96 - PHYSICAL ACTIVITIES IN REHABILITATION AFTER CEREBRAL VASCULAR ACCIDENT (CVA) - EXPERIENCE IN THE CITY OF JOINVILLE/SC, IN THE YEARS OF 2015 AND 2016

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ABSTRACT

Introduction: Stroke (stroke), or stroke, also known as stroke, is characterized by the rapid loss of neurological function, due to clogging by disruption of blood supply to brain structures or disruption causing The blood that supports the brain with oxygen and glucose, transported by the cerebral blood vessels, stop reaching the region, causing the loss of the functionality of the neurons. Objective: The present study intends to demonstrate a methodology to follow the post-stroke recovery work and to verify the possible changes in general quality of life parameters, through the vital signs of these individuals, after a regular physical activity program and Recreational Method: Dialogues were carried out in order to raise awareness and establish preventive strategies. For the anthropometric analysis were collected weight, height and hip and waist circumferences. Body mass index (BMI) and waist hip ratio (WHR) were used to assess nutritional status. In addition, the heart rate per minute in rest and exertion was measured with the use of a Polar frequency gauge. A digital blood pressure meter was used to collect systolic and diastolic blood pressure. Results: The patient studied during the two years had BMI and WHR above the ideal, but no significant variation was identified over the years. Only the resting heart rate of January 2015 was above ideal. During the other months of 2015 and 2016, vital parameters were within normal range. Conclusion: After the work performed, the patient researched reported improvement in physical, emotional, motivational, social conditions and increased independence in daily activities.

Keywords: Cerebral Vascular Accident; Physical activity; Rehabilitation.

INTRODUCTION

The stroke (acronym: CVA), or stroke (acronym: BIRD), also known as stroke, is characterized by the rapid loss of neurological function, a consequence of a blockage (ischemia) by the interruption of the blood irrigation of the structures of the brain or rupture (haemorrhage) causing the blood to that sustains the brain with oxygen and glucose transported by the blood vessels in the brain, to stop, hit the region, causing the loss of functionality of the neurons. According to Tortora (2012), is a disease of sudden onset in which the patient may present with paralysis or difficulty moving the limbs on the same side of the body, difficulty in speech and/or articulation of the words and visual deficit, the sudden appearance of a part of the visual field. You can still evolve with coma, and other signs and, in certain situations, can lead to death. The STROKE of ischemic type is the most common in the human species.

The patient who suffers a STROKE and loses a large part of your aerobic capacity and the physical exercise performed in a correct way is essential in their rehabilitation.

Until the early 1970s, the physical training was proscribed for patients with heart failure and circulatory, and it was recommended absolute rest in an attempt to reduce the stress on the cardiovascular system and the neuromuscular already committed to. However, the second Boat Jr & Speedboat (2016), in the mid-1980s, after a sequence of studies on the chronic effects of physical exercise on the cardiovascular and cerebrovascular disease, the physical training has been shown to be a conduct very useful, safe and able to improve the functional ability of patients affected by diseases of the circulatory system, in addition to improving the quality of life and reduce significantly the frequency of hospital admissions. Currently, physical activity is considered an integral and indispensable part of the therapy used in the treatment of heart failure/circulatory and prevention in cerebrovascular diseases such as STROKE, being touted as a strategy to not pharmacological adjunct, for providing different adjustments to the biochemical, structural and functional in skeletal muscle, improving tolerance to physical efforts and the quality of life of individuals and of patients.

Individuals with sequelae of STROKE are the following, usually, a routine intervention and treatment according to the type and cause of the stroke.

This routine varies from surgical intervention to medical treatment, passing later to the kinesiology treatment. This is, as far as possible, to restore functions and/or minimize the sequelae left. However, the condition tends to stabilize over time, and the patient usually presents with hemiparesis or hemiplegia, depending not only on the affected cerebral area, but also on the extent of this involvement. This makes the person become an eternal patient of physiotherapy, developing, for the most part, a relative activity. Another situation that usually occurs, becoming an aggravating factor, is when the patient returns home and remains in sedentarism. This sedentary lifestyle may be one of the causes of his vascular accident and may also be the cause of a new accident (TORTORA, 2012; LANCHA JR & LANCHA, 2016).

