35 - AURICULOTHERAPY IN THE TREATMENT OF INDIVIDUALS BEARING WORK-RELATED OSTEOMUSCULAR DISTURBANCES (WRMD)/REPETITIVE EFFORT INJURIES (RSI): "ONE RETROSPECTIVE ASSESSMENT"

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INTRODUCTION

The work-related musculoskeletal disorders (WRMD) / repetitive strain injuries (RSI) had its first reported in Brazil between the years 1985 and 1986 (PRZYSIEZNY, 2000). Defined as a phenomenon related to work over the years were the many theories that have arisen with respect to its pathophysiology and is the main and most agree that involves repetitive movements associated with strength, posture inappropriate and lack of time (breaks during the day of work) for the recovery of tissues that have suffered micro (RODRIGUES, 2003; Yeng et al., 2003). Unlike other diseases the WRMD/READ professionals do not respect borders, affecting the most various professional groups, individuals in different age groups and both sexes (ARAÚJO; Zampa; PINTO, 2006; AUGUSTO, 2006). Where the lack of specificity of symptoms, combined with non-association between the medical diagnosis and work, makes it difficult to approach the patient with WRMD/RSI, as the painful process in WRMD/RSI does not follow a linear way, nor has internships and defined, so that in many cases the symptoms of WRMD/RSI are confused with symptoms of rheumatic diseases (POLLETO, 2004; ARAÚJO; Zampa, 2005; ARAÚJO; Zampa; PINTO, 2006).

The clinical treatment in cases of WRMD/RSI is basically medical, surgical and physical taking into account the evolutionary stage of the disease that passes by 4 degrees of staging ranging from the perception of feelings of discomfort and pain at the end of the day work that falls during the rest at the beginning of involvement by WRMD/RSI (Level I and II), until symptoms of chronic pain, which generate physical, emotional and socioeconomic, and may in many cases lead to expulsion professional and functional disability of the individual involved (Level III and IV) (POLLETO, 2004; Yeng et al., 2003; ARAÚJO; Zampa, 2005; ARAÚJO; Zampa; PINTO, 2006; AUGUSTO, 2006). Though the broad therapeutic possibilities offered for the treatment of WRMD/RSI many patients remain symptomatic (PEROSSI, 2001; RODRIGUES, 2003).

Thinking that the use of non-conventional medical practices called alternative therapies such as acupuncture and its aspects, among which there is the technique of auricular therapy, who have recognized and proven therapeutic effectiveness in the maintenance and/or treatment of various diseases and especially those that painful symptoms. They may therefore be a very effective therapy in cases of WRMD/RSI (TEIXEIRA et al., 2004; ARAÚJO; Zampa, 2005; ARAÚJO; Zampa; PINTO, 2006). Studies have shown that even after the end of the Acupuncture treatment and its components as auriculotherapy continue exerting influence therapeutic (effects and benefits) on the body of individuals who perform this type of treatment, can these influences are not only organic immediate reactions, temporary and/or passengers but also organic reactions are permanent and/or definitive (FREGONEZE, 2004; SOUZA, 2001).

OBJECTIVE

This study aimed to evaluate the current clinical symptoms by 12 individuals affected by WRMD/RSI 3 years after the end of treatment through to Auricular therapy thus compare the results obtained during the initial assessment and end of the season treatment in 2005 with the results of the revaluation in 2008.

METHODOLOGY

This research was conducted, after the approval of the Ethic's Committee in Research involving human beings of the Instituto Brasileiro de Therapias e Ensino (IBRATE). Characterized as a qualitative and quantitative study of descriptive nature, and comparative cross. Which the sample was intentional, consisting of 12 (100%) individual members of the association of carriers of WRMD/RSI northwest of Parana who participated for 3 years for a study on the use of Auricular therapy in the treatment of WRMD/RSI held in the city of Umuarama, Paraná, Brazil.

Included in this study were all members of the association of carriers of WRMD/RSI northwest of Paraná who participated in 2005 in a survey on the use of auriculotherapy in the treatment of WRMD, on the day of interviews Revaluation in the year 2008 and who signed a free informed consent. Having been made all the necessary explanations about the search. Members of the association bearers of WRMD/RSI northwest of Paraná were reassessed by the distribution of a questionnaire for reassessment based on the author: Araujo, Zampa (2005) and Araujo; Zampa; Pinto (2006). Which includes: 1) personal identification (name, gender, age), 2) medical history and occupation (professional, clinical diagnosis, current state of exercise work, symptoms, characteristic, and local frequency and intensity of pain, frequency of use of medicine, factors of improvement and worsening of symptoms).

