통증 및 근골격재활

게시일시 및 장소: 10월 18일(금) 08:30-12:20 Room G(3F)

질의응답 일시 및 장소: 10월 18일(금) 10:00-10:45 Room G(3F)

P 1-98

Efficacy of anti-gravity treadmill after a hip fracture in patients with sarcopenia

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Abstract

Objective

To compare the effects of antigravity treadmill (AGT) with conventional rehabilitation and conventional rehabilitation among patients who had surgery for the elderly hip fracture with sarcopenia.

Design

A prospective double-blind randomized controlled trial.

Setting and participants

Acute hip fracture patients with sarcopenia, aged 65 or older, after hip fracture surgery, admitted to rehabilitation center.

Methods

Participants were randomly assigned to experimental group (n=19) or control group (n=19). All patients received 50 minutes of individualized therapy time on each of 10 consecutive working days. Patients in the experimental group received AGT for 20 minutes and other individualized physical therapy for 30 minutes. Patients in the control group received 50 minutes of individualized physical therapy every day.

Main Outcome Measures

Participants were evaluated prior to the treatment, 3 weeks, 3 months, and 6 months after treatment. As the primary outcome measure, Koval walking ability scores (KOVAL) and functional ambulatory category (FAC) were used. Secondary outcome measures included Berg Balance Scale (BBS), Korean version of the Mini-Mental Status Examination (K-MMSE), Euro Quality of Life Questionnaire Five-Dimensional Classification (EQ-5D), Korean version of the modified Barthel index (K-MBI), and hand grip strength.

Results

There were no significant differences between the two groups for any demographic or baseline measures except for hip operation type. There were significant differences between the two groups for primary and secondary outcomes except for grip strength (right and left) and K-MMSE at the all follow-ups (Table 1). In both groups, obvious changes were noted for the KOVAL, FAC, BBS, EQ-5D, and K-MBI scores at 3 weeks, 3 months. The degree of improvement was higher in the experimental group and the therapeutic effect also lasted longer in that group. However, in both groups, from 3 months to 6 months, the KOVAL, FAC, BBS, EQ-5D, and K-MBI scores were slightly improved or showed plateau (Table 2). We also examined the changes of primary and secondary outcomes over time between the groups. During the study, KOVAL scores were lower in the experimental group compared to the control group (β =0.368). FAC and BBS scores were higher in the experimental group compared to the control group (β =0.242 and β =3.053 respectively) (Table 3).

Conclusions

Our results suggest that conventional rehabilitation with antigravity treadmill was more effective for long-term functional recovery in elderly hip fracture with sarcopenia. Future studies with larger number of subjects are necessary.

Acknowledgment : Abstract Objective To compare the effects of antigravity treadmill (AGT) with conventional rehabilitation and conventional rehabilitation among patients who had surgery for the elderly hip fracture with sarcopenia. Design A prospective double-blind randomized controlled trial. Setting and participants Acute hip fracture patients with sarcopenia, aged 65 or older, after hip fracture surgery, admitted to rehabilitation center. Methods Participants were randomly assigned to experimental group (n=19) or control group (n=19). All patients received 50 minutes of individualized therapy time on each of 10 consecutive working days. Patients in the experimental group received AGT for 20 minutes and other individualized physical therapy for 30 minutes. Patients in the control group received 50 minutes of individualized physical therapy every day. Main Outcome Measures Participants were evaluated prior to the treatment, 3 weeks, 3 months, and 6 months after treatment. As the primary outcome measure, Koval walking ability scores (KOVAL) and functional ambulatory category (FAC) were used. Secondary outcome measures included Berg Balance Scale (BBS), Korean version of the Mini-Mental Status Examination (K-MMSE), Euro Quality of Life Questionnaire Five-Dimensional Classification (EQ-5D), Korean version of the modified Barthel index (K-MBI), and hand grip strength. Results There were no significant differences between the two groups for any demographic or baseline measures except for hip operation type. There were significant differences between the two groups for primary and secondary outcomes except for grip strength (right and left) and K-MMSE at the all follow-ups (Table 1). In both groups, obvious changes were noted for the KOVAL, FAC, BBS, EQ-5D, and K-MBI scores at 3 weeks, 3 months. The degree of improvement was higher in the experimental group and the therapeutic effect also lasted longer in that group. However, in both groups, from 3 months to 6 months, the KOVAL, FAC, BBS, EQ-5D, and K-MBI scores were slightly improved or showed plateau (Table 2). We also examined the changes of primary and secondary outcomes over time between the groups. During the study, KOVAL scores were lower in the experimental group compared to the control group (β =0.368). FAC and BBS scores were higher in the experimental group compared to the control group (β =0.242 and β =3.053 respectively) (Table 3). Conclusions Our results suggest that conventional rehabilitation with antigravity treadmill was more effective for long-term functional recovery in elderly hip fracture with sarcopenia. Future studies with larger number of subjects are necessary.