People with stroke sequels are mostly away from regular physical activity to maintain their health or organic condition, which causes a worsening of the quality of life. What they are offered as an activity option are the sessions of physiotherapy, which often becomes monotonous and tedious, since the deficiency is already established and there is very little to do, except to avoid aggravation Or the emergence of secondary deficiencies of a preventive nature, that is, activities that prevent the occurrence of a stroke. In the light of this, questions arise about which activities involve rehabilitation with individuals and / or patients who have already developed a stroke. Researchers such as Paffenbarger & Olsen (1996) argue that few studies have been developed regarding stroke and physical activity. In Brazil, there is no known physical and / or sports activity program for people with stroke sequelae, who have graduated from rehabilitation programs. Studies that have been developed with the objective of verifying the changes in the emotional behavior of these individuals after a regular physical activity program, with an emphasis on improving their quality of life, are not known. Thus, the present study intends to demonstrate a methodology to follow the post-stroke recovery work and to verify the possible changes in the parameters of general quality of life, through the vital signs of these individuals, after performing a regular program of physical activity And recreational.

The activities prescribed and demonstrated in this report, aimed at improving the recovery of stroke, focusing on the improvement of motor coordination and cardiovascular or circulatory conditioning. The activities reported here comprise physical activities developed in the years 2015 and 2016, involving various modalities.

Physical exercise intervention can be performed in the acute, subacute and chronic phase of stroke and includes aerobic activities, strength exercises, lifestyle changes or other strategies.

The incentive to practice regular physical activity and the recovery of good eating habits, aim at maintaining physical and mental health, which should be a priority in today's society, otherwise, the stroke will have more and more space in the reality of the population. Lobo and Lopes (2001) comment that gradually the importance of physical activity, aiming at quality of life, has been established, being a basic requirement for healthy growth and development, besides being a regulator of body fat. The authors also comment that the importance of physical activity aiming at quality of life has been recognized.

According to Felce (1997), the quality of life, besides the food aspect and physical activity, encompasses the domains of life in six different areas: physical, mental, social, productive, emotional and civic. To cultivate a good quality of life it is essential to pay attention to the habits adopted in the day to day.

The protective effect of physical activity may partially mediate these effects through other risk factors for stroke. Physical activity has a favorable effect on the reduction of blood pressure, lipid profile, insulin sensitivity, body weight, blood coagulation and fibrinolysis (Hu et al., 2002). Physical exercise intervention can be performed in the acute, subacute and chronic phase of stroke and includes aerobic activities, strength exercises, lifestyle changes or other strategies.

For Duncan et al. (2003), the effect of exercise on quality of life is much less clear than its effect on physical training. The evaluation of the benefits of a physical exercise program for people who had stroke more than six months later showed that in addition to the significant benefits of functional limitations such as resistance, balance and mobility, an improvement in quality of life was observed in the initial months Rehabilitation.

Cardiorespiratory fitness is considered one of the most important components of physical fitness related to health and, according to Monteiro (2004), its improvement and maintenance should be among the main objectives of any systematic exercise program, since adequate cardiopulmonary fitness is associated To a lesser occurrence of organic disorders.

Thus, the results of different studies show that physical activity is an important factor to reduce the risk of stroke. The protective effect of physical activity on the incidence of stroke and also in the post-stroke phase needs to be highlighted in the follow-up of this important public health problem.

METHODOLOGY

Before initiating the work proposal for the recovery of the research subject who suffered an ischemic Stroke, dialogues were held with the purpose of raising awareness and stipulating strategies to be taken to optimize treatment. Doubts were also raised regarding the methodology of work to be applied.

