



Methods For Examining Patients With Ischemic Stroke

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Article History	Abstract
Received: 06 June 2023 Revised: 05 Sept 2023 Accepted: 13 Oct 2023	<i>t should be said that it is necessary to strictly systematize the indications on which the patient's complaint is being clarified and the conclusions of his subsequent neurostatus are being drawn according to the myaninig anatomo-functional structure. During the collection of Anamnesis data, the patient is asked whether or not there have been cases of es-hush disorder. After the sufferers speak their complaints, the doctor will conduct a complete study of the degree of development of them. The treatment received and its effects are clarified. During the collection of Anamnesis, the Hayot Anamnesis of patients is also collected by examination.</i>
CC License CC-BY-NC-SA 4.0	Keywords: Patient, Stroke, Development

1. Introduction

In Anamnesis, it is asked how many years the disease has been suffering from hypertension, YUIK, diabetes mellitus and other camorbit diseases. It is determined that a permanent drug is istemol from patients. It is first asked whether or not im or ōmi has been encountered. Indications such as when the lesion is gone, which Basin it is, the indication of muscle weakness, muscle tone or what time the contractures have appeared, the time of division of the pain on the paralyzed side, the degree, whether it has passed the CT or MRI scan, the treatment, the post-treatment test, are fully determined, since the fully assembled anamnestic results give the doctor high accuracy in

Clinical-neurological diagnosis.

In neurostatus, we determine BMN, activity, sensory level, kharakat coordination, reflector sphere, and ONF damage. We find that these lesions correspond to other clinical examinations, such as cranial CT si. Muscle strength is determined on a 5-point scale.

The patients are then subjected to subjective neurological signs and clinical-neurological taxa. There is no worsening of Es-Khush, and its pointer, kharakat sphere, cranial innervation deficit, muscle tone character, rate of pay reflex impairment, presence or absence of pathological signs, coordination and perceptual impairment, meningeal signs, higher ONF disorders, brain tumor markers are taken into consideration. Somatic status is also seen-breathing, cardiovascular circles (AQB, pulse, YuQS, EKG), digestion, and urinary-venereal pathways.

Diagnosis, determination of stroke form and frequency MKB-10(2007) and Schmidt E.V. The requirements for the classification of (1985) were mainly implemented. The level and severity of AG were determined based on the established results of medical leaflets, Anamnesis data and an ambulance team with the appropriate national guidelines for the treatment, diagnosis and Prevention of AG [1.3.5.7.9.11.13.15.17.19.21.23.25].

Examination of cognitive activity.

Test pointers are determined by collecting the points accumulated while performing tasks at each point. It is possible to score the highest 30 points on the test, which corresponds to the highest cognitive capabilities. The lower the Test scores, the more likely the cognitive impairment will appear.

MINI-MENTAL STATE EXAMINATION(M. Folstein et al., 1975)

Cognitive sphere assessment (score)	Cognitive sphere assessment (score)
Orientasia:	
Time: say the date (Day, Month, Year, week day, season of year)	0-5
Place: where are we now(Country, Region, City, Clinic, Department)?	0-5
Reception: repeat 3 words: pencil, House, Apple	0-3
Concentration and calculation:	
Subtract 7 from the number 100, then again 7, 5 times in general (100-7, 93-7, 86-7, 79-7, 72-7)	
(alternative task-to say a word consisting of 5 harfs-for example, a pen-to say in reverse order: Malak)	0-5
Memory:	
Memorizing the 3 words spoken in Task 2 above	0-3
Speech:	
The pen and watch were shown, "what is it called?"to ask	0-2
Repeat sentence:	
"Nothing if, But or not"	0-1
Execution of a three-step command:	
"Take the paper with your right hand, fold it in half and place it on the table"	0-3
Reading: reading and completing the task written on the sheet::	
"close your eyes"	
Sentence writing.If the owner and cross section of the sentence are involved and it has meaning, 1 point is scored.	
Drawing (2 intersecting pentagons)	0-3
Total score	0-30

According to various studies, test results can mean the following meanings.

1. Orientation with respect to time . The patient is prescribed to say the full day of today's date, month, year and week. If the patient can say the date, month, year completely independently, then the maximum score(5 points) is given. 4 points are awarded if it is appropriate to ask further questions. Additional questions may be the following: if the patient says only the date, it will be asked which Month, Year, week day it is. The absence of each error or answer reduces the grade by 1 point.
2. Orientation relative to the location . "Where Are we?"is asked. If the patient does not answer clearly, additional questions are asked. In this case, the patient should be able to say the state, region, city, organization under examination, room number eki Department. The absence of each error or answer reduces the grade by 1 point.
3. Reception. The patient is given the following task: "repeat 3 Words and be careful to remember: pencil, House, Apple". Each word must speak with maximum accuracy at a rate of 1 word per minute. A score is added for each correctly repeated word. The words are repeated until the patient is able to return them correctly. But in points is only the first.
4. Focus. The number 100 is asked to sequentially distinguish the number 7. In this, 5 subtractions are enough (until the result is 65) . Each error reduces the grade by 1 point. Or a word of 5 harfs is said and asked to say it in reverse. Each error reduces the grade by 1 point. For example, if the word" metro "is said, instead of saying" ortem", it is said" oترم", 4 points; if" otrme", it is 3 points and hokazo.
5. Memory. The patient is asked to return the words spoken in 3 steps. Each correct utterance is scored one point.
6. Speech. The pen will be displayed and "what is it?"is asked. Each correct answer is scored 1 point.

