pontos musculares dolorosos à palpação. Os portadores da Síndrome de Fibromialgia (SFM) podem apresentar ainda: distúrbio do sono, fadiga, cefaléia crônica, distúrbios psíquicos, intestinais e funcionais. Muitos pacientes podem apresentar alterações posturais que vêem a influenciar de maneira negativa na qualidade de vida, e aumentar suas queixas álgicas. Objetivo: Analisar a postura que mulheres portadoras da Síndrome de Fibromialgia. Abordagem Metodológica: A amostra foi composta por 33 (trinta e três) mulheres com Síndrome de Fibromialgia que participam do programa de assistência Interdisciplinar na Clínica de Fisioterapia da UNIVALI. Foi analisada a postura corporal de cada mulher individualmente, conforme a proposta por Marques (2005). O método de análise foi feito através da construção de uma tabela de referencia cruzada para a comparação entre as médias. Apresentação e Discussão dos Resultados: Após avaliarmos cada mulher portadora da Síndrome de Fibromialgia, a postura corporal estática predominante é a seguinte: pé com curvatura normal, calcâneo valgo, joelhos valgos e em rotação lateral, pelve em anteroversão e desniveladas para a esquerda, rotação da pelve para a direita, a coluna lombar alta está com hiperlordose e a baixa está com curvatura normal, cifose torácica normal, escápulas elevadas, ombros protraídos e desnivelados, clavículas em posição normal, porém com diferença de profundidade, coluna cervical alinhada, cabeça inclinada para a esquerda e rodada para a direita, retração mandibular. Considerações Finais: As alterações posturais encontradas em mulheres com Síndrome de Fibromialgia podem ser causadas por diversos fatores, assim como: desequilíbrios musculares, trabalho repetitivo, sobrecarga, medo, dor, tristeza, ansiedade, forma como encara a vida, raiva e sentimento de abandono.

PALAVRAS-CHAVES: Alterações Posturais, Fisioterapia, Síndrome de Fibromialgia.

PUBLICAÇÃO NO FIEP BULLETIN ON-LINE: http://www.fiepbulletin.net/80/a2/202