The subject was followed up between the years 2015 and October 2016. Throughout this period, anthropometric assessments were carried out in order to follow the morphological changes that occurred. All evaluations were carried out at the Laboratory of Exercise Physiology of UNIVILLE - LAFIEX. The laboratory has an electronic scales of Filizola brand, with a maximum limit of 180kg and precision of 0.1kg and a stadiometer of the Gofeka brand, with a maximum limit of 230cm. Body mass, height and waist and hip circumferences were collected.

During the years 2015 and 2016, several activities were carried out with the aim of benefiting the patient, such as upper and lower limb stretching, balance exercises, eventual walking, 5km races on the "Lauro Holzhapfel" athletics track, with a volume of Three hours a week, bodybuilding at UNIVILLE's Physical Activity Center (CAF), with a two-hour volume twice a week, an exercise and elliptical cycle for 60 minutes, twice a week, a 5km street run twice a week, and Participation of a São Silvestre race in the year 2015.

In addition to the anthropometric follow-up with weight, height, body mass index (BMI) and waist circumference ratio (WHR), a Polar frequency meter was used to monitor the Heart Rate at Rest (FrRep), Maximum Heart Rate (FrMáx), which Also helped to monitor the application time of each activity and a ReliOn digital systolic and diastolic pressure gauge.

RESULTS AND DISCUSSION

Table 1 shows the basic characteristics of the research subject, where they are mentioned age in years, body mass in kg and height in meters.

Table 1. Age, body mass and height of the anthropometric profile.

Sample	Age (years) X±SD	Body Mass (kg) X±SD	Stature (meters) X±SD
Man (2015)	57,5±0,02	94,4±0,8	1,90±0,0
Man (2016)	58,3±0,02	94,1±0,7	1,90±0,0

Meaning of items: X mean, SD standard deviation.

The averages and standard deviations of the Body Mass Index (BMI) and the Hip Waist Ratio (WHR), referring to the months of practice, are presented in table 2.

Table 2. - Results obtained by the evaluations performed from January to December 2015 and January to October of 2016 at the Laboratory of Exercise Physiology of UNIVILLE.

Sample	BMI (kg/m²) X±SD	WHR X±SD
Man (2015)	26,2±0,1	1,05±0,10
Man (2016)	26,1±0,2	1,02±0,11

BMI body mass index, WHR hip waist ratio, mean X, SD standard deviation

The mean systolic blood pressure and diastolic blood pressure (mmHg) of 2015 and 2016 evaluated during the first ten months of the year are shown in figure 1.

With analysis of the WHR, it was observed that in the years 2015 and 2016 the research subject had the relation above the desired one according to Heyward and Stolarczk (1996), the one indicated for the age group of 50 to 59 years is of 0.90 - 0.96. Analyzing body mass index (BMI), as recommended by the World Health Organization (WHO / WHO), the individual was classified as overweight in 2015 and 2016. (World Health Organization, 1995). These results indicate that, possibly, there is an amount of stored abdominal adipose tissue. Since this fat deposit is closely related to chronic diseases such as type 2 diabetes mellitus, hypertension, hematological diseases and stroke (AMATO, 1997; BRAY, 1990), it is important that preventive measures be taken to control this situation and prevent future accidents.

Table 3 - Resting Heart Rate Report of 2015.

Heart Rate Report by Minutes (bpm) REST													
	Jan	Feb	Mar	Apr	Mai	Jun	Jul	Ago	Sep	Oct	Nov	Dec	
Main	**91****	47	51	49	46	52	50	51	55	54	56	66	**56**
Stand. Desv.	3,4	4,7	6,9	12,2	5,3	8,4	8,6	5,7	10,2	7,2	11,0	15,3	**3,5**

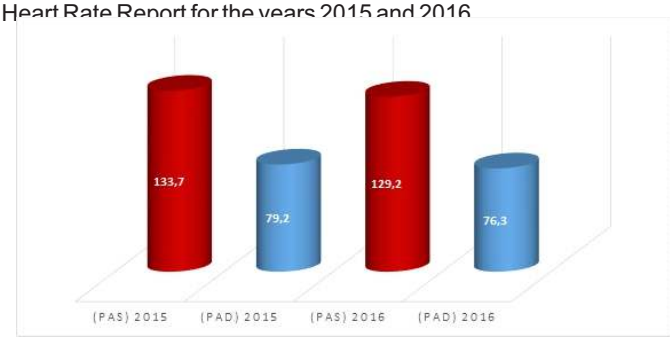
Source: Own / researcher. Average: 56bpm and Standard Deviation 3.5bpm, ** bpm at rest above recommended.

