TECHIRGHIOL

Anul IV, Ediție specială - august 2021

Conferința Aniversară
eveniment hibrid

ABORDAREA MULTIDISCIPLINARĂ ÎN RECUPERAREA PACIENTULUI CU DEFICIT SENZORIO-NEURO-MIO-ARTRO-KINETIC

Abstracts Book

REVISTĂ DE BALNEOLOGIE EDITATĂ DE
SANATORIUL BALNEAR ȘI DE RECUPERARE TECHIRGHIOL.
CENTRUL DE CERCETARE ȘTIINȚIFICĂ

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TECHIRGHIOL

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SANATORIUL BALNEAR ȘI DE RECUPERARE TECHIRGHIOL
împreună cu

UNIVERSITATEA "OVIDIUS" DIN CONSTANȚA
organizează

în perioada **12-15 August 2021**, la Techirghiol

Conferința Aniversară – eveniment hibrid
Abordarea multidisciplinară în recuperarea pacientului cu deficit senzorio-neuro-mio-artro-kinetic

Cu prilejul aniversării
a 122 ani de balneologie în Techirghiol

Cu participarea: University School of Osteopathy – University of Murcia, Hands With Heart Foundation, The Wellbeing Planet Foundation, UMF Carol Davila București, Autoritatea Națională de Management al Calității în Sănătate (ANMCS), Asociația Română de Balneologie (ARB), Societatea Română de Medicină Fizică De Recuperare Și Balneologie (SRMFRB), Societatea Română de Patologie, Terapie și Recuperare Vertebro-Medulare (RoSCoS), Societatea Română de NeuroReabilitare (RoSNeRa), International Society of Medical Hydrology and Climatology (ISMH), World Federation of Hydrotherapy and Climatotherapy (FEMTEC), Balkan Environmental Association (B.EN.A).

Conferința se va desfășura in variantă hibridă, online pe platforma digitală a evenimentului sau prin participare fizică la sediul Sanatoriului Balnear și de Recuperare Techirghiol.

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THE BALNEAL AND REHABILITATION SANATORIUM TECHIRGHIOL
together with

OVIDIUS UNIVERSITY OF CONSTANȚA
organize

between **12 and 15 August 2021**, at Techirghiol,

Anniversary Conference - hybrid event
Multidisciplinary approach in patient recovery with sensory-neuro-myo-arthro-kinetic deficit

To celebrate the anniversary
of 122 years of balneology in Techirghiol

With the participation: University School of Osteopathy – University of Murcia, Hands With Heart Foundation, The Wellbeing Planet Foundation, University of Medicine and Pharmacy "Carol Davila" Bucharest, National Authority of Quality Management in Health (ANMCS), Romanian Association of Balneology (ARB), The Romanian Society of Physical and Rehabilitation Medicine & Balneoclimatology (SRMFRB), Romanian Spinal Cord Society (RosCoS), The Romanian Society of NeuroRehabilitation (RoSNeRa), International Society of Medical Hydrology and Climatology (ISMH), World Federation of Hydrotherapy and Climatotherapy (FEMTEC), Balkan Environmental Association (B.EN.A).

The conference will take place in a hybrid version, online on the digital platform of the event or by physical participation at the headquarters of the Balneal and Rehabilitation Sanatorium Techirghiol.

HONORARY PRESIDENTS
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Techirghiol

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PROGRAM PRELIMINAR

CONFERINȚĂ NAȚIONALĂ
CU PARTICIPARE INTERNAȚIONALĂ

12-15 august 2021

TECHIRGHIOL – 122 DE ANI DE BALNEOLOGIE ROMÂNEASCĂ

ABORDAREA MULTIDISCIPLINARĂ ÎN RECUPERAREA PACIENTULUI CU DEFICIT SENZORIO-NEURO-MIO-ARTRO-KINETIC

JOI 12 august 2021– CURSURI preconferință

9:00 - 11:00 Curs – Terapia farmacologică a durerii în medicina recuperatorie

– Conf. Univ. Dr. Elena-Valentina Ionescu

11:00 - 11:15 *Pauză*

11:15 - 13:15 Curs – Date sintetice actuale privind principalele evaluări și abordări în recuperarea medicală a meningioamelor spinale – lector invitat curs teoretic / mini-curs practic

– Prof. Univ. Dr. Gelu Onose, Șef Lucrări Dr. Cristina Daia

13:15 - 14:30 *Pauză de prânz*

14:30 - 16:30 Curs–Recuperarea postraumatică – Actualități. Tratamentul de recuperare – verigă terapeutică importantă în managementul patologiei endocrino-metabolice

– Șef Lucrări Dr. Elena-Liliana Stanciu

16:30 - 17:00 *Pauză de prânz*

17:00 Deschiderea oficială a lucrărilor conferinței (live on-site în limba română)

– Manager Elena-Roxana Țucmeanu

19:00 *Cocktail*

VINERI 13 august 2021

Sesiunea I:

9:00 - 11:00 Moderatori: Sibel Demirgian, Viorica Marin

Comunicări orale/rapoarte:

1. Sanatoriul Balnear și de Recuperare Techirghiol – o pagină de succes în balneologia Românească în ultimii 100 de ani – Elena-Roxana Țucmeanu, Traian-Virgiliu Surdu, Sibel Demirgian, Viorica Marin, Monica Surdu, Olga Surdu – 30 min
2. Evaluarea factorilor de risc în patologia posturală – Iulia-Maria Belc – 30 min
3. Evaluarea funcției vestibulare în anomalii de dezvoltare ale coloanei vertebrale – Liliana Vlădăreanu – 30 min
4. Eficiența câmpului electromagnetic de frecvență joasă cu unde sinusoidale în ameliorarea neurologică și recuperarea capacității motorii la copiii cu tulburări hiperkinetice și deficit de atenție – Alessandro Urbani – 30 min

11:00 - 11:10 *Pauză*

11:10 - 11:40 Simpozion Zentiva – Cetilar, formula inovatoare care ameliorează durerea și rigiditatea articulară

VINERI 13 august 2021

Sesiunea II:

11:40 - 13:40 Moderatori:
Doinița Oprea,
Iulia Maria Belc

Comunicări plenare:

1. Sindromul posttraumatic vizual datorat traumatismelor capului – Pilar Vergara Gimenez – 60 min

2. Plasticitatea cerebrală și neurodezvoltarea – Maria J. Lopez Jues – 60 min

13:40 - 14:20 Simpozion Secom – Compuși de elecție în afecțiuni traumatice și degenerative

– Conf. Univ. Dr. Elena-Valentina Ionescu

14:20 - 15:30 *Pauză de prânz*

Sesiunea III:

15:30 - 17:00 Moderatori:
Corin Badiu,
Liliana-Elena Stanciu

Comunicări orale/rapoarte:

1. Rolul osteopatiei în cadrul spitalicesc – Jose Antonio Soler Rodenas – 30 min

2. Tratamentul osteopatic general la un copil cu dizabilități – Jorge Aranda Beltran – 30 min

3. Abordarea osteopatică a patologiei pediatrice ambulatorii frecvente – Inge Schuermans – 30 min

17:00 -17:30 Simpozion BTL – Fizioterapia post-COVID-19 – Conf. Univ. Dr. Elena-Valentina Ionescu

18:30 *Cină*

SÂMBĂTĂ 14 august 2021

Sesiunea IV:

9:00 - 11:00 Moderatori:
Constantin Munteanu,
Mihaela Minea

Comunicări orale/rapoarte:

1. Poate terapia de imersie în mediu natural (Forest Therapy) să contribuie la starea de bine și sănătatea mentală a pacienților cu neurodiversitate? – Koncha Pinos Pey – 60 min

2. Terapia fizicală prin realitate virtuală (NIRVANA) - Ana-Maria Ifrim – 30 min

3. Hidrogenul sulfurat (H2S) - origine, proprietăți fizice, chimice și biochimice, ponderea resurselor SPA, relevanță medicală și fundamentarea științifică a mecanismelor terapeutice – Constantin Munteanu, Diana Munteanu, Gelu Onose – 30 min

11:00 - 11:30 *Pauză de cafea*

Sesiunea V:

11:30 - 13:40 Moderatori:
Gelu Onose,
Sorin Chiriac

Comunicări orale/rapoarte:

1. Abordarea osteopatică a pacienților post-Covid. Cercetări în curs și stadiul cunoașterii – Jory Pauwels – 30 min

2. Recuperarea sechelelor corticoterapiei post-Covid – Ruxandra Badiu, Corin Badiu, Adriana Sarah Nica – 20 min

3. Premise conceptuale metodologice și organizarea pregătirii administrative pentru realizarea standardelor internaționale / ghid de bune practici pentru patologia post-combustie, arsuri și arsuri severe – Gelu Onose, Mihai Băila, Ana Cristea, Cristina Daia, Andreea Ioniță, Mădălina Mocanu, Cristina Popescu, Ruxandra Postoiu, Aura Spînu – 20 min

4. Reabilitare post-Covid în Sanatoriul Balnear și de Recuperare Techirghiol - aspecte practice – Carmen Oprea, Elena-Valentina Ionescu, Mădălina-Gabriela Iliescu – 20 min

5. Particularitățile unui diagnostic complex și a unei abordări terapeutice de reabilitare în miopatie - Cristina Daia, Gelu Onose, Cristina Popescu – 20 min

6. Caracteristici clinice și de reabilitare la un pacient geriatric cu implicații osteoarticulare, metabolice și neurovasculare – Simona Isabella Stoica, Carmen Chiparuș, Magdalena Lapadat, Ruxandra Luciana Postoiu, Mădălina Mocanu, Gelu Onose – 20 min

13:40 - 14:00 Simpozion Biofarm - Asocierea Ibuprofen 400 mg/Paracetamol 325 mg în tratamentul durerii moderate și severe

– Dr. Mihaela Minea

14:00 - 15:00 *Pauză de prânz*

Sesiunea VI:

15:00 - 16:30 Moderatori:
Iulia Maria Belc,
Adela Lulea

1. Neurodiversitate, handicap și bunăstare dintr-o perspectivă multidisciplinară – Koncha Pinos Pey – 50 min

2. Programul „Erasmus Mundus" aduce universitățile împreună –Jorge Aranda Beltran – 20 min

3. Elemente de presopunctură pentru durerea nociceptivă – Doroteea Teoibaș-Șerban, Mariana Balaurea, Liviu Iordache, Dan Blendea – 20 min

16:30 - 16:50 Simpozion SunWave Pharma – Eficiența extractelor naturale în tratamentul afecțiunilor musculo-scheletale

– As. Univ. Dr. Doinița Oprea

18:00 *Gala Dinner*

DUMINICA 15 august 2021

Sesiunea VII:

9:00 - 12:00 Moderatori:
Iulia-Maria Belc,
Liliana Vlădăreanu

1. Utilizarea reflexului oculo-vestibular în antrenamentul proprioceptiv al scoliozei – Liliana Vlădăreanu – 30 min

2. Manipulările: informații avansate – Jory Pauwels – 30 min

3. Ipoteze privind locusul de control și motivația în reabilitarea copiilor cu paralizie cerebrală – Georgiana Dovlețiu – 30 min

4. Îngrijirea osteopatică în terapia intensivă pediatrică - Practică bazată pe dovezi – Alessandro Accorsi – 30 min

5. Abordarea sindromului de fragilitate al vârstnicului cu ajutorul tehnologiei de ultimă generație – Proiectul Smart Bear – Amalia Vancea, Luiza Spiru, Mircea Dan Mârzan – 30 min

6. Fundația HANDS WITH HEART; ajutorare, împărtășire & învățare – Jorje Aranda Beltran - 30 min

Sesiunea VII:

