

THE IMPORTANCE OF ACTIVE IDENTIFYING THE INITIAL DEGREE OF SCOLIOSIS IN CHILDREN TO PREVENT DISEASE PROGRESSION

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The problem of scoliosis in childhood, which is most often a chronic pathological process in young age, due to certain objective and subjective factors, is extremely undervalued in native preventive medicine.

It is well known that scoliosis is a severe progressive disease of the spine, accompanied by damage to the internal organs (cardiovascular, respiratory, urinary system, gastrointestinal tract, nervous system). Back in 1973, Chaklin V. D., Albalmasova E. A. introduce the concept of «scoliotic disease», the development of which eventually leads to the disability of patients [1, p. 29; 2, p. 2; 3, p. 15; 4, p. 36].

Considering the statistics, we see that a sharp increase of number of patients with spinal pathology, pain syndromes in the back, headaches and others – in patients of older age groups suggests that this problem has grown from a purely medical issue into a complex medical and social problem [5, p. 53; 6, p. 72].

For the early detection and prevention of diseases in our country, according to the decree of the Cabinet of Ministers of Ukraine, the procedure for providing medical services to students of secondary schools has been approved [7, p. 3].

The concept of the order as a whole, imposing responsibility for the state of health of children on their parents, cannot be justified in relation to diseases of the musculoskeletal system, since the disease is clinically asymptomatic and the parents cannot determine its first signs to the second degree of severity.

Nowadays, at the legislative level there is no clearly coordinated model of coordination of actions between family medicine doctors, physiotherapy exercises, orthopedic traumatologists, representatives of general educational institutions and parents to identify susceptibility to the disease and their early signs.

The system of formation of children risk groups with the problem of connective tissue dysplasia syndrome is also not regulated, the frequency of additional examination of these children by specialist doctors has not been determined.

The term «idiopathic scoliosis» means that at the present stage, the etiology of this disease remains unknown. However, it has been proven that patients with idio-

pathic scoliosis, as a background condition, always have signs of connective tissue dysplasia syndrome [8, p. 1; 9, p. 1]. These signs can be markers for the early detection of the disease in children and may help in ranking them by risk groups.

The aim of our work was to create a convenient and technically feasible screening methodology, which allows us to predict and identify the degree of risk of developing the disease, as well as to develop individual complexes of therapeutic and preventive measures for children with different degrees of risk of scoliosis.

We have created adapted questionnaires for children and their parents and a set of therapeutic and preventive exercises for individual correction of pathological changes.

Our method of screening and questioning will help to identify factors of connective tissue imperfection in children as factors of susceptibility to the disease. This will allow quantifying these risk factors, monitoring them and considering them in the future to individualize therapeutic measures in children. These will increase the effectiveness of therapeutic interventions in each category of patients.

Based on the foregoing, it is advisable to organize screening examinations for children to detect early changes in posture disorders that lead to scoliosis in early childhood. This is especially necessary in the most significant periods for the development of a child's spine, associated with active growth. Increased attention should be paid to children from the risk group, with a hereditary predisposition to the disease and a complex of signs of connective tissue dysplasia. Children from the identified risk group should be under the regular supervision of a doctor and for them the frequency of examinations should be more than once per year.

Thus, in the modern conditions that have developed today, the moment of active prevention of scoliosis in young children is missed. Due to the lack of a state program for the prevention of these disorders, there is no consistency between the capabilities of treatment-and-preventive institutions, the introduction of scientific research by scientists, and the practical application of screening techniques to increase the level of identification of these patients in general education schools.

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