For the analysis of the results was the protocol used the same methodology used in research in 2005. For the answers relating to the intensity of pain obtained by the markings made by the subjects themselves participating in the research school of visual analogue pain, we used the "t" test Student distribution in significance level of $p < 0.01$. For the other answers these questions were grouped into categories for each specific issue and classified by their frequency of percentage (%).

RESULTS

During treatment (initial assessment and final in 2005), the predominant occupation of the study sample was banking, and 9 (75%) individuals in this profession, 1 (8.33%) wrapper, 1 (8.33%) secretary and 1 (8.33%) public servant. Currently, the predominant occupation of the sample remains of the bank with 6 (50%) individuals in this profession, 1 (8.33%) wrapper, 1 (8.33%) and 1 secretary (8.33%) public servant. Three (25%) are ex-banking, 1 (8.33%) is businessman, 1 (8.33%) from home and 1 (8.33%) lawyer. Most participants in the research 8 (66.66%) were female and 4 (33.33%) males with a mean age of 41.08 years (± 1.92).

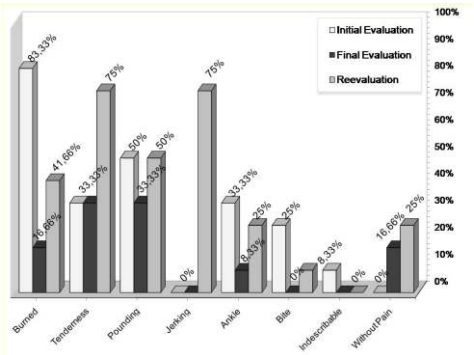
Most participants in the research, 7 (58.33%), at the time of treatment of auriculotherapy in 2005 were under care of the physical, 6 (50%), were excluded from labor activities. The other 5 (41.66%) were not physical treatment, but worked at the time of treatment. Currently, only 4 (33.33%) of participants in the research are in physiotherapy treatment. Of these, 2 (16.66%) are deprived of employment and other activities, 9 (75%) are not doing physiotherapy treatment and of these, 3 (25%), were away

from their labor activities. The other 6 (50%) are working normally.

With respect to clinical diagnosis on the type of WRMD/RSI presented and informed the 12 (100%) individuals participating in the research, both during the initial assessment in 2005 and during the revaluation in 2008 has remained the same. Since the type of WRMD/RSI more prevalent in the sample was that of Thoracic Outlet Syndrome for 4 (33.33%) of participants in the research, followed by the syndrome of the impact of shoulder and carpal tunnel syndrome and bursitis to 3 (25%).

In the chart 1 is possible to observe the symptoms during the initial assessment and treatment of the end of the season in 2005 and symptoms during the reassessment in 2008 identified the 12 (100%) of participants from the search through the questionnaire.

CHART 1 - RESULTS ON PAINFUL SYMPTOMS PRESENTED BY THE 12 PARTICIPATING SEARCH OF THE HOME, THE END OF THE TREATMENT AND AFTER 3 YEARS OF TERMINATION OF TREATMENT



In the chart - 2 can see the characteristic of perceived pain in the beginning and the end of the treatment of Auricular therapy in 2005 and the characteristic of a perceived by participants from research in 2008.

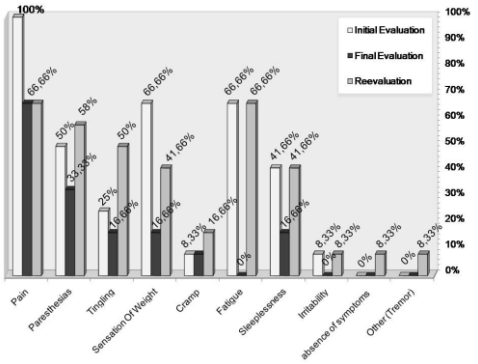


CHART 2 - RESULTS ON THE CHARACTERISTICS OF PAIN PRESENTED BY THE 12 PARTICIPATING SEARCH OF THE HOME, THE END OF THE TREATMENT AND AFTER 3 YEARS OF TERMINATION OF TREATMENT THROUGH THE AURICULAR THERAPY