12:00 - 14:00 Moderatori:
Jorge Aranda Beltran,
Koncha Pinos Pey

Workshop – demonstrații practice reprezentanți Universitatea Murcia – Spania/ Secția de Recuperare Neuro-psiho-motorie copii din cadrul Sanatoriului Balnear și de Recuperare Techirghiol – 2 ore

PRELIMINARY PROGRAME

NATIONAL CONFERENCE WITH INTERNATIONAL ATENDANCE

12-15th of August 2021

TECHIRGHIOL – 122 YEARS OF ROMANIAN BALNEOLOGY

MULTIDISCIPLINARY APPROACH IN REHABILITATION OF THE PATIENT WITH SENSORIUM-NEURO-MYO-ARTHRO-KINETIC DEFICITS

THURSDAY the 12th August 2021

9:00 - 11:00 Course – Pharmacological Pain Therapy in Rehabilitation Medicine

Associate Professor Dr. Elena-Valentina Ionescu

11:00 - 11:15 *Break*

11:15 - 13:15 Course - Current synthetic data regarding main assessment and rehabilitative approaches in spine/ cord meningiomas – invited lecture -conference/ mini-training course

Professor Dr. Gelu Onose, Assistant Professor Dr. Cristina Daia

13:15 - 14:30 *Lunch Break*

14:30 - 16:30 Course – Posttraumatic Rehabilitation – in the News. Rehabilitation Treatment – Important Therapeutic Link for the Management of Metabolicall – Endocrine Pathology

Assistant Professor Dr. Elena-Liliana Stanciu

16:30 - 17:00 *Break*

17:00 Official Conference Opening Ceremony (live on-site, Romanian language)

– Manager Elena-Roxana Țucmeanu

19:00 *Cocktail*

FRIDAY the 13th of August 2021

Session I:

9:00 - 11:00 Chairmen: Sibel Demirgian, Viorica Marin

Oral communication/reports:

1. Techirghiol Balneal and Rehabilitation Sanatorium – a Successful Page of Romanian Balneology in the Last 100 years – Elena-Roxana Țucmeanu, Traian-Virgiliu Surdu, Sibel Demirgian, Viorica Marin, Monica Surdu, Olga Surdu – 30 min
2. Risk Factor Evaluation in Posture Disorders – Iulia-Maria Belc – 30 min
3. Vestibular Evaluation in Developmental Disorders of the Spine – Liliana Vlădăreanu – 30 min
4. The Efficiency of Low Frequency Electromagnetic Fields with Sinusoidal Wave in Neurological and Motor Rebalancing of Attention Deficit and Hyperactivity in Children – Alessandro Urbani – 30 min

11:00 - 11:10 *Coffee Break*

11:10 - 11:40 Zentiva Symposium – Cetilar, Innovating Formula for Diminishing Pain and Joint Stiffness

– Assistant Professor Dr. Liliana-Elena Stanciu

SATURDAY 14th of August 2021

Session II:

11:40 - 13:40 Chairmen: Doinița Oprea, Iulia Maria Belc

Oral communication/reports:

1. Posttraumatic Vision Syndrome Due to Head Injury – Pilar Vergara Gimenez – 60 min
2. Brain Plasticity and Neurodevelopment – Maria J. Lopez Jues – 60 min

13:40 - 14:20 Secom Symposium – Elective Compounds in Traumatic and Degenerative Pathology

– Associate Professor Dr. Elena-Valentina Ionescu

14:20 - 15:30 *Lunch Break*

Session III:

15:30 - 17:00 Chairmen: Corin Badiu, Liliana-Elena Stanciu

15:00 – 17:00 Oral communication/reports:

1. The Role of Osteopathy in the Hospital Frame – Jose Antonio Soler Rodenas – 30 min
2. General Osteopathic treatment of a Child with Disability – Jorge Aranda Beltran – 30 min
3. Osteopathic Approach to Common Ambulant Paediatric Problems – Inge Schuermans – 30 min

18:30 *Break*

Sesiunea IV:

9:00 - 11:00 Chairmen: Constantin Munteanu, Mihaela Minea

Oral communication/reports:

1. Can Forest Therapy Contribute to Mental Health and Wellbeing in Neurodiversity Patients? – Koncha Pinos Pey– 60 min
2. Virtual Reality Physical Therapy (NIRVANA) - Ana-Maria Ifrim – 30 min
3. Hydrogen Sulphide (H2S) – Origin, Physical, Chemical, and Biochemical Properties, Share of Spa Resources, Medical Relevance, and Scientific Substantiation of Therapeutic Mechanisms – Constantin Munteanu, Diana Munteanu, Gelu Onose – 30 min

11:00 - 11:30 *Coffee Break*

Sesiunea V:

11:30 - 13:40 Chairmen Gelu Onose, Sorin Chiriac

Oral communication/reports:

1. Osteopathic Approach to Post Covid Patients. Ongoing Research and State of Art – Jory Pauwels – 30 min
2. Recovery of the Sequelae of Post-Covid Corticosteroid Therapy – Ruxandra Badiu, Corin Badiu, Adriana Sarah Nica – 20 min
3. Methodological Conceptual Premises and Administrative-organizational Preparations for the Achievement of International Standards/Guide of Good Practice for Post-Combustible Pathology, Burns and Severe Burns – Gelu Onose, Mihai Băila, Ana Cristea, Cristina Daia, Andreea Ioniță, Mădălina Mocanu, Cristina Popescu, Ruxandra Postoiu, Aura Spînu – 30 min
4. Post Covid Rehabilitation in Techirghiol Balneal and Rehabilitation Sanatorium – Practical Aspects – Carmen Oprea, Elena-Valentina Ionescu, Mădălina-Gabriela Iliescu – 20 min

5. Particularities of a Complex Diagnosis and Therapeutic Rehabilitative Approach in a Case of a Putative Myopathy - Cristina Daia, Gelu Onose, Cristina Popescu – 20 min

6. Clinical-Rehabilitative Features in a Geriatric Patient with Osteoarticular, Metabolic and Neurovascular Implications – Simona Isabella Stoica, Carmen Chiparuș, Magdalena Lapadat, Ruxandra Luciana Postoiu, Mădălina Mocanu, Gelu Onose – 20 min

13:40 - 14:00 Biofarm Symposium - Ibuprofen 400 mg/Paracetamol 325 mg Association in the Treatment of Moderate and Severe Pain

– Dr. Mihaela Minea

14:00 - 15:00 *Lunch Break*

Session VI

15:00 - 16:30 Chairmen:
Iulia Maria Belc,
Adela Lulea

1. Disability – Kindness Care – Concha Pinos Pey– 50 min

2. Accupresure Elements in Treatment of Nociceptive Pain – Doroteea Teoibaș Șerban, Mariana Balaurea, Liviu Iordache, Dan Blendea -20 min

3. Erasmus Mundus; Bringing Universities Together – Jorge Aranda Beltran– 20 min

16:30 - 16:50 SunWave Pharma Symposium – Natural Extracts Efficiency in the Treatment of Musculo-skeletal Pathology

Assistant Professor. Dr. Doinița Oprea

18:00 *Gala Dinner*

SUNDAY the 15th of August 2021

Session VII:

9:00 - 12:00 Chairmen:
Iulia-Maria Belc,
Liliana Vlădăreanu

1. Use of Oculo-vestibular Reflex in Proprioceptive Training for Scoliosis – Liliana Vlădăreanu – 30 min

2. Manipulations: Advanced Insights – Jory Pauwels – 30 min

3. Hypotheses Regarding Locus of Control and Motivation in Rehabilitation of Children with Cerebral Palsy – Georgiana Dovleții – 30 min

4. Osteopathic Care at Paediatric ICU – Evidence Based Practice – Alessandro Accorsi – 30 min

5. Evidence-based Personalized Support for Healthy and Independent Living at Home –"Smart Bear" Big Data Platform - Amalia Vancea, Luiza Spiru, Mircea Dan Marzan – 30 min

6. Hands With Hearts Foundation; Help, Share & Learn – Jorje Aranda Beltran – 30 min

Session VII:

12:00 - 14:00 Chairmen:
Jorge Aranda Beltran,
Koncha Pinos Pey

Work-shop – practical demonstration from the joint representatives of Murcia University – Spain/ Children's Rehabilitation Ward of Techirghiol Rehabilitation and Balneal Sanatorium - 2 hours

RECOMANDĂRI PRIVIND ORGANIZAREA UNUI EVENIMENT ȘTIINȚIFIC ÎN SANATORIUL BALNEAR ȘI DE RECUPERARE TECHIRGHIOL

HOTĂRÂREA nr. 44 din 07.07.2021 privind propunerea prelungirii stării de alertă și a măsurilor necesar a fi aplicate pe durata acesteia pentru prevenirea și combaterea efectelor pandemiei de COVID-19:

-prelungește starea de alertă pe întreg teritoriul național, pentru o perioadă de 30 de zile, începând cu data de 12.07.2021;

-propune menținerea organizării de conferințe cu un număr de maximum 150 de persoane în interior cu asigurarea unei suprafețe de 2 mp pentru fiecare persoană, cu purtarea măștii de protecție și cu respectarea normelor de sănătate publică stabilite în ordinul ministrului sănătății, dacă incidența cumulată la 14 zile în județ/localitate este mai mică sau egală cu 3/1.000 de locuitori; se permite un număr de participanți mai mare de 150 de persoane în interior cu asigurarea unei suprafețe de 2 mp pentru fiecare persoană, dacă toate persoanele sunt vaccinate împotriva virusului SARS-CoV-2 pentru care au trecut 10 zile de la finalizarea schemei complete de vaccinare.

Factori de risc de luat în considerare și măsurile specifice de reducere a riscului

•Expunerea în timpul călătoriei — aeroporturi, avioane, stații de autobuz, autobuze, gări, trenuri, transport public, benzinării și stații de odihnă, locuri în care distanțarea fizică poate fi dificilă și ventilația poate fi slabă – se va cere participanților să mențină o distanță de siguranță de minim 2 m de alte persoane și să evite aglomerările în oricare din aceste locuri.

•Eveniment organizat la interior – se va asigura o ventilare foarte intensă a spațiului, atât artificială, calculată la 12-15 schimburi de aer pe oră, cât și naturală, cu ferestre deschise în permanență, cu masa servită la exterior cel puțin pentru persoanele din categorii la risc crescut (mai în vârstă și/sau cu boli cronice).

•Durata evenimentului – va fi scurtată la maxim 3 zile cu maximum de 6 h pe zi prezență fizică în săli de conferință, compensate cu materiale online.

•Numărul și aglomerarea de persoane la eveniment – nu vor fi admiși mai mult de 150 participanți prezenți fizic în total; prezentări organizate în săli diferite cu participare la alegere, sub 70% din capacitatea sălii, cu scaunele așezate astfel încât să se asigure 2-4 mp de persoană.

•Comportamentul participanților în timpul evenimentului – nu se vor admite îmbrățișări, strângeri de mână și alte interacțiuni sub 2 m distanță; toate persoanele vor purta măști de unică utilizare, care vor fi oferite la intrarea în sală și dezbrăcate spre a fi înlocuite la schimbarea sălii de conferință; clanțele ușilor vor fi acoperite cu manșoane Nanoseptic, care asigură un proces continuu de oxidare a contaminanților organici și cu ajutorul luminii și prin nanocristalele minerale, creează o reacție de oxidare mai puternică decât cea creată prin utilizarea clorului și funcționează 24/7, procesul de oxidare al contaminanților organici fiind unul continuu.

Strategia generală de reducere a riscului

Promovarea comportamentelor sănătoase care reduc răspândirea

•Personalul și participanții vor rămâne acasă, dacă au simptome de orice fel, sau dacă au avut un contact strâns cu o persoană simptomatică.

