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EVIDENCE-BASED PHYSIOTHERAPY IN GYNECOLOGY

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Abstract: The article discusses methodological aspects of applying the principles of evidence-based physiotherapy in gynecology. The basics of methodology and advantages of evidence-based physiotherapy are presented to prove therapeutic effects and select treatment (prevention) strategies in gynecological patients. The factual basis of controlled clinical studies of physical methods of treatment conducted in recent years in gynecology, and the main directions for the practical use of the principles of evidence-based physiotherapy are presented.

Key words: evidence-based medicine; evidence-based physical therapy; therapeutic physical factors.

The rapid technological progress generated by the scientific and technological revolution has led to an exponential growth of various physical methods of treatment, introduced into medical practice without sufficient scientific evidence. The existing system in the scientific community for assessing the work of researchers based on the number of publications forces the latter to uncontrollably produce them in the absence of an adequate material base for research. As a result, the journal articles they publish no longer contain the attributes of scientific thinking and the quality of the results obtained, as well as the evidence of the data presented. These reasons have led to the fact that today many medical scientists and practicing gynecologists take marginal positions in relation to physical factors - from their complete rejection to a panacea. Based on this, one of the main directions of scientific research in modern physiotherapy and gynecology is the formulation of rules for correct research to prove the effective action of therapeutic physical factors, which form the subject of one of the sections of modern physiotherapy - evidence-based physiotherapy.

Evidence-based physiotherapy is a section of physiotherapy associated with the use in the treatment of patients only of those physical methods whose effectiveness has been proven in benign studies.

Along with evidence-based pharmacotherapy, evidence-based physical therapy is one of the two main sections of evidence-based medicine - conscientious, accurate and meaningful use of the best results of clinical trials to select a treatment regimen for a particular patient [1]. The main condition of evidence-based medicine is the application in practice only of those treatment and diagnostic methods whose effectiveness has been proven based on strict scientific principles as a result of controlled clinical trials.

The main prerequisites for the formation of evidence-based physiotherapy: - individual characteristics of a particular patient with a unique set of pathological conditions and initial morphofunctional organization, which complicate the use of strictly detailed treatment algorithms in different patients; - the traditional commitment or passion of a physiotherapist to a particular method, which does not always allow him to maintain strict objectivity in assessing the benefits of other physical methods of treatment.

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Evidence-based physical therapy addresses the issue of validity—the degree to which research data reflect the true relationship between the physical treatment factor and the treatment effects being studied in patients.

The methodology of evidence-based physiotherapy is based on the unification of research protocols and controlled clinical trials.

It involves the use of unified standards at each stage of studying the effectiveness of the physical method of treatment under study:

- at the stage of preclinical studies - international standards of good laboratory practice (GLP);

- at the stage of clinical trials - international standards of quality clinical practice (good clinical practice, GCP);

- when using statistical analysis methods (during research planning, processing and analysis of the data obtained) - international standards for good statistical practice (GCP).

An integrated analysis of these standards allowed the development of standards for evidence-based physiotherapy [2]. Standards for Evidence-Based Physiotherapy

1. Compliance with the ethical principles of the Declaration of Helsinki.
2. Determination of the risk of possible complications by the expected benefit.
3. The prevalence of the safety of subjects over the interests of science and society.
4. Availability and adequacy of information about the physical treatment method being tested.
5. Scientifically based, clear and detailed research protocol.
6. Compliance of doctors' education with the objectives of the tests.
7. Free information, consent of the test subject.
8. Ability to accurately report, interpret and verify test information.
9. Confidentiality of data about trial subjects.
10. Representativeness of the sample of subjects.
11. Accounting for physical-drug interactions.
12. Adequate research scheme (design).

For domestic physiotherapists, planning and conducting research according to the rules of quality clinical practice GCP is associated with significant organizational and financial difficulties. However, fundamental objections arise from studies that neglect them. A clinical study performed without compliance with GCP requirements is not evidence-based and scientifically grounded for assessing effectiveness and safety, but reflects only the author’s subjective attitude to the phenomenon under consideration, most often taking into account already known data from authoritative scientific studies.