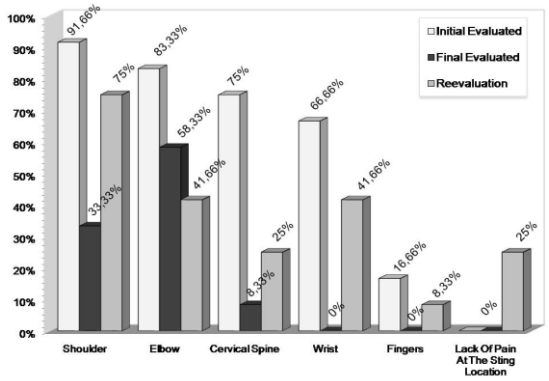
As we can see in the chart - 2 to both the end of treatment in 2005 and during the reassessment in 2008, there was a change in the perception of the characteristics of pain perceived by individuals participating in research where during the initial assessment in 2005 the character of burning was the most prevalent in the sample for 10 (83.33%), during the final assessment the characteristics of fatigue and feeling of weight were prevalent for 8 (66.66%) and during the re-evaluation after 3 years of the end of the treatment of the characteristic Auricular therapy the pain became more prevalent in the sample to be one of painful and to 9 (75%).

Regarding the frequency of pain and the use of these medicines could be characterized by participants in the research as constant, casual, regular and missing. In 2005 there - if a change in the frequency of pain and frequency of use of medication by individuals participating in the research. Where the start of treatment the frequency of pain was predominant in the sample to constant for 10 (83.33%) and remains the predominant treatment at the end of 2005, but less frequently being mentioned by 6 (50%) of participants keeping is prevalent until the moment of reassessment in 2008. Regarding the frequency of use of drugs was observed, a reduction of the frequency compared the results of starting treatment with the results of the final treatment in 2005 and a continuation of this reduction to date of the revaluation in 2008. Since the frequency of occasional use of drugs remained the most prevalent in sampling throughout this period has transcended from 2005 to 2008 to 6 (50%) of participants in the research.

Among the main factors influencing the worsening of painful symptoms displayed by 12 (100%) of participants in the research both at the time of treatment in 2005 and during the reassessment in 2008 are: The repetitive movements, physical effort, the emotional stress, cold and to stress. Already with regard to factors influencing the improvement of painful symptoms at the time of treatment both in 2005 and during the reassessment in 2008 are: The rest, followed by the use of medications, relaxation, heat, physical activity, stretching and physical therapy.

In relation to the sites of pain referred by 12 (100%) of participants in the research both during the initial assessment and end at the time of treatment in 2005 and during the reassessment in 2008, can be easily seen in the chart - 3. Where can we see a change and reduction of places of pain in the sample.

CHART 3 - RESULTS FOR THE PLACES OF REFERRED PAIN BY PARTICIPANTS OF RESEARCH BEFORE AND AFTER THE 10 FOR SITTINGS AURICULAR THERAPY AND REASSESSMENT AFTER 3 YEARS OF TERM TREATMENT OF AURICULAR THERAPY.



As the chart - 3, we can see that now shoulder joint has returned to the place of pain that most of the 12 (100%) subjects, which followed the articulation of the elbow, wrist, cervical spine and fingers, whereas 3 (25%) of 12 (100%) of survey participants currently (2008) did not report any place of pain.

Regarding the statistical analysis conducted through the test "t 'Student, with the results of the intensity of pain assessed by visual analogue scale of pain (which measures the intensity of pain on a scale that goes from 0 to 10 where 0 = pain absent and 10 = unbearable pain). You can observe and verify that the average intensity of pain initial calculated in 2005 was 5.86 (± 2.23) after the 10 sessions of Auricular therapy (final evaluation) the average intensity of pain came to be 1, 19 (± 1.18) ($p < 0.01$) and currently, during the reassessment in 2008, the intensity of pain has become of 1.16 (± 1.65) ($p < 0.01$). Thus demonstrating a statistically significant difference when comparing the results obtained in the initial evaluation with the final evaluation in 2005 and when comparing the results of initial assessment in 2005 with the revaluation of 2008.

DISCUSSION

It is known that the highest incidence of WRMD/RSI, according Przysiezny (2000), O 'Neill (2001), Araújo; Zampa (2005), Araújo; Zampa; Pinto (2006) is in individuals aged between 30 and 39 years And is more common among women (70.38%) than men (29.62%) and the professionals in the financial sector (banking). The results obtained with this research are to meet to these reports where it was noted the predominance of female subjects with a mean age of 41.08 years (± 1.92). One possible explanation for the higher frequency of WRMD/RSI is in females is the fact that women have a lower capacity front of the double day of work (work / home), as well as matters and hormone increased the emotional lability they have, besides of course the fact that women seek more and more early and specialized medical care than men and by the fact that the number of women entered the labor market has increased considerably in recent years (GREVE; Amatuzzi, 1999; PRZYSIEZNY, 2000).