•Taxa de participare va fi rambursată pentru participanții la eveniment care prezintă simptomatologie și se retrag de la începutul evenimentului.

•Se va efectua triajul epidemiologic al participanților și personalului zilnic - screening-ul temperaturii cu termometru non-contact și screening-ul simptomelor. Pentru cei cu temperatură mai mare de 37.5 și/sau simptome de orice fel nu se va admite participarea la eveniment și se va efectua un test rapid COVID-19.

•Pe holurile de circulație vor fi montate dozatoare de antiseptic cu solutii hidroalcoolice pentru igienizarea mâinilor prin frecare.

•La grupurile sanitare se vor monta dozatoare de săpun, dozatoare de prosop de hârtie și dozatoare de antiseptic.

Distanțare fizică

•Organizarea evenimentului va ține cont de capacitatea spațiului, astfel ca participanții să rămână la distanță de 2 m = 6 picioare = 2 lungimi ale brațelor.

•Li se va aminti participanților la sosire să stea la cel puțin 2 metri distanță de persoanele care nu locuiesc cu ei.

•Participanții și personalul vor fi informati să nu îi întâmpine pe alții cu contact fizic (strângeri de mână, îmbrățișări). Acest memento va fi inclus în vecinătatea semnelor de distanțare fizică.

•Va fi descurajată adunarea persoanelor în

grupuri și va fi recomandată petrecerea pauzelor la exterior cu interacționarea cu persoanele din acelasi grup și plimbări în aer liber de relaxare.

Utilizarea măștilor

•Personalul și participanții vor trebui să poarte măști , aplicate complet peste nas și gură, pe toată durata evenimentului. Pentru intrarea în sălile de conferință, măștile vor fi asigurate de organizator, dezbrăcate și schimbate cu alta nouă la intrarea într-o nouă sală (dezbrăcată, aruncată în colector de deșeuri asimilabile celor menajere cu sac și frecate mâinile cu antiseptic înainte de montarea celei noi). În afara sălilor de conferință participanții trebuie să aducă și să folosească măști din surse proprii.

•Personalul va oferi consultanță participanților pentru a asigura utilizarea și colectarea corectă a măștilor.

•Următoarele categorii de persoane sunt scutite de obligația de a purta o mască:

- persoană cu handicap, care nu poate purta o mască sau nu poate purta în siguranță o mască, din motive legate de handicap;
- persoană pentru care purtarea unei măști ar crea un risc pentru sănătate;
- lectorul pe durata sustinerii prezentării, fără interacțiune directă cu publicul.

Igiena mâinilor și eticheta respiratorie

•Li se va solicita personalului și participanților să se spele pe mâini frecvent cu apă și săpun sau să se frece cu antiseptic, timp de cel puțin 20 de secunde și se vor lipi instrucțiuni de spălare/frecare pe dozatoarele de săpun/antiseptic sau afisa alăturat.

•Dacă apa și săpunul nu sunt disponibile, personalul și participanții pot folosi dezinfectant pentru mâini, care conține cel puțin 60% alcool și își vor freca mâinile până când se usucă.

•Participantii vor fi descurajati să strige, mai ales în interior. Nivelurile de muzică vor fi mentinute scăzute, astfel încât oamenii să nu trebuiască să strige sau să vorbească tare pentru a fi auziți.

Aprovizionare adecvată

•Se va asigura necesarul de săpun, dezinfectant pentru mâini care conține cel puțin 60% alcool, prosoape de hârtie, șervețele, șervețele dezinfectante, măști și coșuri de gunoi fără atingere (cu pedală și sac sau din plastic cu sac, care să asigure o colectare facilă și o curățare/dezinfectare eficientă), agenți de curățare și dezinfectanți pentru suprafețe, dezinfectanți pentru aer, în cantitate suficientă pentru întreaga durată de desfășurare a evenimentului.

Semne și mesaje

•Se vor posta pictograme care promovează măsuri de protecție în locații foarte vizibile:

pictograma poartă o mască va fi montată la intrarea în clădire și în fiecare sală de conferință și pe culoarele de tranzit:

pictograma spală mâinile va fi montată în cameră, la grupurile sanitare și sala de mese.

pictograme de distanțare socială, nu febrili, nu tusitori, nu rinoree, nu strângere de mână, nu îmbrățișări, se vor afișa în locurile unde se consumă pauzele.

•Măsurile privind reducerea răspândirii COVID-19 implementate la eveniment se vor trimite participanților prin e-mail și se vor difuza periodic pe TV intern.

•Se vor posta pe TV intern videoclipuri despre comportamente care împiedică răspândirea COVID-19.

•Măsurile preventive vor fi promovate pe site-ul web al evenimentului și prin intermediul conturilor de socializare ale evenimentului. Ca sursă de informare se va utiliza https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

•Afisele de promovare a comportamentelor preventive vor fi traduse în una sau mai multe limbi de circulație internațională.

Menținerea unui mediu sănătos

•Curățarea și dezinfecția încăperilor va fi făcută cel puțin o dată pe zi și ori de câte ori este nevoie suplimentar în timpul zilei.

•Pentru dezinfecție se vor utiliza dezinfectanti

activi pe virusuri încapsulate cu timp cât mai scurt de acțiune și de dorit RTU.

•Curățarea și dezinfecția se va efectua respectând strict procedurile interne.

•Se va asigura necesarul de dezinfectanți și consumabile pe întreaga durată a desfășurării evenimentului: săpun pentru spălarea mâinilor, dezinfectanți pentru mâini cu cel puțin 60% alcool, hârtie prosop pentru uscarea mâinilor, dezinfectanți pentru suprafețe și aer, saci menajeri pentru colectoarele de gunoi etc.

•La fiecare sfârșit de program se va dezinfecta aerul din sălile de conferință, holurile de tranzit și grupurile sanitare.

•O dată pe zi se va dezinfecta aerul din spatiile de cazare.

•Toalete

- •Se va desemna un numar suficient de toalete comune în funcție de numărul de participanți pentru a evita așteptarea la coadă.
- •Personalul de curățenie va verifica ritmic, de cel putin trei ori pe tură, dacă toaletele sunt funcționale.
- •Toaletele vor fi curățate și dezinfectate în mod regulat, de cel puțin trei ori pe zi, în special suprafețele cu atingere ridicată, cum ar fi baterii, WC, clanțe, blaturi, întrerupătoare de lumină.
- •Pentru dezinfecția toaletelor se vor utiliza numai dezinfectanti de nivel înalt, cu timp scurt de actiune, active pe virusuri anvelopate, de dorit RTU.

•Ventilare

- •Înainte de eveniment se vor verifica toate sistemele de ventilație și vor fi reglate pentru a asigura 12-15 schimburi de aer pe oră. Se va utiliza la maxim ventilația naturală deschizând ferestrele și ușile.
- •Nu se vor utiliza echipamente portabile de ventilație, pentru a reduce răspândirea potențială a oricărui agent patogen.
- •Participantii vor fi invitati să petreacă cât mai mult timp în aer liber.

•Sisteme de apă

- •Apa potabilă va fi furnizată îmbuteliată la masă și participanții vor fi incurajați să-și aducă propria lor apă îmbuteliată în cameră.
- •Pentru igienă se va asigura apă caldă și rece în regim continuu și se va verifica calitatea apei chimic și bacteriologic, înainte de programarea evenimentului.

•Aspecte particulare

- •Se vor promova activitățile în aer liber.
- •Se vor oferi opțiuni de prezență online, în plus față de prezența personală, pentru a ajuta la reducerea numărului de participanți în persoană.
- •Se vor folosi organizat toate intrările și ieșirile și vor fi descurajate aglomerările.
- •Se vor redistribui scaunele, astfel încât oamenii să poată rămâne la cel puțin 2 metri distanță.
- •Se vor caza în cameră maxim 2 persoane.

Bariere fizice și ghiduri

•Se vor monta ghidaje fizice, cu bandă adezivă pe podele și indicatoare pe pereți, pentru a asigura distanțarea socială și respectarea circuitelor.

•Se vor stabili planuri de circulație cu flux unidirectional pentru a reduce blocajele și pentru a asigura capacitatea de a menține distanța fizică la eveniment.

•Se vor utiliza mai multe intrări și iesiri, dar cu o singură direcție, cu semnalizare corespunzătoare și se vor descuraja aglomerările de orice fel.

•Pentru a indica direcția adecvată a mișcării participantilor, se vor utiliza atât săgeți desenate pe pardoseală, cât și indicatoare montate pe pereti.

•Se vor instala bariere fizice, cum ar fi protecții pentru strănut și pereți despărțitori, în zone în care este dificil pentru oameni să rămână la cel puțin 2 metri distanță (ex birou de informatii) sau bandă separatoare pentru sensuri diferite de circulație acolo unde fluxul nu poate fi dirijat prin alt culoar de circulație.

Spațiile comune

•Sălile de mese vor fi utilizate eșalonat, pe serii, astfel încât să se asigure distanța de 2 metri între 2 persoane și, atunci când este posibil, se va utiliza terasa, care oferă un spatiu deschis. Spatiile de luat masa vor fi dezinfectate riguros între mese, conform procedurilor proprii.

•Zonele de recreere vor fi stabilite la exterior.

Servicii alimentare

•Se vor utiliza toate sălile de mese, inclusiv terasa și se vor așeza scaunele în așa fel încât consumatorii să rămână la cel puțin 2 m distanță unul de altul, prin îndepărtarea meselor / scaunelor / marcarea meselor / scaunelor / scaunelor care nu sunt utilizate.

•Se va limita capacitatea locurilor pe sală la maxim 70% din cea autorizată.

•La sălile de mese închise se vor deschide toate geamurile pentru un schimb de aer eficient.

•Participanții vor primi un loc desemnat la masă, numerotat. Se vor monta indicatoare cu traseul de urmat pentru fiecare grup de numere și va fi personal desemnat pentru orientarea persoanelor către mese, astfel încât să se evite aglomerarea și cozile.

•Se va respecta orarul meselor pentru a nu crea cozi de asteptare.

•Se vor marca traseele cu bandă pe podele

și indicatoare și se va crea un flux unidirectional (intrarea pe o usa și iesirea pe alta).

•Sălile de mese vor fi curățate și dezinfectate riguros între mese.

•Pentru persoanele cu risc mai mare de îmbolnăvire se va asigura loc pe terasă, pentru o mai bună ventilare a spatiului.

Obiecte partajate

•Participanții vor fi descurajați să împartă articole care sunt greu de curățat, igienizat sau dezinfectat.

•Se va limita, de asemenea, orice schimb de alimente, instrumente, echipamente sau consumabile de către membrii personalului.

•Se va asigura aprovizionarea adecvată pentru a minimiza partajarea materialelor de înaltă atingere în măsura posibilului sau, în caz contrar, se va limita utilizarea acestora la un grup de membri ai personalului sau participanți sau vor fi riguros curățate și dezinfectate între utilizări.

•Microfonul va fi dezinfectat între doi vorbitori și nu va fi dat de la o persoană la alta în timpul expunerii pentru dialog.

Protecții pentru personalul evenimentului și participanții care prezintă un risc mai mare de boli severe de la COVID-19

•Se vor oferi opțiuni pentru personalul cu risc mai mare de boli severe (mai în vârstă și persoanele cu afecțiuni medicale subiacente) care limitează riscul de expunere: telelucrare , organizarea evenimentului, mai degrabă decât lucrul la biroul de înregistrare etc.

•Se vor înlocui întâlnirile în persoană cu apeluri video sau de teleconferință ori de câte ori este posibil.