Clinical studies can be retrospective or prospective. Retrospective studies evaluate events that have already happened (for example, from medical records). In prospective studies, they first draw up a plan, establish the procedure for collecting and processing data, and then conduct the study according to the developed scheme - the study design. RCTs fully satisfy prospective studies.

Currently, more than 250 thousand RCTs have been registered, conducted in various fields of medicine, of which RCTs of physical treatment methods account for no more than 5%, but it has tended to grow exponentially in the last five years.

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There is some evidence of the effectiveness of Jacuzzi baths (JBA) during childbirth, which has reduced the overall duration and the number of cases of anesthetic use [5]. The effectiveness of ultrasound cryotherapy in patients with lactostasis has not been identified (UDG) [3].

In obstetrics for nausea and vomiting in early pregnancy, there is no convincing data on the effectiveness of acupuncture and acupressure BAP, which in some patients reduce the duration of nausea and vomiting, but do not affect their severity (UDG) [4].

The truth appears to be somewhere in the middle, but physiotherapy and especially spa therapy are only taking the first steps towards evidence-based science. The use of evidence-based medicine in physical therapy can reduce or completely eliminate the use of ineffective or harmful treatment methods. At the same time, it provides an impetus for the promotion of highly effective treatment strategies that are underutilized despite the evidence.

The ideological basis of evidence-based medicine, its founder A. Cochrane, considered the work of doctors in conditions of limited financial resources, which are the conditions of domestic healthcare today. At the same time, the principles of evidence-based physiotherapy are being introduced into the minds of domestic doctors slowly, for several reasons:

• randomized evaluation of the effectiveness of the method is too slow;

• heterogeneity of patient characteristics and insufficient data on clinical outcomes do not allow generalization of the results of RCTs;

• the variety of parameters of physiotherapeutic procedures and modes of exposure to therapeutic physical factors, significantly exceeding the number of possible dosages of medicinal substances, which complicates the development of recommendations and the application of standards;

• direct criteria for the effectiveness of a physical method are more difficult to evaluate than indirect (surrogate) ones;

• difficult access to databases of evidence-based physiotherapy for practitioners;

• language barrier to understanding messages from foreign colleagues;

• conflict with existing traditions and real or perceived personal experience, which is not easy to overcome.

The application of the concept of evidence-based medicine in physiotherapy will allow it to move to a new stage of its development. And the sooner researchers begin to apply evidence-based physical therapy methods in their practice, the sooner they will see real benefits. Evidence-based physiotherapy has already shown that the most complex technology often turns out to be ineffective, while the simplest means and methods, on the contrary, are quite effective. It follows from this that no matter how impressive the proposed physical method of treatment may look, it must first of all be effective.

Changing the thinking of a physiotherapist in mastering the principles of evidence-based physiotherapy is no less important than modernizing physiotherapy equipment. If it happens, then the introduction of evidence-based physiotherapy methods into the daily clinical practice of physiotherapists will happen as naturally as technicalism was introduced into medicine.

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Literature:

1. Viktorov V.A. Medical and technical science on the threshold of the 21st century. / Biomedpribor 2000. // Abstracts. int.conf. – M., 2000. – T. 1. – P. 1–6.

2. Viktorov V.A., Belov S.V. A set of equipment for equipping physiotherapy departments and rooms. / Biomedpribor 2000. // Abstracts. int.conf. – M., 2000. – T. 2. – P. 31–35.

3. Vlasov V.V. Low-intensity laser radiation: a strange Russian sport. – 2001. – http://www.immunology.ru/patients/lazer_therapy.html.

4. State Register of Medical Equipment Products. - M.: Ministry of Health of the Russian Federation, 1995. - 400 p.

5. Jewell D. Nausea and vomiting in early pregnancy // Evidence-based medicine. – M., 2004. – P. 513–515.