In considering - if the primary diagnoses of WRMD/RSI informed by the concerned individuals participating in the research both at the time of treatment in 2005 and during the reassessment in 2008 found that there was no change with regard to these data, but it is possible to see that the Contrary to the one described in the literature in the study group to Thoracic Outlet Syndrome was the kind of WRSD/RSI more prevalent in the upper corresponding to 4 (33.33%) of all types of the sample, while in literature is reported to carpal tunnel syndrome is the kind of WRSD/RSI higher prevalence of upper limbs and other forms that are quite rare, either inside or outside the work environment (PRZYSIEZNY, 2000; RUARO, 2005).

As in the study by Coury, et al. (1999) that examined the clinical course of 39 individuals of WRMD/RSI ill for 5 or more related trends in injuries and disability caused by WRMD/RSI. The results presented in this study also showed that apparently the individuals affected by WRMD/RSI processing of Auricular therapy submitted to participants of this seem not to have had a clinical picture of WRMD/RSI necessarily progressive and disabling. Where the set most study participants 9 (75%), are working. Moreover, sentences 1 (8.33%) of participants in the survey that since 2005 had already recommendation of surgery for reconstruction of the disruption of grade II of the muscle tendon above - the thorny right shoulder caused by the development of their WRMD/RSI, had its clinical stabilized at the moment (year 2008) not having had the degree of rupture of the tendon evolved into a total collapse and not having been subjected to surgical intervention for the reconstruction of it. Still, the combination studied only 1 (8.33%), 12 (100%) of individuals participating in research was the degree of injury staging of WRMD/RSI worsened during the period of time that transcended the end of treatment in 2005 until the revaluation in 2008 and this individual was subjected to a surgical intervention to prevent disability.

Regarding the symptoms of pain and feature displays by 12 (100%) of participants in the research demonstrated in Charts 2 and 3 respectively, we can see that the pain was the main complaint among participants in the research at the time of initiation of treatment in 2005, being mentioned by 12 (100%) of participants in the research, however much the end of treatment in 2005 and during the reassessment in 2008 the pain remained one of the major complaints of individuals participating in the research, but has been reported by only 8(66.66%)in equal proportion to the symptom of muscular fatigue (Chart - 2).

Just as there was a change in the prevalence of painful symptoms observed during the treatment period in 2005 with respect to the revaluation in the year 2008, there was also a change with respect to the characteristic of perceived pain and reported by 12 (100%) of participants the search as the chart shows - 3 where we can see that at the start of treatment in 2005 to feature a burning was the most prevalent in the sample, passing both in the final evaluation in 2005 and during the reassessment in 2008 the characteristics of pain and to be with the highest prevalence in the sample.

With regard to the reduction and / or maintenance or modification of the frequency of drug use, the frequency, intensity, symptoms and characteristics of pain it is believed that by Auricular therapy has analgesic effect, anti-inflammatory and muscle relaxant, may have continued maintaining the results and benefits achieved with the use of this technique for treating WRMD/RSI and has continued exerting influence on the therapeutic body of individuals subjected to this type of therapeutic intervention even for a long period of time after the end of treatment as shown the results obtained by this research. Corroborating reports with the de Souza (2001), Mc Coo (2002) and Cocolindo (2003) who say that acupuncture and its components as Auricular therapy even after the end of treatment and still exerts beneficial effects on the body of individuals subjected to such treatment. Where as Cocolindo (2003) for a study in the application of acupuncture UNIFESP continued powering the memory of rats subjected to this type of intervention for up to a week after the end of the treatment of acupuncture. And as McCo, (2002) conducted a study at the University of Bergen in Norway showed that acupuncture was effective for up to 6 months in 73% of patients undergoing this type of intervention for the treatment of urinary infection, these patients remained free of urinary tract infections for up to six months after the end of treatment compared with those patients who were not subjected to treatment by

acupuncture. Thus the results presented in this research with respect to symptoms of WRMD/RSI and the results reported by McCo (2002) and Cocolindo (2003) demonstrate and confirm the precepts de Souza (2001) which says that the stimulus promoted by acupuncture reactions can provide temporary or permanent, passengers or definitive, all such therapies in individuals subjected to this type of therapeutic intervention.