•Se va oferi pentru participanții cu risc mai mare de boală severă optiunea de prezență virtuală, de a servi masa în cameră sau rezervarea de locuri pe terasa.

•Se vor oferi participanților informații despre nivelurile locale COVID-19, astfel încât să poată lua o decizie în cunoștință de cauză cu privire la participare și despre orice restricții de călătorie înainte de a călători la eveniment.

•Se va proteja confidențialitatea persoanelor cu risc mai mare de boli grave în ceea ce privește afecțiunile lor medicale de bază.

Ture limitate, eșalonate sau rotite și timpi de prezență

•Se va reduce semnificativ numărul de participanți admitând participarea online, desfasurarea lucrărilor se va face pe sectiuni, în grupuri care să nu depășească 70 persoane simultan în aceeași încăpere, și se va scurta durata prezentărilor.

•Personalul va lucra în ture limitate, în schimburi eșalonate astfel încât să scurteze durata expunerii și va fi instruit să păstreze distanța de 2 m față de alte persoane.

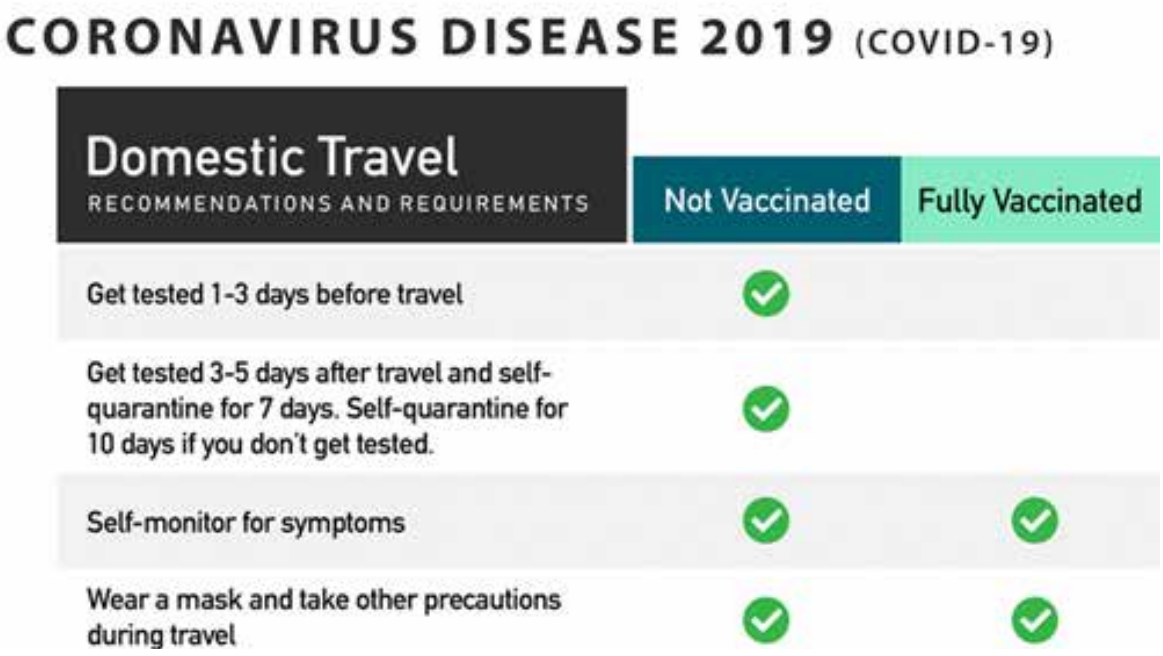
•Timpul de prezență nu va fi impus pentru a minimiza numărul de participanți la locul de desfășurare.

Călătorii și tranzit

•Se va impune tuturor participantilor care călătoresc pe calea aerului dintr-o țară străină să prezinte un rezultat negativ al testului COVID-19, efectuat cu maxim 3 zile anterior.

•Participanților care călătoresc dintr-o altă locație li se va cere să urmeze recomandarile CDC pentru călători:

•Se va încuraja utilizarea opțiunilor de transport care reduc la minimum contactul strâns cu alții (de exemplu, mersul pe jos sau cu bicicleta, conducerea



sau mersul cu mașina - singur sau numai cu cei din camera de cazare, purtarea măștii în transportul public).

•Se va permite personalului să își schimbe orele, astfel încât să poată face naveta în perioadele mai puțin aglomerate.

•Se va recomanda personalului și participanților să se spele pe mâini cu apă și săpun timp de cel puțin 20 de secunde, cât mai curând posibil după călătorie.

•Soferii implicati în organizare vor trebui să se spele des pe mâini, să poarte măști și să mențină distanța fizică față de călători, să curete și dezinfecteze vehiculul după fiecare transport.

•Se vor reconfigura parcările pentru a limita punctele de aglomerare.

•Participantii vor fi informați în timp util privind toate modificările legislative survenite în privința călătorilor.

Punct de contact COVID-19 desemnat

•Se va organiza un birou care să fie responsabil pentru răspunsul la toate preocupările legate de COVID-19. Toți angajații și participanții vor trebui să aibă informații despre locul unde se află acest birou și despre cum poate fi contactat telefonic.

•Personalul și participanții vor trebui să se auto-raporteze la acest birou dacă:

- •au simptome de COVID-19,
- •au test pozitiv pentru COVID-19,
- •au fost contacți cu cineva cu COVID-19 în ultimele 14 zile.

•Participanții vor fi informați cu privire la anulări și restricții în vigoare pentru a limita expunerea oamenilor la COVID-19 (de exemplu: ore limitate de funcționare sau ore extinse cu prezență limitată la un moment dat).

Plan de personal de rezervă

•Se va intocmi o listă de personal instruit de rezervă în caz de absenteism.

Pregatirea personalului

•Personalul va fi instruit cu privire la toate protocoalele de siguranță conform procedurilor proprii:

1. triaj clinic cu termometrizare la intrarea în tură și autodeclararea în caz de simptomatologie prezentă sau contact cu caz confirmat sau suspect;
2. screening prin test rapid sau PCR conform normativelor în vigoare;
3. recomandarea expresă de vaccinare;
4. carantină de 14 zile în caz de contact cu caz confirmat;
5. portul obligatoriu al măștii;
6. igienizarea repetată a mâinilor (spălat cu apă și săpun/frecare cu solutie hidro-alcoolică);
7. menținerea permanentă a distanțării la 2 m de celelalte persoane.

Recunoașterea semnelor și simptomelor - orice persoană cu simptomatologie respiratorie, digestivă sau stare generală alterată va fi testată rapid pentru Covid-19.

Susținerea capacității de rezistență - se va promova miscarea în aer liber cu timpi repetați pentru relaxare și somnul suficient.

În cazul în care cineva se îmbolnăvește se va proceda după cum urmează:

•personalul bolnav nu se mai prezintă la serviciu până când nu va indeplini criteriile pentru

a întrerupe izolarea la domiciliu;

•participanții cu simptome din judet trebuie să meargă acasă și să se adreseze medicului de familie sau să se adreseze la 112, în funcție de cât de severe sunt simptomele lor;

•participanții cu simptome din afara judetului vor fi izolati în izolator, testați rapid pentru Covid-19 și, în caz de test pozitiv, menținuți în izolator până la vindecare sau dacă este necesar transferați într-o unitate spitalicească cu nivel superior de competență;

•persoanele care au avut un contact strâns cu o persoană care are simptome trebuie izolate la domiciliu sau în camera proprie până la confirmarea/infirmarea sursei potentiale;;

•persoanele care au fost expuse la contactul cu un caz confirmat cu COVID-19 se vor carantina pe durata a 14 zile, la domiciliu sau în camera proprie.

•transportul bolnavului se va face numai cu ambulanța sau cu autoturismul propriu în cazul transportului la domiciliu; nu este admisă utilizarea transportului public;

•zonele tranzitate de o persoană bolnavă vor fi închise și nu se vor utiliza decât după curățare și dezinfectare tip terminal, conform procedurilor proprii;

•toate cazurile identificate vor fi anunțate la punctul de contact COVID-19 desemnat și la DSPJ Constanța;

•la punctul de contact COVID-19 desemnat se va păstra o listă de participanți cu date de contact ale acestora și locul cazării pentru a facilita stabilirea contactilor.

Medic primar epidemiolog,
Dr. Cocu Mihaela

RECOMMENDATIONS ON THE ORGANISATION OF A SCIENTIFIC EVENT IN THE TECHIRGHIOL BALNEAR AND REHABILITATION SANATORIUM

DECISION no. 44 of 07.07.2021 on the proposal to extend the state of alert and the measures to be applied during this state of alert to prevent and combat the effects of the COVID-19 pandemic:

- extends the state of alert throughout the national territory for a period of 30 days, starting on 12.07.2021;

- proposes to maintain the organisation of conferences with a maximum number of 150 people indoors with the provision of a 2 sqm area for each person, with the wearing of a protective mask and in compliance with the public health rules laid down in the order of the Minister of Health, if the cumulative incidence per 14 days in the county/locality is less than or equal to 3/1,000 inhabitants; more than 150 persons are allowed indoors with the provision of 2 sqm per person, if all persons are vaccinated against SARS-CoV-2 for whom 10 days have passed since the completion of the full vaccination scheme.

Risk factors to be considered and specific risk reduction measures

•Exposure during travel - airports, airplanes, bus stops, buses, train stations, trains, public transport, gas stations and rest stops, places where physical distancing may be difficult and ventilation may be poor - participants will be asked to maintain a minimum safety distance of 2 m from other people and to avoid crowding in any of these places.

•Indoor event - very intensive ventilation of the space will be provided, both artificial, calculated at 12-15 air changes per hour, and natural, with windows open at all times, with meals served outside at least for people in high-risk categories (elderly and/or with chronic illnesses).

•Duration of the event - will be shortened to a maximum of 3 days with a maximum of 6 h per day of physical presence in conference rooms, compensated by online materials.

•Number and crowding of people at the event - no more than 150 participants physically present in total will be admitted; presentations held in different rooms with attendance by choice, less than 70% of room capacity, with seating arranged to provide 2-4 sqm per person.

•Behaviour of the participants during the event - hugging, handshakes and other interactions below 2 m distance will not be admitted; all persons will wear single-use masks, which will be given at the entrance to the hall and taken off to be replaced when changing the conference room; door handles will be covered with Nanoseptic covers, which provide a continuous process of oxidation of organic contaminants and with the help of light and through mineral nanocrystals, create a stronger oxidation reaction than that created by the use of chlorine and work 24/7, the oxidation process of organic contaminants being a continuous one.

OVERALL RISK REDUCTION STRATEGY

Promoting healthy behaviours that reduce the spread

•Staff and participants will stay home if they have symptoms of any kind or have had close contact with a symptomatic person.

•The participation fee will be refunded for event participants who are symptomatic and withdraw at the start of the event.

•Epidemiology triage of participants and staff will be carried out daily - non-contact thermometer temperature screening and symptom screening. Those with a temperature above 37.5 and/or symptoms of any kind will not be allowed to participate in the event and a COVID-19 rapid test will be performed.

•Antiseptic dispensers with hydroalcoholic solutions for hand sanitizing by rubbing will be set up in the circulation halls.

•Soap dispensers, paper towel dispensers and antiseptic dispensers will be installed in the sanitary facilities.

Physical distancing

•The organisation of the event will take into account the capacity of the space so that the participants remain at a distance of 2 m = 6 feet = 2 arm lengths.

•Participants will be reminded on arrival to stay at least 2 metres away from people not living with them.

•Participants and staff will be informed not to greet others with physical contact (handshakes, hugs). This reminder will be included in the vicinity of the physical distancing signs.