28-30 points-no impairment in cognitive activity

24-27 points –cognitive distortions in the item received indicator

20-23 points– Light level dementia

11-19 points –mid-level dementia

0-10 points-heavy dementia

Clock indicator drawing test

The Test is performed as follows

The patient is given a white sheet and a pencil. The doctor will tell the patient to draw a circular clock with a digital cipher, and the clock indicator on it should be showing 15 Cam 2.

The patient must freely draw a circle, place all 12 digits and the clock indicators on it in a specific place. In the norm, this task is performed without any difficulty. If there are errors in the execution of the task, they are assigned according to the amount to the scale of 10 points.

10 points-the norm. A circle is drawn, the numbers are arranged correctly, the clock indicators indicate the said time.

9 points. There are no significant disadvantages in the location of the clock indicators.

8 points. There are slight disadvantages in the location of the clock indicators.

7 points. There are relatively recent errors in the location of the clock indicators.

6 points. Clock indicators indicate absolutely incorrect time

5 points. Clock indicators are not performing their function (for example, the required time is taken in a circle).

3-4 points. In the tsiferblat, the numbers are erroneously fixed: they are placed in the wrong direction (opposite the direction of the clock indicator) or the interval between the numbers is different.

2 points. The harakats of the sick show that he is trying to complete the task, but bexuda.

1 point. The patient does not want to cope with the task.

Schulte table

This methodology is used to check the indicator of sensomotor reactions and the indicator of attention characteristic, mental performance. As stimulus material, 5 black-and-white tablisas in The Shape of a square with irregularly arranged numbers 1 to 25 are used. The doctor records the time when the patient went to find the thighs using a stopwatch.

The controller must be at a distance that can see the table as much as possible. The task is to find the numbers in sequence, display them, and vocalize their name. With the help of a stopwatch, the time spent on each table and the errors made are recorded [2.4.6.8.10.12.14.15.16.17.18.20.22.24.26.27].

In a healthy human being, the pace of performing the tvazifa will be even, so it is important to check the speed when performing the test. A decrease in the tempo at the end of the examination indicates a decrease in the level of mental work ability of the patient. Omitting numbers, saying another instead of one indicates a lack of concentration of attention, and an increase in errors in the last 3 tables indicates a slowdown in the level of mental work activity. In addition, the reflection of its decrease in the graph makes it possible to determine the characteristic of the asthenic state. In the hypersthenic asthenia variant, the graph initially increases and then sharply decreases, while in the hypotonic asthenia variant, the graph is initially not high and slowly decreases.

It takes 25-30 seconds to complete the Schulte exam in meyori.

Application of needle reflexotherapy

Acupuncture points used for dysarthria and speech disorders in ischemic stroke are: V-2; TBM-3; TBM-9; TBM-21; TBM-22; J-23; E-6; GI-4; T-20. Apuncture points used in ischemic stroke seizures, stuttering, astinoneurotic syndromes: GI-4; E-36,2,6,7; Rp-6; VB-20; V-11,15,4,5; R-1, 4; F-2; J-4,20; T-20

Main points used:

E—36 (szu - san-li). T.: in point chukurcha, 3 ts from the base of the knee cap. lower and 1ts from the edge of the shin bone. lateral is located at. K.: pain in the knee joint and calf,paralysis of the legs,ulcer disease of the stomach, gastritis,constipation,vomiting, abdominal rest nausea, decreased appetite,food digestion disorders.depletion, eye diseases, mastitis, urinary incontinence, hiccups, atherosclerosis, pressure oshishi.me ' in the intestines, in the intestines, in the head, in the fall.Bugis pain, dizziness, insomnia,neurasthenia, fever, asthenia. The point is very widely used for the purpose of disease prevention.

E—41 (Sze-si). T.: the point is the calf-located in the center of the bend of the paw joint that passes from the front side, in the recess, between the long muscular paw of the foot scribing the thumb and the long muscular paw of the fingers. K.: baldness-diseases of the paw joint,paralysis of the legs, constipation,facial edema, toothache.lameness of the mammary gland and pain in the head and dizziness.

E -5 (da-in). T.: the point is located diagonally below the corner of the mouth, on the upper edge of the lower jaw, in the recess. K.: facial edema,neuritis of the facial nerve, toothache, inflammatory processes in the lunge sac, impaired verbal function, neuralgia of the tepki, three-horned nerve.

