Research on Acupuncture Rehabilitation Nursing Measures for Patients with Limb Dysfunction Based on Systematic Evaluation Results

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Abstract: Objective: To explore the effect of acupuncture rehabilitation nursing on the rehabilitation effect of patients with limb dysfunction. Methods: 180 patients with limb dysfunction treated from March 2018 to March 2019 were selected and divided into observation group and control group with 90 patients in each group according to the order of treatment. Both groups received routine nursing, and the observation group received acupuncture rehabilitation nursing on this basis. After the nursing, the rehabilitation time and effect of the two groups were compared. Results: compared with the healing time of the two groups, the observation group was superior to the control group, with a significant difference ($P < 0.05$); compared with the excellent rate, the observation group was superior to the control group, with a statistically significant difference ($P < 0.05$); after treatment, the ADL score was lower than before treatment ($P < 0.05$), the observation group was (18.7 ± 1.8), the control group was (22.5 ± 1.9), and the observation group was lower than the control group ($P < 0.05$). Conclusion: acupuncture rehabilitation nursing can effectively shorten the recovery time of limb function, reduce the recurrence rate, reduce the disability rate and improve the prognosis of patients.

1. Introduction

Limb dysfunction generally refers to that a limb is not controlled by thinking or is controlled by thinking but cannot act completely according to thinking control [1]. Limb dysfunction generally refers to certain or associated limb movements that are not or are not controlled by thinking but cannot act completely according to thinking control [2]. When a certain part of the human body or a connected limb is unable to exercise completely according to subjective consciousness due to uncontrollable behaviors and consciousness during exercise, it is called limb dysfunction. In clinical practice, limb dysfunction is very common. Limb dysfunction refers to the joint nature of patients or the movement of a limb is not controlled by the patient's thinking, or can be controlled by the patient's thinking, but cannot act completely according to the patient's thinking control [3].

Limb dysfunction has a great impact on patients' daily life. At present, most medical institutions in our country still give priority to western medicine in their treatment. However, the therapeutic effect of this method is not particularly obvious, which directly hinders the recovery of patients [4]. Limb dysfunction is a common clinical disease, which refers to the fact that one or several limb movements of the patient are not controlled by the patient's thinking, or can be controlled by the patient's thinking, but can't control the action according to the thinking [5]. Acupuncture is the quintessence of traditional Chinese medicine, which has been used for thousands of years. It is of positive significance to do a good job of rehabilitation nursing for patients with limb dysfunction to promote their early recovery [6]. Acupuncture rehabilitation nursing can have a direct impact on the treatment results of limb dysfunction. In order to improve the therapeutic effect of limb dysfunction, this paper studies the rehabilitation nursing measures of acupuncture.

2. Data and Methods

2.1 General Data

A total of 180 patients with limb dysfunction admitted from March 2018 to March 2019 were selected and randomly divided into study group (90 cases) and reference group (90 cases). There were 52 males and 38 females in the study group, with the maximum age of 63 years and the minimum age of 41 years. Among them, there were 44 cerebral hemorrhage complications, 42 cerebral infarction patients and 4 trauma patients. There were 48 males and 42 females in the reference group, with the maximum age of 65 years and the minimum age of 40 years. There were 46 cerebral hemorrhage complications, 34 cerebral infarction patients and 10 trauma patients. There was no significant difference between the two groups ($P > 0.05$).

2.2 Methods

Routine nursing was applied to the patients in the routine group, including emotional nursing, observation of illness, environmental nursing, medication nursing, etc. On this basis, the study group received acupuncture rehabilitation treatment. The patients in the two groups were given basic nursing mode, environmental nursing, monitoring and recording the condition, medication guidance and psychological nursing. The research group added rehabilitation nursing countermeasures: to build a clean and tidy ward, to build a reasonable rehabilitation training room. The area of wheelchair activity in the ward shall be considered, and the threshold shall not be set to hinder the activity. The ground shall be treated with anti-skid treatment. The stool shall be placed in the toilet, the handrail shall be installed on the wall, and the toilet shall be installed. The bed of the ward should be lower than the general bed, which is convenient for patients to get out of bed. Ward layout should give priority to warm colors to avoid emotional fluctuations of patients. After the patient's condition is stable, the nursing staff will implement the training for the patient from lying position to sitting position. Load the healthy lower limbs of the patient and gradually over load the two lower limbs. Standing and sitting training shall be conducted for patients to ensure their body balance and walking training shall be conducted for patients. Correct and guide the patient's incorrect gait and posture, and teach the patient how to keep body balance. Walking training is carried out for patients, and nursing staff pull the cloth belt to help patients to stand up and walk on the premise of ensuring patient safety. The initial walking training is carried out for the patient in the unbalanced parallel bars to correct the varus and droop of the patient's foot. In the process of rehabilitation training, it is necessary to guide the patient's wrong posture and walking posture. In the process of walking training, the nursing staff should apply the traction belt to ensure the safety of the patient.OBSERVATION INDEX