•Gathering people in groups will be discouraged and spending breaks outside with interaction with people in the same group and relaxing walks outdoors will be recommended.

Use of masks

•Staff and participants will be required to wear masks, applied completely over the nose and mouth, throughout the event. For entry to the conference rooms masks will be provided by the organiser, taken

off and changed for a new one when entering a new room (taken off, disposed of in the household waste bin with bag and hands rubbed with antiseptic before fitting the new one). Outside the conference rooms participants must bring and use masks from their own sources.

•Staff will advise participants to ensure correct use and collection of masks.

•The following categories of persons are exempt from the requirement to wear a mask:

o a person with a disability who cannot wear a mask or cannot safely wear a mask for reasons related to the disability;

o a person for whom wearing a mask would create a health hazard;

o a lecturer while defending the presentation, without direct interaction with the audience.

Hand hygiene and respiratory etiquette

•Staff and participants will be asked to wash their hands frequently with soap and water, or rub with antiseptic, for at least 20 seconds, and instructions for washing/rubbing will be taped to the soap/antiseptic dispensers or displayed nearby.

•If soap and water are not available, staff and participants may use hand sanitizer containing at least 60% alcohol and rub their hands until dry.

•Participants will be discouraged from shouting, especially indoors. Music levels will be kept low so that people do not have to shout or speak loudly to be heard.

Adequate supply

•The necessary amount of soap, hand sanitizer containing at least 60% alcohol, paper towels, napkins, disinfectant wipes, masks and touchless garbage cans (with pedal and bag or of plastic with bag, ensuring easy collection and efficient cleaning/ disinfecting), surface cleaners and disinfectants, air disinfectants will be provided in sufficient quantities for the duration of the event...

Signs and messages

•Pictograms promoting protective measures will be posted in highly visible locations:

The wear a mask pictogram will be mounted at the entrance to the building and in each conference room and on transit hallways:

WARNING

Wearing a mask is mandatory/you must wear a mask. The hand wash pictogram will be mounted in the room, restrooms and lunchroom.

HAND WASHING IS MANDATORY

social distancing, no fever, no coughing, no sneezing, no shaking hands, no hugging pictograms, will be displayed in break areas

•Measures to reduce the spread of COVID-19 implemented at the event will be emailed to participants and regularly broadcast on internal TV.

•Videos on behaviours that prevent the spread of COVID-19 will be posted on internal TV.

•Preventive measures will be promoted on the event website and via the event social media accounts. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html will be used as a source of information.

•Posters promoting preventive behaviours will be translated into one or more international languages.

Maintaining a healthy environment

•Cleaning and disinfection of rooms will be performed at least once a day and as often as needed additionally during the day.

•Disinfectants active on encapsulated viruses with the shortest time of action and preferably RTU shall be used for disinfection.

•Cleaning and disinfection will be carried out in strict accordance with internal procedures.

•Disinfectants and consumables will be provided throughout the event: soap for hand washing, hand sanitizers with at least 60% alcohol, paper towels for hand drying, surface and air disinfectants, garbage bags for waste collectors, etc.

•At the end of each programme the air in the conference rooms, transit hallways and restrooms will be disinfected.

•Once a day the air in the accommodation areas will be disinfected.

•Restrooms

o A sufficient number of shared restrooms will be designated according to the number of participants to avoid queuing,

o Cleaning staff will check regularly, at least three times per shift, that the restrooms are operational.

o Restrooms will be cleaned and disinfected on a regular basis, at least three times a day, especially high touch surfaces such as sinks, toilets, doorknobs, countertops, light switches.

o Only high-level, short-acting disinfectants, active on enveloped viruses, preferably RTU, shall be used for toilet disinfection.

•Ventilation

o Prior to the event all ventilation systems will be checked and adjusted to provide 12-15 air changes per hour. Natural ventilation will be used to the maximum by opening windows and doors.

o Portable ventilation equipment will not be used to reduce the potential spread of any pathogens.

o Participants will be invited to spend as much time as possible outdoors.

•Water systems

o Bottled drinking water will be provided at the table and participants will be encouraged to bring their own bottled water to the room.
o For hygiene, hot and cold water will be provided continuously and water quality will be checked chemically and bacteriologically before the event is scheduled.

•Particular aspects
o Outdoor activities will be promoted.
o Online attendance options will be offered in addition to in-person attendance to help reduce the number of in-person participants.
o All entrances and exits will be used in an organized manner and overcrowding will be discouraged.
o Seating will be redistributed so that people can stay at least 2 metres apart.
o A maximum of 2 people should be accommodated in the room.

Physical barriers and guides

•Physical guiding signs will be installed, with tape on the floors and signs on the walls, to ensure social distancing and observance of circuits.

•One-way flow circulation plans will be established in order to reduce bottlenecks and ensure the ability to maintain physical distancing at the event.

•Multiple but one-way entrances and exits will be used, with appropriate signage and congestion of any kind will be discouraged.

•Both arrows drawn on the floor and wall-mounted signs will be used to indicate the proper direction of movement of participants.

•Physical barriers, such as sneeze guards and partitions, will be installed in areas where it is difficult for people to stay at least 2 metres apart (e. g. information desk or dividing lanes for different directions of circulation where the flow cannot be directed through another circulation lane.

Common areas

•Dining rooms will be used on series, so as to ensure a distance of 2 metres between 2 people and, when possible, the terrace, which provides an open space, will be used. Dining areas will be rigorously disinfected between meals according to own procedures.

•Recreation areas will be set up outside.

Food services

•All dining areas, including the terrace, will be used and seats will be arranged so that diners remain at least 2 m apart by removing tables/chairs/marking tables/seats/seats that are not in use.

•Seating capacity per hall will be limited to a maximum of 70% of the authorised capacity.

•In closed dining rooms all windows will be opened for efficient air exchange.

•Participants will be assigned a numbered table seat. Signs will be set up with the route to follow for each numbered group and there will be staff assigned to direct people to tables to avoid overcrowding and queues.

•Meal times will be respected so as not to create queues.

•The routes will be marked with tape on the floor and signs and a one-way flow will be created (entry through one door and exit through another).

•Dining rooms will be rigorously cleaned and disinfected between meals.

•For people at higher risk of illness, seating will be provided on the terrace for better ventilation of the space.

Shared items

•Participants will be discouraged from sharing items that are difficult to clean, sanitize or disinfect.

•Any sharing of food, tools, equipment or supplies by staff members will also be limited.

•Adequate supplies will be provided to minimize the sharing of high-touch materials to the extent possible, or otherwise their use will be limited to a group of staff members or participants or they will be rigorously cleaned and sanitized between uses.

•Microphones will be disinfected between two speakers and will not be passed from one person to another during the dialogue presentation.

Protections for event staff and participants at higher risk of severe disease from COV1D-19

•Options will be provided for staff at higher risk of severe illness (elderly and people with underlying medical conditions) that limit the risk of exposure: teleworking, event organisation rather than working at the registration desk etc.

•In-person meetings will be replaced with video or teleconference calls whenever possible.

•The option of virtual attendance, in-room dining or terrace seating will be offered for participants at higher risk of severe illness.

•Participants will be provided with information about local COVID-19 levels so that they can make an informed decision about participation and any travel restrictions before travelling to the event.

•The confidentiality of people at higher risk of severe illness regarding their underlying medical conditions will be protected.

Limited, staggered or roster shifts and attendance times

•The number of participants will be significantly reduced by allowing online participation, the proceedings will be carried out on sections in groups not exceeding 70 people simultaneously in the same room and the duration of presentations will be

shortened.

•Staff will work in limited shifts, in staggered shifts so as to shorten the duration of the presentation and will be instructed to keep a distance of 2 m from other people.

•Attendance times will not be imposed in order to minimise the number of participants at the venue.

Travel and transit

•All participants travelling by air from a foreign country will be required to present a negative COVID-19 test result taken no more than 3 days before.

•Participants traveling from another location will be required to follow CDC traveller recommendations:

•The use of transport options that minimise close contact with others (e.g. walking or cycling, driving or riding in a car - alone or only with those in the room, wearing a mask on public transport) will be encouraged.

•Staff will be allowed to change their hours so that they can commute during less busy periods.

•Staff and participants will be advised to wash their hands with soap and water for at least 20 seconds as soon as possible after the journey.

•Drivers involved in the organisation will be expected to wash their hands often, wear masks and maintain a physical distance from passengers, clean and disinfect the vehicle after each transport.

•Parking lots will be reconfigured to limit crowding points.

•Participants will be informed in due time of all legislative changes affecting passengers.

Designated COVID-19 contact point

•An office to be responsible for responding to all COVID-19 concerns will be set up. All employees and participants will need to have information on where this office is located and how they can be contacted by telephone.

•Staff and participants will need to self-report to this office if:

o have symptoms of COVID-19,
o tested positive for COVID-19,
o have been in contact with someone with COVID-19 in the last 14 days.

•Participants will be informed of cancellations and restrictions in effect in order to limit people's exposure to COVID-19 (e.g., limited hours of operation or extended hours with limited attendance at any one time).

Back-up staffing plan

•A list of trained back-up staff will be established in case of absenteeism.

Staff training

•Staff will be trained on all safety protocols according to their own procedures:

1. clinical triage with temperature monitoring at shift entry and self-report in case of present symptoms or contact with confirmed or suspected case;
2. screening by rapid test or PCR according to the regulations in force;
3. express recommendation for vaccination;
4. 14-day quarantine in case of contact with a confirmed case;
5. wearing a mask is compulsory;
6. repeated hand hygiene (washing with soap and water/rubbing with hydro-alcoholic solution);
7. keeping a permanent distance of 2 m from other people.

Recognition of signs and symptoms - any person with respiratory, digestive or altered general condition will be rapidly tested for Covid-19.

Supporting endurance capacity - outdoor movement will be promoted with repeated times for relaxation and sufficient sleep.

If someone becomes ill the following will be done:

•The sick staff will no longer appear to work until they meet the criteria to discontinue home confinement;

•participants with symptoms in the county should go home and see their GP or call 112, depending on how severe their symptoms are;

•participants with symptoms from outside the county will be isolated in isolator, rapidly tested for Covid-19 and in case of positive test kept in isolation until recovery or if necessary, transferred to a higher-level hospital unit;

•persons who have had close contact with a person with symptoms should be isolated at home or in their own room until confirmation/denial of the potential source;

• persons who have been exposed to contact with a confirmed case of COVID-19 should be quarantined for 14 days at home or in their own room;

•transport of the patient will be done only by ambulance or by own car in case of home transport; public transport is not allowed;

•the areas through which an ill person passes will be closed and will not be used until after terminal cleaning and disinfection, according to their own procedures;

•all identified cases will be reported to the designated COVID-19 contact point and to County Public Health Directorate Constanta;

•a list of participants with their contact details and place of accommodation will be kept at the designated COVID-19 contact point to facilitate the establishment of contacts.

Epidemiologist Registrar,
MD Cocu Mihaela

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MULTIDISCIPLINARY APPROACH IN REHABILITATION OF THE PATIENT WITH SENSORIUM-NEURO-MYO-ARTHRO-KINETIC DEFICITS

THURSDAY 12th AUGUST 2021– Preconference Courses
Course 1

PAHERMACEUTICAL PAIN THERAPY IN REAHBILITATION THERAPY

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Abstract

The attempt to understand pain represents one of the oldest goals in the history of medicine. The widely accepted definition of pain was developed by a taxonomy task force of the International Association for the Study of Pain: "Pain is an unpleasant sensory and emotional experience that is associated with actual or potential tissue damage or described in such terms". Therapeutic approaches acting on multiple pain transmission pathways through different mechanisms of action provide an opportunity to maximize efficacy and tolerability in the treatment of pain.