E -6 (Szya~che). T.: the point is 1 ts from the lower jaw. located diagonally in front, when the mouth opens, a clear indentation appears here blurs.

K.: coughing, paralysis of the facial nerve, three-horned. neuralgia of the nerve,tepki, toothache, stomatitis,impaired speech function, strengthening of the muscles of the buyine — ensa.

G I—10 (show—San Lee). T.: the point is on the back of the wrist.2 ts from the elbow bend. lower, the paw scribe is long and the short forearm is located between the muscles. K.: stroke, hemiplegia, neuritis of the wrist nerve, headache due to the flu, pain around the wrist and shoulder joint

G I—12 (Zhou-Liao). T.: the point is in the orca to Mon of the shoulder, GI-11 from the point 1 ts. located high and slightly orgarok. K.: shoulder and elbow pain.

G I-14 (bi-Nao). T.: the point is on the orca wrist side of the shoulder,GI — 7 ts from 11 points. yukorirok is located on the outer edge of the three-headed muscle of the shoulder.

K.: pain in the shoulder,head, paralysis of the hand, eye diseases,cervical lymph nodes.

G I-15 (Xian-Yuy). T.: the point is located at a depth at the edge of the shoulder top,between the shoulder tumor of the blind and the large bulge of the shoulder bone.

When raising the hand upwards, a clear indentation appears in this place and blurs. K.: pain in the shoulder and shoulder joint, paralysis of the arm, hypertension, plexitis.

S -9 (Shao—chun). T.: Point V arm fingerpng 0.3 cm from the angle of the nail position. located by the wrist. K.: pain in the heart area, on the side, on the wrist, heart colic, cerebral circulation disorders,restlessness,palpitations, fever; fainting,coma.

IG -1 (Shao—Sze). T.: Point V 0.3 cm from the outer side of the angle of the nail position of the finger.Outlying. K.: at the throat,pain in the head, eye diseases,tongue stiffness.tension of the muscles of the ensa.nosebleeds, landless fever, inflammation of the mammary gland, humiliation,fainting, coma.

IG -7 (Chji-Zheng). T.: the point is 5 ts from the wrist-palm joint. higher, located at the medial edge of the elbow bone. K.: contracture of the muscles of the hands and fingers, pain and swelling in the areas of the ensa and buine, pain in the lower jaw, wheezing in the eye, neurosis, fear.

V -15 (sin—shu). T.: 1.5 ts between the acute protrusions of the Nukta th -5 and Th - 6 vertebrae. lateral is located at. K.: pain in the heart socket, heartbeat, fear, neurosis, insomnia, tuberculosis, blood spitting, memory decline, nausea, speech development interruption, seizures

V-54 (Chji-Byan). T.: Point S - 4 from the acute tumor of the spine 3 ts. lateral is located at. K.: pain in the waist and buttocks area, hemorrhoids, cystitis, paralysis of the legs and ischias.

V -56 (Chen—Xin). T.: 5 ts from the center of the point cap. lower, located between the heads of the calf muscle. K.: pain in the calf, waist, tension of the calf muscles, paralysis of the legs, constipation, hemorrhoids.

(Chen-Xin). T.: 5 ts from the center of the point cap. lower, located between the heads of the calf muscle. K.: nausea, back pain, tension of the calf muscles, paralysis of the legs, constipation.

V -56 (Chen—Xin). T.: 5 ts from the center of the point cap. lower, located between the heads of the calf muscle. Instruction.: pain in the calf, back, tension of the calf muscles, paralysis of the legs, constipation, hemorrhoids.

4. Conclusion

1. The use of ignareflexotherapy in the treatment of ischemic strokes in the early recovery period in addition to the main treatment has a positive effect on the recovery process of speech disorders, the observation of sensorimotor aphasia decreases by 7%, dysarthria decreases by 6.3%, mixed-type speech lesions decrease by 6% from treatment, and patients cause the restoration of

2. The use of ignareflexotherapy in addition to the main treatment in the treatment of ischemic strokes during the early recovery period has a positive effect on the recovery process of seizures and sensory disorders and reduces the duration of the recovery process to a shorter period than that treated by the traditional method, prevents neurological deficits in patients after stroke, normalizes muscle tone ($r < 0.01$) and

3. In addition to the main treatment in patients who have had ischemic stroke, the use of ignareflexotherapy restores hemodynamic disorders in intra and extracranial blood vessels, has a positive effect on the recovery process of deep neurological disorders and reduces recovery time and increases the effectiveness of treatment ($R < 0.05$);

4. The use of ignareflexotherapy in addition to the main treatment in patients with ischemic stroke has a positive effect on the recovery process of deep cognitive and neurological disorders and reduces recovery time and increases the effectiveness of treatment ($r < 0.05$);

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