FINAL CONSIDERATIONS

It was concluded that the auriculotherapy provides multiple benefits that contribute to the improvement of quality of life of individuals affected by WRMD/RSI and this kind of intervention is effective in cases of WRMD/RSI not only for the duration of treatment, but also by an extended period of time after the end of treatment. As can be observed with this research that, both during the treatment period (initial assessment and final in 2005), and after the end of the treatment of auriculotherapy (revaluation in the year 2008) the search continued the Participants are benefiting from the benefits achieved with the auriculotherapy of treatment and that there was a maintenance / significant reduction ($p < 0.01$) the intensity and painful symptoms when compared the results of the initial assessment and end with the results of reassessment after 3 years of the end of the treatment of auriculotherapy.

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AURICULOTHERAPY IN THE TREATMENT OF INDIVIDUALS BEARING WORK-RELATED OSTEOMUSCULAR DISTURBANCES (WRMD)/REPETITIVE EFFORT INJURIES (RSI): "ONE RETROSPECTIVE ASSESSMENT"

ABSTRACT

Defined as a phenomenon related to the work, WRMD/RSI, corresponds to a group of musculoskeletal disorders that have common features as the pain and functional impairment temporary and permanent. And as a group of diseases that are difficult to diagnosis and treatment, since many patients remain symptomatic both during and after the treatment, taking gradual evolution pathology. The objective of the present study was to verify and assess the current clinical symptomatology submitted by twelve individuals, members of the ADVERT - APLER of Umuarama, Paraná, aging from 34 to 50 years, of both sexes, affected by WRMD/RSI, participated in a study on the use of auriculotherapy in the treatment of WRMD held in 2005. The results obtained in the revaluation in 2008 showed that most participants of the search even after a prolonged period of time as the end of the treatment of auricular therapy (three years) is still benefiting from the effects promoted by the use of technology in their treatment. As can be observed today in a sampling maintenance and / or significant reduction in the intensity of pain, drugs intake, symptom incidence and painful point location, maintenance and modification of the symptomatology and characteristics of pain among others compared the results of the initial assessment and end of 2005 with the results of the revaluation of 2008. It can if you concluded from the findings of this research, that auriculotherapy has a long continuous and sustained addition to being an effective technique in dealing with cases of WRMD/RSI.

KEY WORDS: WRMD/RSI; Auriculotherapy; Pain

AURICULOTHÉRAPIE DANS LE TRAITEMENT DES TRAVAUX CONNEXES LES TROUBLES MUSCULO-SQUELETTIQUES / RÉPÉTÉS (TMLT/PER): "UNE ÉVALUATION RÉTROSPECTIVE"

RESUME

Définie comme un phénomène lié aux troubles musculo-squelettiques de travail / lésions dues aux gestes répétitifs (TMLT/LGR) compte pour un groupe de troubles musculo-squelettiques qui ont des caractéristiques communes comme la douleur et la gêne fonctionnelle permanente et temporaire. Pris dans un groupe de maladies qui sont difficiles à diagnostiquer et traiter le plus grand nombre de patients symptomatiques pendant et après le traitement, en raison d'une maladie présente un caractère progressif évolution de la pathologie. Cette étude visait à vérifier et évaluer l'état actuel des symptômes cliniques de 12 membres de l'association des transporteurs de personnes TMLT/LGR nord-ouest du Paraná, des deux sexes, avec les âges entre 34 et 50 ans, touchés par TMLT/LGR qui ont participé à une étude sur l'usage de auriculothérapie dans le traitement de la TMLT lieu en 2005 dans la ville de Umuarama, Parana, Brésil. Les résultats de la réévaluation en 2008 a montré que la plupart des participants dans la recherche, même après une longue période de temps que la fin du traitement de auriculaire thérapie (3 ans) ont continué de bénéficier des effets encouragée par le recours à la technique dans son traitement. Comme on peut le constater aujourd'hui dans l'échantillon de traitement, et / ou la réduction significative de l'intensité de la douleur, médication, la fréquence des symptômes et les lieux de la douleur, et un entretien / modification des symptômes et les caractéristiques de la douleur entre autres comparé les résultats l'évaluation initiale et le traitement de la fin de la saison en 2005 avec les résultats de la réévaluation au cours de l'année 2008. Mai - de conclure les conclusions de cette enquête, qui l' auriculothérapie ont des effets durables, continue et soutenue, en plus d'être une technique efficace dans le traitement des cas de TMLT/LGR.