The recovery time of the two groups was compared. Observe and compare the rehabilitation effect of the two groups, the recovery of the limb function of the patients, can carry out normal activities, do not affect life at all, as excellent. Partial recovery of patients' limb function requires walking with crutches, and their life can be basically self-care, which is regarded as good. The patient's condition has not been improved, and life needs other people's help, which is regarded as poor. The excellent rate of rehabilitation was compared between the two groups.

2.3 Statistical Method

SPSS19.0 statistical software package was used for treatment. The t test was used for comparison between the groups. The measurement data were expressed as mean ± standard deviation ($\bar{x} \pm s$). $P < 0.05$ was considered statistically significant.

3. Results

3.1 Comparison of Recovery Time of Body Function between Two Groups of Patients

The healing time of the patients in the observation group was compared with that in the control group. The recovery time of limb function in the observation group was 4.1-6.5 months, with an

average of (4.9 ± 0.8) months. The healing time in the control group was 4.6-7.9 months, with an average of (5.5 ± 1.6) months. The difference was significant (P < 0.05). See Table 1 for details.

Table 1 Comparison of Different Rehabilitation Time between the Two Groups of Patients

Group	Number of cases	Sequela of cerebral hemorrhage	Cerebral infarction	Trauma	Average recovery time
Observation group	90	5.2±1.6	4.2±1.3	3.1±0.6	4.9±0.8
Control group	90	5.8±1.8	5.5±1.7	3.2±1.0	5.5±1.6

Note: compared with the control group, P < 0.05.

3.2 Comparison of Rehabilitation Evaluation Results

The excellent and good rate was 92.2% (83 / 90) in the observation group and 86.7% (78 / 90) in the control group. The excellent rate of the observation group was better than that of the control group, the difference was statistically significant (P < 0.05). See Table 2 for details.

Table 2 Comparison of Rehabilitation Evaluation Results between the Two Groups

Group	Number of cases	Excellent	Good	Medium	Poor	Excellent and good rate (%)
Observation group	90	28	38	17	7	92.2
Control group	90	22	33	23	12	86.7

Note: compared with the control group, P < 0.05.

3.3 Comparison of Living Ability between Two Groups

The living ability of the two groups was lower than that before rehabilitation, and the difference was statistically significant (P < 0.05), while the ADL of the observation group was lower than that of the control group (P < 0.05). See Table 3 for details.

Table 3 Comparison of Living Ability Indexes between the Two Groups

Group	Number of cases	Before rehabilitation care	After rehabilitation care
Observation group	90	24.2±3.1	18.7±1.8
Control group	90	27.3±2.9	22.5±1.9

Note: compared with the control group, P < 0.05.

4. Discussion

Limb dysfunction seriously affects the quality of life of patients, causing great burden to family and society. Limb dysfunction is a common symptom, which occurs after cerebral hemorrhage, trauma, cerebral infarction and other diseases. It is manifested by thinking unable to control limb movements, such as limb sensation but lack of dominant consciousness after stroke. Limb dysfunction has a very serious impact on the quality of life of patients, and has caused a serious burden for patients' families and society. Therefore, the implementation of early rehabilitation treatment and nursing intervention for patients plays an important role in improving the quality of care and life of patients. The purpose of this study is to improve the prognosis of patients with limb dysfunction caused by related diseases or trauma. Early rehabilitation training and nursing can promote the reestablishment of the nervous system of the affected limb, realize the re integration of the central nerve, neuromuscular function and neural network, thus effectively improve the recovery effect of the limb function of the affected side, reduce the disability rate and improve the quality of life. Through the rehabilitation nursing training for the patients, the nervous system of the affected limb can be re established, the central nerve, neural network and neuromuscular function can be re integrated, so as to improve the functional recovery of the affected limb, reduce the rate of limb disability, and improve the quality of life.

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