This paper presents the various physiologic processes involved in pain signaling and modulation and describes the mechanisms by which various classes of analgesic agents are producing their clinical effects. Pharmacological therapy is the first line of pain treatment, yet it is not the only available option. Whatever its type, acute or chronic, nociceptive, or neuropathic, pain often emerges from multiple pathogenic pathways, which makes drug treatment difficult. In recent decades, the pharmacological arsenal against pain, in addition to traditional nonsteroidal anti-inflammatory drugs (NSAIDs), has been enriched with opioids (tramadol, codeine, tilidin-naloxon, morphine, fentanyl) and with molecules operating on different pain mechanisms (as anticonvulsants and antidepressants). Anti-inflammatories and analgesic drugs are the most widely used for nociceptive pain, and anticonvulsants and tricyclic antidepressants for neuropathic pain.

As a conclusion, multiple neurotransmitters and other mediators are involved in the physiology of pain signaling, providing numerous opportunities for intervention with different classes of analgesics, but we must consider that drug therapy should be selected according to its efficacy. Nonetheless, we should also consider the tolerability and adverse effects that may occur when we are using pharmacologic therapy for pain.

Course 2

CURRENT SYNTETHIC DATA REGARDING MAIN ASSESMENT A REHABILITATIVE APPROACHES IN SPINE/ CORD MENINGIOMAS – INVITED

Lecture/ mini-training course

Authors: PROF. DR. GELU ONOSE, MD, PhD, MSc1,2,
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Abstract

This work approaches, as diagnosis, an area of the tumoral pathology that affect the spinal cord, sometimes including with the related local spine. Therefore, they may induce complex spine/ cord lesions, which represent a challenge for the neurosurgeons and because of their consequent cord and/or spinal nerves damages – possibly, when severe: markedly disabling – for the neurorehabilitation physicians and connected, multi-professional teams, as well.

Epidemiologically, they prevail (60-80% of such tumors) in women aged over 50 years.

Generally benign, developing of arachnoid cells, such lesions are thus, typically, extramedullary, intradural tumors. They are rare among all meningiomas, but around ¼ of the spinal cord tumors.

Although benign, they can degenerate not frequent, especially an (including) extradural localization – in about 10% of cases – can rise the suspicion of neoplastic transformation.

Clinically, there are described (classically) three characteristic syndromes caused by spine/ cord meningiomas:

1) the Sensorimotor Spinal Tract(s) syndrome – with the principal sufferance it can generate spastic asymmetrical paraparesis or tetraparesis

2) the Radicular-Spinal Cord syndrome

3) (seldom) the Intramedullary Syringomyelic syndrome

(+) Special Spinal Syndromes – if highly located, meningiomas, that may extend intracranially, can produce even insults to lower cranial nerves and/or cerebelar damages, or respectively, if low situated, they can result, for instance, in cauda equina syndrome.

Considering all the above – as obviously: meningiomas are able to affect the spinal cord functions (at least in some cases) extensively, thereby resulting in rather all major deficits that constitute, at the same time, objective/ targets for the specific neurorehabilitation – our invited lecture-conference/ mini-training course takes the opportunity to exhaustively present all the main neuro-functional impairments these tumors can determine, the current standardized, dedicated, evaluation instruments [largely: common/ quite the same for most of the functional disorders secondary to spinal cord injuries – framed, modernly, through the newer paradigm regarding human functioning of the World Health Organization (WHO), i. e. the International Classification of Functioning Disability and Health (ICF-DH)] to objectify them – and respectively, the evolution/ post therapeutic-rehabilitative outcomes obtained, too – and of course, the actual state-of the art in the field of principles and methods of neurorehabilitation – with the necessary/ adequate (pending on the sequential case by case evolution) integrated cares/ rehabilitation nursing (IC/ RN), too – the for the patients with statuses post spine/ cord pathology, including generated by meningiomas.

Key words: spine/ cord meningiomas, neuro-functional deficits/ targets for neurorehabilitation, specific evaluation instruments, WHO's ICF-DH, IC/ RN, spine/ cord (related) pathology neurorehabilitation.

Course 3

REHABILITATION TREATMENT - IMPORTANT THERAPEUTIC LINK IN THE MANAGEMENT OF ENDOCRINO-METABOLIC PATHOLOGY

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Abstract

The endocrine system transmits and integrates the information received by the human body, relatively slowly, but with a long-lasting response, through hormones transported through the blood to the targeted cells.

The present scientific study addresses the importance of peloidotherapy in triggering endocrine mechanisms and the approach from the point of view of medical recovery treatment of thyroid pathology and the therapeutic management of osteoporosis.

Under the action of mud, the general reactivity of the organism is modulated and directed towards the optimal parameters. It is important to remember that mud therapy does not act selectively on a single system of the body, but its action takes place simultaneously - improving several dysfunctions and metabolic imbalances.

Regarding thyroid pathology, neuromuscular disorders are often associated, occasionally being the only manifestation that brings the patient to the doctor. For this reason, the medical recovery specialist must identify the primary pathology that underlies the neuro-myo-arthokinetic symptoms that the patient presents and the need for multidisciplinary consultations, in this case from the endocrinological sphere. Iodine is absolutely necessary for the functioning of the thyroid gland. Salt-iodide baths are indicated in degenerative rheumatic diseases, in abarticular rheumatism or in peripheral neurological diseases. Iodine is also present in many low concentration mineral springs which are used in internal treatment - crenotherapy.

Osteoporosis is a pathology characterized by decreased bone density, caused by a process of demineralization (resorption of calcium and phosphorus from the bone), with altered bone microarchitecture, increased bone fragility and, consequently, increased risk of fracture. The combination of treatment with the use of other natural curative and physical factors, adequate nutrition and the establishment of a comforting program, adequate to the treated diseases profiles or the clinical profile of the individual, allow the establishment of a complex treatment on all its levels – prophylactic, curative and recovery – and transform the balneary centers into real 'health centers' for endocrine-metabolic disorders.

Keywords: endocrine-metabolic, peloidotherapy, thyroid pathology, osteoporosis.

FRIDAY the 13th of AUGUST 2021
Session I

TECHIRGHIOL BALNEAL AND REHABILITATION SANATORIUM – A SUCCESSFUL PAGE OF ROMANIAN BALNEOLOGY FOR THE LAST 100 YEARS

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Abstract

It is difficult to assess since when balneo/ hydrotherapy dates. Civilizations have developed on the banks of lakes, rivers, springs, and Dobrogea, placed between the Danube, Danube Delta and the Black Sea, was dwelled since prehistory. Archaeological remains are witnessing about local population and, about civilisations that have passed here: the Greeks, the Romans and the Ottomans.

The legend about the therapeutic virtues of Techirghiol Lake tells of an old, blind, and very sick man named Techir and his donkey, also old and sick. Both often entered into the lake's salted water to stretch their legs. And both found relief.

The lake, situated on a Roman Imperial Road between Tomis (Constanta), Callatis (Mangalia) and Odissos (Varna) cannot be unobserved by Publius Ovidius Naso and by Romans (who knew and used the mud, like Egyptians did), or by Saint Apostle Andrew who might pass nearby in his way to enthrone his apprentice Amplias as Bishop of Odyssos on 31st of October (first century A.D.).

The first certifying documents about Techirghiol date from 1560 when Suleyman the Magnificent addressed two letters to the Prince of Moldavia, Despot Voda, about Tekfur-Koy.

The first written information about the therapeutic effect of the water and mud of Techirghiol Lake dates from 1854 when Said Pasha, the leader of the Ottoman army, having a wounded arm benefited of its miraculous effects.

Historically speaking, contemporary development of the region has started on 13th of July 1878 when Dobrogea come back to Romania after four centuries under Ottoman administration. 1891 is the year when a local entrepreneur, Hagi Pandele transformed a stable into an inn and in an old cauldron heated the mud that was known empirically as a therapeutic factor from antiquity.

In 1894 the Headquarter of Civil Hospitals (Eforia Spitalelor Civile) has bought 100 hectares of land, around Techirghiol Lake to build a children's hospital. On the 4th of July 1899 medical activity has started there and since then it has not been interrupted. The first physician of this hospital was Nicolae Marinescu Sadoveanu. In 1903 he was invited at Madrid and Biarritz to conference about the therapeutic qualities of the sapropelic mud from the bottom of the lake. At the beginning of the XXth century, I.N. Dona realised the first monography on the therapeutic effects of the mud. Dr. Nicolae Țuculescu wrote a monography on the biodynamic of the lake. The first mentioning of Techirghiol as a thermal resort was done by Al. Saabner-Tuduri in his monography: "Mineral Waters and Climate Resorts from Romania". In the difficult condition after the second world war and after, researchers and physicians from Techirghiol Balneal Resort have participated and contributed to national and international scientific and academic activity in this field.

In the last twenty years 15 PhD thesis have been completed with different topics on mud, management, kinesiotherapy. Techirghiol Balneal and Rehabilitation Sanatorium is a member of national societies of balneology and rehabilitation: ARB, SRMFRB, SRR and of international societies: ISPRM, FEMTEC, ISMH, BENA, having members in both national and international scientific boards. Each year's celebration (the anniversary of the Sanatorium) brings together as participants, international personalities in balneology and rehabilitation.

For the future, the small Research Department of the Sanatorium, has set its goal to cooperate with scientists from physics, biochemistry, biology, genetic and epigenetic fields in order to enrich the value of peloid therapy and to increase the knowledge in balneology.

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RISK FACTOR EVALUATION IN STATIC AND DINAMIC POSTURE DISORDERS

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Abstract

The constant care of the parents for the correct posture of children has become more pronounced since the onset of the pandemic, as working from home and learning online have extended the period of contact in the family, facilitating observation and awareness of some habits. This explains the much-increased addressability for posture and static spinal disorders observed by parents. Evaluation and analysis of posture disorders in adolescents is a complex, multidisciplinary process that centers on the position of the head and the center of gravity. The importance of the head is stated by the presence of tele receptors – visual, olfactory, auditory, and vestibular – and the center of gravity maintained by a complex system of inter-relationships between tele receptors, nerve centers and the antigravity muscle system. It is important to search for and address any postural catches in the eyes, inner ear, temporomandibular joint, spine, legs, and skin. From these structures the information goes to the brain, and through the efferences the recovery command is transmitted to the muscles. Posturology, studies the processes that regulate the stability of the individual in space during stationing and movement and is closely interdependent with neurophysiological and biomechanical mechanisms. Treating and correcting spinal static disorders requires a modern, multidisciplinary approach, in a team consisting of a medical rehabilitation physician, osteopath, ophthalmologist, otto-laryngologist, dentist-orthodontist, podiatrist, physiotherapist and family physician. For this reason, the assessment done by the rehabilitation doctor must be complex, it must identify the existence of possible disorders, and so direct the patient to the specialists in the team for their correction. In addition, there are numerous pathologies that lead to posture disorders; I can recall here chronic rahialagies, torticollis, headache, myofascial syndromes, peripheral articular imbalances/sufferings, vertiginous syndromes, plantar fasciitis, changes in the shape of the foot, repeated sprains or traumas with vicious healing, tendinopathies, swallowing disorders, etc. Postural evaluation concerns a thorough anamnesis, examination of the spine, rotation of the shoulders and hips, position of the legs, podometry, foam carpet test, examination of temporomandibular kinematics/asynchrony, scapular tests with the introduction/exclusion of the visual analyzer and TM joint, visual, skin tests, etc. The rehabilitation doctor advises on the ergonomics of the place of study/work, the indicated sport, makes the complete plan of physical-kinetic treatment; physiotherapist and osteopath address muscle-articular imbalances and proprioceptive and vestibular reeducation; ophthalmologist and optometrist correct the vices of refraction, recommend optical prisms; the dentist and the orthodontist correct any malocclusions by prescribing goutiers, dental appliances; the podologist manufactures corrective orthotics for the static of the foot or any differences in the length of the limbs. As for the treatment of skin scars, they are addressed by the doctor, through various techniques, and by several physiotherapists for their asuplisation.