Table 4. - Maximum Heart Rate Reportof 2015.

	Jan	Feb	Mar	Apr	Mai	Jun	Jul	Ago	Sep	Oct	Nov	Dec	
Main	177	116	121	121	118	123	128	128	127	128	131	127	**129**
Stand. Desv.	36,4	21,3	16,0	16,9	16,5	11,2	14,6	15,2	13,5	16,8	16,3	13,7	**6,5**

Source: Own / researcher; Average 129bpm and Standard Deviation 6.5bpm.

Graph 1- Minimum Heart Rate Report for the years 2015 and 2016



Source: Own (2015 and 2016)

During the prescription, only the resting heart rate in January 2015, according to table 3, was above recommended. In the other months of 2015 and in the months of 2016, the maximum and minimum heart rate remained within the recommended, according to methodology proposed by Karvonen et al. (1957).

Table 5 - Resting Heart Rate Report of 2016.

Heart Rate Report by Minutes (bpm) REST													
	Jan	Feb	Mar	Apr	Mai	Jun	Jul	Ago	Sep	Oct	Nov	Dec	
Main	54	53	51	57	57	56	49	52	44	50			**52**
Stand. Desv	7,0	5,3	8,1	7,1	4,2	12,4	7,4	4,3	5,0	6,0			**2,4**

Source: Own / researcher. Average: 52bpm and Standard Deviation 2.4 bpm, ** bpm at rest above recommended.

Table 6. - Maximum Heart Rate Report of 2016.

Heart Rate by Minute Report (bpm) MAXIMUM													
	Jan	Feb	Mar	Apr	Mai	Jun	Jul	Ago	Sep	Oct	Nov	Dec	
Main	133	139	126	123	126	130	125	132	127	128			**129**
Stand. Desv.	17,7	17,4	14,1	16,9	16,7	7,9	13,9	13,0	17,5	11,0			**3,3**

Source: Own / researcher; Average 129bpm and Standard Deviation 3.3bpm.

CONCLUSION

The data presented here indicate important factors in the interpretation of the results obtained. According to table 2, it can be observed that physical activities were fundamental for the maintenance of BMI and WHR, as a significant increase of the mean was not identified. However, it is worth noting that BMI does not take biological tissues into account, therefore, it is recommended that nutritional status assessments be performed with the use of skin folds to obtain a more reliable result.

It can be concluded that, given the propensity for hereditary and / or genetic diseases such as changes in cardiac fibers, it is necessary to develop a program of physical activities in order to strengthen these fibers and all cardiovascular and / or circulatory system involved, including control Of the nutritional status of the participant, since it is known that a high level of adiposity interferes with the rehabilitation of the patient with ischemic stroke.

According to Tortora (2012); Guedes (2006) and Lancha Jr & Lancha (2016), it is fundamental to make the researcher aware of the importance of acquiring good habits, such as regular physical activity and adequate food.

It should be noted that the patient researched reported improvement in physical, emotional, motivational, social conditions and increased independence in daily activities.