MOTS CLÉS: TMLT/LGR; auriculothérapie; douleur

AURICULOTERAPIA EN EL TRATAMIENTO DE LA TRASTORNOS MÚSCULO ESQUELÉTICOS DE ORIGEN LABORAL / LESIONES POR ESFUERZO REPETITIVO (TMOL/LER): "UNA EVALUACIÓN RETROSPECTIVA"

RESUMEN

Definido como un fenómeno relacionado con el trabajo de los trastornos músculo esqueléticos relacionados con el trabajo / lesiones por esfuerzo repetitivo (TMOL/LER) representan un grupo de los trastornos músculo esqueléticos que tienen características comunes como el dolor y el deterioro funcional de carácter temporal y permanente. Tomado como un grupo de enfermedades que son difíciles de diagnosticar y tratar como muchos pacientes siguen siendo sintomáticos, tanto durante y después del tratamiento, debido a una enfermedad presente un carácter progresivo de la evolución de patología. Este estudio tuvo como objetivo verificar y evaluar los síntomas clínicos en curso por 12 miembros de la asociación de los individuos portadores de TMOL/LER noroeste de Paraná, de ambos sexos, con edades comprendidas entre 34 y 50 años, afectados por TMOL/LER que participaron en un estudio sobre el uso de la Auriculoterapia en el tratamiento de TMOL, celebrada en 2005 en la ciudad de Umuarama, Paraná, Brasil. Los resultados en la re-evaluación en 2008 mostró que la mayoría de los participantes en la búsqueda, incluso después de un período prolongado de tiempo como el fin del tratamiento de Auriculoterapia (3 años) siguió beneficiándose de los efectos promovidos por la utilización de la técnica en su tratamiento. Como se puede observar hoy en la muestra la manipulación, y / o reducción significativa en la intensidad del dolor, la utilización de los medicamentos, la frecuencia de los síntomas y los lugares de dolor, y un mantenimiento y modificación de los síntomas y las características del dolor, entre otros comparación de los resultados la evaluación inicial y el tratamiento de la final de la temporada en 2005 con los resultados de la revalorización en el año 2008. De mayo - se llegó a la conclusión de los resultados de esta encuesta, que la Auriculoterapia tener efectos duraderos, continua y sostenida, además de ser una técnica eficaz en el tratamiento de casos de TMOL/LER.

PALABRAS - CLAVE: TMOL/LER; Auriculoterapia; Dolor

AURICULOTERAPIA NO TRATAMENTO DOS DISTÚRBIOS OSTEOMUSCULARES RELACIONADOS AO TRABALHO/ LESÕES POR ESFORÇOS REPETITIVOS (DORT/LER): "UMA AVALIAÇÃO RETROSPECTIVA"

RESUMO

Definidos como um fenômeno relacionado ao trabalho os distúrbios osteomusculares relacionados ao trabalho/ Lesões por esforços repetitivos (DORT/LER) correspondem a um grupo de afecções musculoesqueléticas que tem como aspecto comum a dor e as incapacidades funcionais temporárias e permanentes. Tidos como um grupo de afecções de difícil diagnóstico e tratamento, uma vez que muitos pacientes permanecem sintomáticos tanto durante como após o tratamento, em virtude da doença apresentar um caráter de evolução patologia progressiva. O presente estudo teve por objetivo verificar e avaliar o atual quadro clínico sintomatológico apresentado por 12 indivíduos membros da associação dos portadores de DORT/LER do noroeste do Paraná, de ambos os sexos, com faixa etária entre 34 e 50 anos, acometidos por DORT/LER que participaram de um estudo sobre o uso da Auriculoterapia no tratamento da DORT realizado no ano de 2005, no município de Umuarama, Paraná, Brasil. Os resultados obtidos na reavaliação em 2008 demonstraram que a maioria dos participantes da pesquisa mesmo após um período de tempo tão prolongado do término do tratamento de Auriculoterapia (3 anos) continuaram se beneficiando dos efeitos promovidos pela utilização da técnica no seu tratamento. Sendo possível observar atualmente na amostra estudada uma manutenção e/ou redução significativa da intensidade da dor, uso de medicamentos, freqüência dos sintomas e dos locais de dor, assim como uma manutenção/modificação da sintomatologia e característica da dor entre outros quando comparados os resultados da avaliação inicial e final da época do tratamento no ano de 2005 com os resultados da reavaliação no ano de 2008. Podendo se concluir a partir dos achados da presente pesquisa, que a Auriculoterapia possui efeitos duradouros, contínuos e prolongados, além de ser uma técnica eficaz no tratamento dos casos de DORT/LER.

PALAVRAS - CHAVES: DORT/LER; Auriculoterapia; Dor.