The era in which scoliosis, kyphosis or hyper lordosis were treated only by physical therapy, corset and last resort surgery, has ended, the modern approach is complex and requires thorough knowledge of biomechanics and neurophysiology.

VESTIBULAR EVALUATION IN DEVELOPMENTAL DISORDERS OF THE SPINE

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Abstract

Introduction: Adolescent Idiopathic Scoliosis (AIS) is the most frequent developmental disorder of the growing spine diagnosed in the young population. It is a three-dimensional deformity that is time and resource consuming where physical and orthopaedical treatment are concerned. According to new research multiple factors could be involved in the development of idiopathic juvenile scoliosis, including neurosensory pathways and, potentially, an elective disorder of dynamic proprioception. The purpose of this presentation is to bring together information about the vestibular system, its connection with the eye movements and postural adjustment. During movements, sensory information from somatosensory, vestibular, and visual systems is integrated based on the goal of the action. The vestibular-ocular reflex (VOR), which functions to stabilize gaze and ensure clear vision during everyday activities, has been well characterized and shows impressive adaptation in response to behavioural requirements. The relative simplicity of the pathways that mediate the VOR, have made it an excellent model system for bridging the gap between the cells, neuronal circuits, and behaviour. The vestibular system also plays a critical role in ensuring postural equilibrium by producing appropriate adjustments during both self-generated movements and externally applied disturbances. The findings of clinical, behavioural and neurophysiological studies have led to a better understanding of the role of the vestibular system during everyday activities and hopefully during training in order to reduce the pathological curvature of the spine.

Objectives: This is a paper aiming to provide up to date information about how important the vestibular system is in developing children and adolescents. This is the main population where idiopathic and postural scoliosis is diagnosed, and we are trying to bring information and new studies to the attention of all specialists involved in the process of diagnosing and treating these patients. It is important to determine if there is any evidence that some of the idiopathic cases are in fact postural, meaning due to a minor vestibular syndrome or other disorders. Our main objective is to bring awareness to all the medical staff involved in the process of diagnosis and treatment of children and adolescents with dynamic and static spine developmental disorders and to their parents. If all aspects of spine developmental disorders are known and understood by the treating personnel, then the chances of success for reducing the pathological curvature are better.

Method: Oral presentation containing theoretical and clinical information from our practice and from verified medical information sources. The vestibular system is presented along with reasoning for understanding why it matters if children suffer from kinetosys (motion sickness), clinical tests that are useful in determining the presence of minor vestibular syndrome, useful retraining techniques.

THE EFFECTIVENESS OF LOW-FREQUENCY ELECTROMAGNETIC FIELDS WITH SINUSOIDAL WAVE FOR THE NEUROLOGICAL AND MOTOR REBALANCING OF ATTENTION DEFICIT AND HYPERACTIVITY IN CHILDREN

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Abstract

The diagnosis of ADHD syndrome or pathology in children up to the age of adolescence, has spread exponentially and an effective solution in anxiolytic and sedative drug therapies has not been found. An interesting clinical perspective, still with little scientific literature, emerges from the TMS (Transcranial Magnetic Stimulation) application of electromagnetic waves at a frequency of 1 hertz, exclusively of sinusoidal shape.

ADHD manifests itself on the entire neuro-psycho-motor axis, as a dysfunctional hypothesis.

To verify the effectiveness of the combined muscles / brains treatment, Cemp total body and TMS on 8 clinical cases of children aged between 7 and 11 years, is that the application on the scalp of a helmet of 4 solenoids of 8 cm diameter at 2 mTesla each for a total of 8 mTesla, with a daily application of 35 minutes and a nightly one of 4 hours with mattress 20mTesla total body.

After 30 days of treatment, the rate of over-excitement had decreased by between 40 and 50 %, maintaining the results for the next four months. Result confirmed indirectly by the increased level and quality of relationships with classmates, observed by teachers. A decrease in conflict and an even significant non-continuous increase in school results until then constantly negative. The increase in specific cognitive abilities has not been possible to extrapolate except indirectly, to be subjected to a verification battery of tests is complicated by protocol, as unlike dyslexia, we are not in the presence of consolidated cognitive biases but of performance defects and cognitive performance dependent on factors little studied clinically.

ZENTIVA SYMPOSIUM
CETILAR, INNOVATIVE FORMULA THAT IMPROVES JOINT PAIN AND STIFFNESS

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Abstract

The scientific objective of the present study is to present the characteristics of Cetilar-cream product: structure and pharmacokinetics, mechanism of action, clinical benefits, usage advantages in different categories of patients.

The mechanism of action of Cetilar respects the definition of a medical device, causing the mechanical improvement of joint movement, thanks to the presence of fatty acids, cetylated fatty acids and cetyl alcohol. In addition, it has been shown that the beneficial effect produced by cetyl fatty acids, administered topically to patients with painful syndrome in osteoarthritis, might be mediated by a mechanical change in the synovial membrane, allowing pain reduction.

Main therapeutic indications: patients with osteoarthritis, tendinitis, patients with osteoarticular symptoms while on physical treatment, athletes during recovery period after joint injuries. Individualized treatment is recommended, starting with the least invasive solutions. Cetilar completes the topical therapeutic arsenal, with proven results in both osteoarthritis and tendinopathy.

A study is presented which identifies the effectiveness of Cetilar for musculoskeletal disorders for the patients treated with TECAR+ CETILAR vs TECAR therapy.

Keywords: Cetylated fatty acids, osteoarthritis, tendinitis.

Session II

POST TRAUMATIC VISION SYNDROME DUE TO HEAD INJURY BASED ON DR. WILLIAM PADULA

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Abstract

According with the data provided in 2017 by the World Health Organisation (WHO), every year there are 1,3 million deaths in the world due to traffic accidents and between 20 to 50 million people suffer non-mortal traumas that cause disability.

A lot of the survivors suffer important disability and do not return to work, with all that this means to their country's economy and more than this to their self-esteem and their own families.

Usually there are a lot of different areas that need rehabilitation for the patient's intended recovery and, accordingly a lot of different specialities involved in this process.

From a visual point of view the ophthalmologist is the one involved in the evaluation and treatment of all the possible lesions of the eye without forgetting that there are also other functional visual aspects to be taken into consideration, often nor diagnosed or treated that impede the advancement in other areas such as the motor function and which often lower significantly the patient's quality of life.

With this paper we are going to show how the field of optometry and even more restricted the field of neuro-optometry can diagnose and treat these problems, thus helping the rehabilitation of the patients together with the other specialities.

BRAIN PLASTICITY AND NEURODEVELOPMENT

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Abstract

Brain plasticity is an inherent feature of the Central Nervous System, especially during infancy. The biology of the interaction between gene and environment will create circuitry, based on synapsis formation and myelinization process in the developing brain of the child. This process will provide an individual neurological organization, so the neurodiversity of each person is based on the individual genome and personal biography interactions. This neurological organization will be responsible for the behavioural performance of each human being. We are based on this dynamic model to implement our work with brain-injured children to development programs on several areas: physiological development, sensory development, motor development and cognitive development. Our challenge is to know how to guide this brain plasticity during infancy.

During the neurodevelopment there are several points that happen that are crucial: sensory and motor development, language development and cognitive development, even if the windows of opportunity are flexible usually, they mature in this order. It is the objective of our presentation to show you how we implement these principles in our daily practice in the clinic working with non-progressive brain injured children. These brain injuries could be produced on prenatal, perinatal, or postnatal period and so the correspondence to diagnosis of cerebral palsy, autistic spectrum disorders, language disorders, learning disorders, etc.

SECOM SYMPOSIUM
KEY NUTRIENTS IN TRAUMATIC AND DEGENERATIVE DISEASES

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Abstract

The musculoskeletal system is your body's central framework. It consists of bones and connective tissue, including cartilage, tendons, and ligaments. Like any resistance structure, in time or under a traumatic event the skeletal system suffers, becoming vulnerable and fragile. Although the musculoskeletal system is resistant, bones, joints and ligaments can be affected as a result of trauma. Among the most common bone and joint injuries are fractures, dislocation or sprain.

In the initial part, this paper presents the Secom key dietary supplements as an alternative approach for musculoskeletal disorders management. It includes four products that are used for their anti-inflammatory, pain relief and reconstructive properties. These products are indicated for joint and muscle pain, intense physical activity, osteoarthritis, tenosinovitis, arthritis, injuries or gout. Source of natural sulfur, MSM is an important "building block" for healthy bones and joints. It also contains curcuma, salix alba and anti-inflammatory and antioxidant effect, calcium, glucosamine, cat's claw, Boswellia, hyaluronic acid, condroitine and hops (selectively inhibits COX-2 and iNOS enzimes and mantains bone homeostasis). The synergistic action of these ingredients supports the usefulness in all types of musculoskeletal pain.

Furthermore, this paper also presents the Secom solution for many pathologies including Alzheimer's, Down's Syndrome, Acute Ischemic Stroke, depression, epilepsy, Parkinson's, peripheral/ diabetic neuropathy, Carpal Tunnel Syndrome or Fibromyalgia. This product is called NeuroOptimizer and it enhances brain metabolism safely and naturally, without use of stimulants.

Session III

IN-HOSPITAL OSTEOPATHY

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Abstract

The evolution of Osteopathy itself leads us to the increasingly frequent integration into the hospital environment by pure therapeutic necessity. It is necessary that this integration is manifested within the different hospital services that are more akin to osteopathy itself. One of the main ones is the Pediatrics and Gynecology service, which is demonstrated on the efficacy of different osteopathic techniques in the postpartum patient and the influence on the mother before conception and during pregnancy. On the other hand, two exceptional services that can be improved with Osteopathy are the Emergency Department and the Traumatology, since a high percentage of patients

who come to these services could benefit greatly from the goodness of osteopathic techniques. What we expose in our dissertation are not alternative therapies to classical and traditional medicine, but a complementary therapy to what already exists today and can benefit the improvement of much current pathology that become chronic and lengthen the recovery processes of patients. The integration of Osteopathy in the hospital environment is the pending issue of integration of traditional medicine and is the future of humanized health care where primary care is imposed in the field of Medicine.

GENERAL OSTEOPATHIC TREATMENT OF A CHILD WITH DISABILITIES

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Abstract

Osteopathic Medicine was developed in late 1800 by Dr. Andrew T. Still, an American physician who had many influences in his clinical experience and who was a strong supporter of the body's self-healing capacity.

In the early 1900 Osteopathy arrived to the UK where it started to develop in the academic field with different theories and comprehension of the biomechanics of the human body with particular emphasis in the vertebral column. It was on the hands of John Werham where whole body approaches where incorporated in order to address the different alignments of the spine that were considered to achieve optimal physiology.

The General Osteopathic Treatment (GOT) is a whole body holistic manual approach that includes the main body parts to be addressed. This method has been adapted to match the particular needs of a child presenting with motor disabilities.

It focuses on the spinal mechanics as a key anatomical structure that has an essential role in the physiology of the whole system of the child.

It includes passive and active techniques which main goals are to maintain and promote healthy state of the musculoskeletal system, regulation of the nervous system while encouraging whole body fluid dynamics in the abdominal and thoracic cavities.