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PHYSICAL ACTIVITIES IN REHABILITATION AFTER CEREBRAL VASCULAR ACCIDENT (CVA) - EXPERIENCE IN THE CITY OF JOINVILLE/SC, IN THE YEARS OF 2015 AND 2016

ABSTRACT

Introduction: Stroke (stroke), or stroke, also known as stroke, is characterized by the rapid loss of neurological function, due to clogging by disruption of blood supply to brain structures or disruption causing The blood that supports the brain with oxygen and glucose, transported by the cerebral blood vessels, stop reaching the region, causing the loss of the functionality of the neurons. Objective: The present study intends to demonstrate a methodology to follow the post-stroke recovery work and to verify the possible changes in general quality of life parameters, through the vital signs of these individuals, after a regular physical activity program and Recreational Method: Dialogues were carried out in order to raise awareness and establish preventive strategies. For the anthropometric analysis were collected weight, height and hip and waist circumferences. Body mass index (BMI) and waist hip ratio (WHR) were used to assess nutritional status. In addition, the heart rate per minute in rest and exertion was measured with the use of a Polar frequency gauge. A digital blood pressure meter was used to collect systolic and diastolic blood pressure. Results: The patient studied during the two years had BMI and WHR above the ideal, but no significant variation was identified over the years. Only the resting heart rate of January 2015 was above ideal. During the other months of 2015 and 2016, vital parameters were within normal range. Conclusion: After the work performed, the patient researched reported improvement in physical, emotional, motivational, social conditions and increased independence in daily activities.

Keywords: Cerebral Vascular Accident; Physical activity; Rehabilitation.

ACTIVITÉS PHYSIQUES EN RÉADAPTATION APRÈS L'ACCIDENT VASCULAIRE CÉRÉBRAL (AVC) - EXPÉRIENCE DANS LA VILLE DE JOINVILLE / SC, AU COURS DES ANNÉES 2015 ET 2016

ABSTRAIT

Introduction: L'accident vasculaire cérébral (accident vasculaire cérébral) ou accident vasculaire cérébral (AVC) se caractérise par la perte rapide de la fonction neurologique, due au colmatage causé par l'interruption de l'approvisionnement en sang des structures cérébrales ou la perturbation causant Le sang qui soutient le cerveau avec l'oxygène et le glucose, Transportés par les vaisseaux sanguins cérébraux, cessent d'atteindre la région, entraînant la perte de la fonctionnalité des neurones. Objectif: La présente étude vise à démontrer une méthodologie pour suivre les travaux de récupération post-AVC et vérifier les changements possibles dans les paramètres généraux de qualité de vie, à travers les signes vitaux de ces individus, après un programme d'activité physique régulier et Méthodes récréatives: Dialogues Ont été réalisées afin de sensibiliser et d'établir des stratégies préventives. Pour l'analyse anthropométrique ont été collectés le poids, la hauteur et les circonférences de la hanche et de la taille. On a utilisé l'indice de masse corporelle (IMC) et le rapport taille-hanches (RCS) pour évaluer l'état nutritionnel. En outre, la fréquence cardiaque par minute au repos et à l'effort a été mesurée à l'aide d'une jauge de fréquence Polar. Un appareil de mesure de la tension artérielle numérique a été utilisé pour recueillir la pression artérielle systolique et diastolique. Résultats: Le patient étudié au cours des deux années avait un IMC et un RCH supérieur à l'idéal, mais aucune variation significative n'a été identifiée au cours des années. Seul le rythme cardiaque au repos de janvier 2015 était au-dessus de l'idéal. Pendant les autres mois de 2015 et 2016, les paramètres vitaux étaient dans la fourchette normale. Conclusion: Après le travail effectué, la patiente faisant des recherches a signalé une amélioration des conditions physiques, émotionnelles, motivationnelles, sociales et une plus grande indépendance dans les activités quotidiennes.

Mots-clés: accident vasculaire cérébral; Activité physique; Réhabilitation.