Table 1. The outcome measures for the experimental and control groups at 4 evaluation times

Measures	Evaluation time				Between-group difference					
					3-wk		3-mon		6-mon	
	Baseline	3-wk	3-mon	6-mon	Difference*	p+	Difference*	P†	Difference*	P†
KOVAL										
Experimental	6.58±0.51	4.78±0.78	2.47±1.12	2.36±0.89						
Control	6.89±0.31	5.94±0.40	4.00±1.49	3.79±1.54	-1.15 (-1.56, -0.74)	< .001	-1.52 (-2.39, -0.65)	.002	-1.42(-2.25, -0.58)	.003
FAC										
Experimental	0.68±0.82	2.26±0.87	3.42±1.01	3.58±1.07						
Control	0.63±0.59	1.47±0.77	2.57±1.07	2.73±0.99	0.78 (0.24, 1.33)	.009	0.84 (0.15, 1.52)	.016	0.84 (0.16, 1.52)	.009
BBS										
Experimental	9.26±5.11	30.47±14.63	37.89±10.58	38.62±10.00						
Control	8.90±5.12	18.47±7.54	28.52±11.18	27.10±12.54	12.00 (4.33, 19.66)	.006	9.36 (2.20, 16.53)	.017	11.42 (3.95, 18.88)	.007
EQ-5D										
Experimental	0.18±0.26	0.67±0.09	0.76±0.08	0.77±0.83						
Control	0.15±0.22	0.38±0.22	0.54±0.24	0.57±0.20	0.28 (0.16, 0.39)	< .001	0.21 (0.09, 0.33)	.001	0.19 (0.08, 0.29)	.008
К-МВІ										
Experimental	32.00±23.22	64.63±14.34	76.15±14.33	75.73±14.22						
Control	29.37±12.84	45.36±14.23	60.94±15.31	62.57±15.34	19.26 (9.85, 28.67)	.001	15.21 (5.45, 24.96)	.006	13.15 (3.42, 22.89)	.014

NOTE. Values are mean ± SD or as otherwise indicated.

[&]quot;Values are mean Liference (95% confidence interval)

Between-group comparisons were performed using the Mann-Whitney U test

Table 2. Changes of each outcome measures from baseline to the 3-week, the 3-month and 6-month follow-up evaluations

Measures	Within-group change score	from baseline	Between-group difference i	Between-group difference in change score		
	Experimental	Control	Difference	p*		
KOVAL						
3-wk follow-up	-1.78 (-2.09, -1.48) †	-0.94 (-1.14, -0.75) †	-0.84 (-1.19, -0.49)	<.001		
3-mon follow-up	-4.10 (-4.61, -3.59) †	-2.89 (-3.61, -2.17) †	-1.21 (-2.05, -0.36)	.006		
6-mon follow-up	-4.21 (-4.62, -3.79)†	-3.10 (-3.85, -2.35) †	-1.11 (-1.93, -0.27)	.020		
FAC						
3-wk follow-up	1.57 (1.24, 1.91) †	0.84 (0.51, 1.17) †	0.73 (0.28, 1.19)	.003		
3-mon follow-up	2.73 (2.28, 3.18) †	1.94 (1.42, 2.46) †	0.79 (0.12, 1.45)	.032		
6-mon follow-up	2.89 (2.36, 3.42) †	2.10 (1.52, 2.68) †	0.79 (0.03, 1.54)	.030		
BBS						
3-wk follow-up	21.21 (15.71, 26.70) †	9.57 (7.22, 11.93) †	11.63 (5.85, 17.40)	.001		
3-mon follow-up	28.63 (23.88, 33.38)†	19.63 (14.55, 24.71) †	9.00 (2.28, 15.71)	.006		
6-mon follow-up	29.26 (24.78, 33.74)†	18.21 (11.95, 24.46) †	11.05 (3.62, 18.48)	.006		
EQ-5D						
3-wk follow-up	0.49 (0.37, 0.62)†	0.23 (0.14, 0.33) †	0.25 (0.10, 0.41)	.005		
3-mon follow-up	0.58 (0.46, 0.71)†	0.39 (0.24, 0.54) †	0.19 (0.00, 0.37)	.056		
6-mon follow-up	0.59 (0.47, 0.71)†	0.42 (0.28, 0.56) †	0.17 (-0.01, 0.34)	.085		
K-MBI						
3-wk follow-up	32.63 (22.38, 42.88)†	16.00 (9.30, 22.69) †	16.63 (4.80, 28.45)	.009		
3-mon follow-up	44.15 (32.43, 55.88)†	31.57 (24.36, 38.79) †	12.57 (-0.71, 25.86)	.136		
6-mon follow-up	43.73 (32.33, 55.13)†	33.21 (24.87, 41.54) †	10.52 (-3.10, 24.16)	.165		

NOTE. Values are mean difference (95% confidence interval) or as otherwise indicated. *Between-group comparisons were performed using the Mann-Whitney U test † P<-0.5 compared with baseline using the Wilcoxon signed-rank test.

Table 3. Changes of primary and secondary outcomes over time between the groups

Measures	β coefficient	95% CI	P	
KOVAL				
Experimental	-0.368	-0.608 to -0.129	.003	
Control				
FAC				
Experimental	0.242	0.021 to 0.463	.032	
Control				
BBS				
Experimental	3.053	0.730 to 5.375	.010	
Control				
K-MMSE				
Experimental	-0.195	-1.118 to 0.729	.679	
Control				
EQ 5D				
Experimental	0.044	-0.011 to 0.098	.118	
Control				
K-MBI				
Experimental	2.753	-1.439 to 6.944	.198	
Control				
Grip strength (Rt)				
Experimental	0.524	-0.263 to 1.310	.192	
Control				
Grip strength (Lt)				
Experimental	0.253	-0.518 to 1.024	.521	
Control				

 $GEE\ analysis\ with\ adjustment\ for\ age,\ sex,\ BMI,\ ASM,\ total\ admission\ period,\ day\ to\ surgery,\ days\ to\ rehabilitation,\ type\ of$ hip fracture, hip operation type, and cognitive dysfunction at baseline.