ACTIVIDADES FÍSICAS EN LA REHABILITACIÓN DESPUÉS DEL ACCIDENTE VASCULAR CEREBRAL (CVA) - EXPERIENCIA EN LA CIUDAD DE JOINVILLE / SC, EN LOS AÑOS DE 2015 Y 2016

ABSTRACTO

Introducción: El accidente cerebrovascular (accidente cerebrovascular), o accidente cerebrovascular, también conocido como accidente cerebrovascular, se caracteriza por la rápida pérdida de la función neurológica, debido a la obstrucción por la interrupción del suministro de sangre a las estructuras cerebrales o la ruptura causando La sangre que sostiene el cerebro con oxígeno y glucosa, Transportados por los vasos sanguíneos cerebrales, dejan de llegar a la región, causando la pérdida de la funcionalidad de las neuronas. Objetivo: El presente estudio pretende demostrar una metodología para seguir el trabajo de recuperación post-accidente cerebrovascular y verificar los posibles cambios en los parámetros generales de calidad de vida, a través de los signos vitales de estos individuos, tras un programa regular de actividad física y Método Recreativo: Diálogos Se llevaron a cabo con el fin de sensibilizar y establecer estrategias preventivas. Para el análisis antropométrico se recogieron

peso, altura y circunferencias de cadera y cintura. Se utilizó el índice de masa corporal (IMC) y la proporción de cadera de cintura (RCQ) para evaluar el estado nutricional. Además, se midió la frecuencia cardíaca por minuto en reposo y esfuerzo con el uso de un medidor de frecuencia Polar. Se utilizó un medidor digital de la presión arterial para recoger la presión arterial sistólica y diastólica. Resultados: El paciente estudiado durante los dos años tenía IMC y RCM por encima del ideal, pero no se identificó variación significativa a lo largo de los años. Sólo el ritmo cardiaco en reposo de enero de 2015 era superior al ideal. Durante los otros meses de 2015 y 2016, los parámetros vitales estaban dentro del rango normal. Conclusión: Después del trabajo realizado, el paciente investigado informó de mejoras en las condiciones físicas, emocionales, motivacionales, sociales y una mayor independencia en las actividades diarias.

Palabras clave: accidente cerebrovascular; Actividad física; Rehabilitación.

ATIVIDADES FÍSICAS NA REABILITAÇÃO APÓS ACIDENTE VASCULAR CEREBRAL (AVC) - EXPERIÊNCIA NA CIDADE DE JOINVILLE/SC, NOS ANOS DE 2015 E 2016

RESUMO

Introdução: O acidente vascular cerebral (AVC), ou acidente vascular encefálico (AVE), também conhecido como derrame cerebral, é caracterizado pela perda rápida de função neurológica, decorrente do entupimento pela interrupção da irrigação sanguínea das estruturas do encéfalo ou rompimento fazendo com que o sangue que sustenta o cérebro com oxigênio e glicose, transportados pelos vasos sanguíneos cerebrais, deixem de atingir a região, ocasionando a perda da funcionalidade dos neurônios. Objetivo: O trabalho aqui apresentado pretende demonstrar uma metodologia para acompanhar o trabalho de recuperação pós-AVC e verificar as possíveis alterações nos parâmetros de qualidade geral de vida, através dos sinais vitais desses indivíduos, após a realização de um programa regular de atividade física e recreativa. Método: Foram realizados diálogos com o objetivo de conscientizar e estipular estratégias preventivas. Para a análise antropométrica foram coletados peso, estatura e as circunferências do quadril e da cintura. O índice de massa corporal (IMC) e a relação cintura quadril (RCQ) foram utilizadas para avaliação do estado nutricional. Além disso, foi mensurado o batimento cardíaco por minuto em repouso e esforço com a utilização de um frequencímetro Polar. Um medidor de pressão arterial digital, foi utilizado para coletar a pressão sistólica e diastólica. Resultados: O paciente pesquisado durante os dois anos, apresentou o IMC e a RCQ acima do ideal, porém não foi identificada uma variação significativa ao longo dos anos. Apenas a frequência cardíaca de repouso de janeiro de 2015 estava acima do ideal. Durante os outros meses de 2015 e 2016, os parâmetros vitais estavam dentro do normal. Conclusão: Após o trabalho realizado, o paciente pesquisado relatou melhora nas condições físicas, emocionais, motivacionais, sociais e aumento da independência nas atividades cotidianas.

Palavras-chave: Acidente Vascular Cerebral; Atividade Física; Reabilitação.