OSTEOPATHIC APPROACH TO COMMON AMBULANT PAEDIATRIC PROBLEMS

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Abstract

This lecture provides the participants an introduction to paediatric osteopathy and specifically aimed at therapists with a specialization in infants and young children, or healthcare professionals that work in a pediatric setting.

Starting from the basic principles of osteopathy, the participant is explained how these principles can be applied in clinical practice. Common ambulant pediatric problems are highlighted from an osteopathic perspective in such a way that you will never look at these problems as problems again, but as functional compensatory mechanisms. This insight will be an added value to your daily clinic and will improve cooperation between medical doctors, physiotherapists, osteopaths, and other healthcare professionals. Indications and contraindications for

osteopathy are highlighted and elaborated in such a way that the participant is aware of what the added value of an osteopath can be and what the limitations are. A description of a possible course of the osteopathic pediatric consult is provided, which evaluations (e.g., anamnesis, observations, tests) and treatment options. Subsequently, frequently occurring problems are explained and what the osteopathic approach on these problems may be, e.g., plagiocephaly, torticollis, otitis media and gastrointestinal complaints.

This lecture will provide the participant the insight of the osteopathic piece of a multidisciplinary approach to pediatrics. Question and answer will keep you intrigued and lift your clinical insights to a different level.

BTL SYMPOSIUM POST-COVID-19 PHYSIOTHERAPY

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Abstract

Coronavirus disease-2019 (COVID-19) is a respiratory disease caused by a novel enveloped, positive-sense, single-stranded RNA betacoronavirus, denoted as SARS-CoV-2. Although, in most cases, COVID-19 manifests itself as an acute respiratory infection, this pathology can also lead to a strong impact on the functionality of the affected persons and in the long term it can determine various disabilities. Medical rehabilitation brings benefits to patients during the convalescence period, patients who have been intubated and/or have undergone treatment in ICU, patients who have developed respiratory failure, limitation of daily life activities, and anyone with various functional impairments and comorbidities.

This paper presents the BTL solutions for post-COVID-19 rehabilitation, including Super Inductive System (SIS) technology, the automated High Intensity Laser (or the so-called Robotic Scanning System) and the TR-Therapy and two studies that have shown the high clinical effectiveness of these methods for post-COVID-19 sequela recovery therapy. The pilot study "The application of high intensity and low intensity magnetotherapy in rehabilitation of patients with COVID-19" (Silantyeva E.S., Clinical hospital "Lapino", group of companies "Mother and Child", Russia, Vol 2, 2020) has proven that SIS is a non-invasive, highly effective treatment method that is well tolerated by patients after severe COVID-19 associated pneumonia, and it does not require high labour costs or consumables. Another pilot study ("Use of photobiomodulation therapy for the evolution of immunomodulatory markers and physiological parameters in patients with COVID-19", Fábio Luiz Costa Pereira, Therapy Unit of Hospital Meridional Serra, Vol. 11, Issue, 05, pp. 47152-47157, May 2021) has shown that patients who were benefiting of High Intensity Laser therapy showed a constant improvement in partial arterial oxygen pressure and a decrease in the values of the C-reactive protein levels.

Although to date it has not been possible to determine the medium and long-term impact of SARS CoV-2 virus infection, about a quarter of the patients remain with deconditioning syndromes and/or various multisystemic dysfunctions and with respiratory sequelae. Physical medicine and rehabilitation is the only specialty in which the patient is approached in terms of functional impairment, regardless of the cause that produced it.

SATURDAY the 14TH of AUGUST
Session IV

CAN FOREST THERAPY CONTRIBUTE TO MENTAL HEALTH AND WELL-BEING IN NEURODIVERSITY PATIENTS?

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Abstract

Nature is inside our genes as powerful remains of our evolution. The connection with the biophilia and beauty, walk outside, listen the sounds, observe the trees or birds release the stress in at a very high level. The cortisol hormone is reduced when we go outside. Trees give us phytoncides, who have antimicrobial properties and is consider one of the factors of our immunity.

The forest therapy for people with disabilities can create connections in a very relevant level. If spending some time out in nature, give us a strong benefit, lower blood pressure and improve the mental health in people with good well-being. The combination of forest therapy and traditional treatment can create a very important and relevant formula in this people.

We are going to present a program based in how to work with disabilities families, caregivers, and patients in formal institutions which can be done in small groups outside, and create a triple effect in the community, in the forest preservation and in the patients.

Participants and other members of the family and caregivers are going to enjoy the benefits of the mind and body in a very deep sensorial level. Sensorial aspects are very relevant in disabilities.

16-week session forest therapy program performed one a week, each session delivered by trained caregivers and family members for one and half hours, can create a big difference in stress reduction, improvement of senses of belonging and self- esteem, self-compassion, cooperation and trust or empathy

Forest therapy is an efficient strategy to improve the quality of life and well- being of people with disabilities.

KINETOTHERAPY IN VIRTUAL REALITY

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Abstract

Technology is increasingly present in our lives, both personally and professionally. In almost every home there is a computer or a telephone with an internet connection, especially in the current of the pandemic. Smartphones keep track of our daily schedule, finances, medical checks, keep our information tidy and easily accessible with a simple gesture. And medical recovery is increasingly helped by smart devices, specializing in post-traumatic or neurological recovery, which have preset programs, which monitor the evolution of each patient and can be adapted according to the functional level and progress.

Some of these devices use interactive games or virtual projections to increase patient compliance and adherence, thus improving therapy outcomes. There are already devices that allow the continuation of the physical therapy program at home, through hubs that can be rented, connected in the network with the central unit of the clinic through which the patient is followed and guided closely by the recovery team. In this presentation we will summarize the types of devices used in medical recovery, with the particularities of each and we will detail the experience of the clinic with physiotherapy by immersion in virtual reality with the NIRVANA device.

HYDROGEN SULFIDE (H2S) - ORIGIN, PHYSICAL, CHEMICAL, AND BIOCHEMICAL PROPERTIES, SHARE IN SPA RESOURCES, MEDICAL RELEVANCE AND SCIENTIFIC SUBSTANTIATION OF THERAPEUTIC MECHANISMS

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Abstract

Background. The history of H2S – as an environmental toxin – dates back to 1700. The participation of H2S in many physiological and pathological processes, including its role in the regulation of cell proliferation, apoptosis, inflammatory processes, hypoxia, neuromodulation, and cardioprotection empowers this gasotransmitter (gaseous signaling compound) as a signaling molecule that with a special scientific interest in devastating human diseases, such as neurodegenerative disorders, including Alzheimer's disease, Parkinson's disease, and vascular dementia; Huntington's disease; and cancer. While high levels of H2S are extremely toxic, low levels are tolerated and have potential cytoprotective effects, with anti-inflammatory and antioxidant applications.

Objective. This paper synthesizes scientific data published this year regarding the possible uses of hydrogen sulfide from balneary sources and explains its physiological mechanisms and therapeutic properties.

Methods. To elaborate our systematic review, we have searched for relevant open access articles in 3 international databases: NCBI/PubMed , NCBI/PMC , and ISI Web of Knowledge/Science published from January 2021 until August 2021. The eligible articles were analyzed in detail regarding pathologies addressed by hydrogen sulfide. All articles with any design (reviews, randomized controlled trials, non-randomized controlled trials, case-control studies, cross-sectional studies), containing Hydrogen sulfide, H2S in the title, were included in this analysis.

Results. Our search identified, first, 296 articles. After eliminating the duplicates and non-ISI articles remained 145 papers.

Conclusions. Balneotherapy (BT) is one of the most used complementary therapies for many pathological conditions. It is well known that sulfurous water baths were used by ancient civilizations and were known to have healing effects against particular diseases. Sulfurous waters are considered antiseptic, desensitizer, and anti-oxidant waters due to their oxi-reduction capacity. They are indicated for rheumatic and muscular-skeletal, respiratory, dermatologic, and gynecologic diseases. H2S has been recognized as having anti-inflammatory, anti-bacterial, vasodilator, and anti-fungal properties owing to its sulfur content. H2S can react with a broad range of signaling molecules, acting on its own or in cooperation with those molecules. A wide series of pathways are regulated by H2S, including either important physiological pathways and pathophysiological or stress conditions. H2S biology and medical relevance are not fully understood and used adequately for sanogenic or medical purposes. More research is needed to fully understand the mechanisms and importance of this therapeutic gas. The link between balneotherapy and medical rehabilitation regarding the usage of hydrogen sulfide emphasizes the unity for this medical specialty.

Keywords: Hydrogen sulfide, H2S, Balneotherapy, inhalations, Sulfurous waters, Mud.

Session V

RESEARCH TO THE POTENTIAL ADDED VALUE OF A SET OF OSTEOPATHIC TECHNIQUES COMPARED TO A STANDARD TREATMENT PROTOCOL IN POST COVID PATIENTS, A RANDOMIZED CONTROLLED TRIAL.

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Abstract

The motivation for this research is found in the fact that COVID-19 patients might experience symptoms that persist months after initial infection (Rogers-Brown JS, Wanga V, Okoro C, et al. Outcomes Among Patients Referred to Outpatient Rehabilitation Clinics After COVID-19 diagnosis — United States, January 2020–March 2021. MMWR Morb Mortal Wkly Rep 2021;70)1. This research of Rogers-Brown shows that compared with control patients enrolled in a cancer rehabilitation program, adult post–COVID-19 patients referred for rehabilitation services reported poorer physical health and being less able to engage in physical activities and activities of daily living. Patients recovering from COVID-19 also had significantly higher health care use than control patients. Patients recovering from COVID-19 might require tailored physical and mental health rehabilitation services.

This research will be conducted at the Techirghiol Sanatorium, on the condition it is approved by the ethical committee. The zero hypothesis is that a set of osteopathic techniques has no measurable significant added value in post-covid patients, compared to the standard treatment protocol applied by the Techirghiol Sanatorium. The inclusion criterium is patients with positive PCR test. The study design is a comparative study between a control group, who receive the Techirghiol treatment protocol and an experimental group, who receive the Techirghiol treatment protocol and receive in addition a set of osteopathic techniques. The study design is single blind, where the set of techniques will be applied by the Techirghiol therapists and the objectivations of the potential treatment effect will be obtained by standardized questionnaires. The set of osteopathic techniques will be explained during the lecture. The aim of this research is not only to meet the needs of the population affected by COVID-19, but also to highlight osteopathy in the treatment process and last, but not least to put Techirghiol on the map of optimal post-COVID-19 care.

RECOVERY OF THE SEQUALAE OF POST-COVID CORTICOSTEROID THERAPY

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Abstract

SARS-COV-2 pneumonia is a severe respiratory condition, with impaired gas exchange at the alveolo-capillary level, which triggers a storm of cytokines, as an inflammatory response, associated with other pathophysiological phenomena. Among the therapeutic measures, corticosteroid therapy is frequently used.

Dexamethasone (DXM), Hydrocortisone (HC) or Methylprednisolone (MP), in addition to their anti-inflammatory and immunosuppressive benefits, is associated with secondary adrenal insufficiency (SAI), the recovery of which is the motivation for the present study. Most protocols suggest the use of an immunosuppressive dose (20 mg/day – DXM, 200 mg/

day – HC, 80 mg/day – MP) for up to 10 days, limiting SAI. The largest study (RECOVERY), which enrolled over 6,400 patients, randomized by respiratory support, included 2104 cases with dexamethasone 6 mg/day. The study showed the net benefit of DXM in reducing mortality at 28 days in patients who needed oxygen and the lack of benefit in those without need for respiratory support. The study does not mention the occurrence of SAI. However, SAI occurs for more than 14 days of corticosteroid therapy.

To avoid SAI, the application of short-term corticosteroid therapy (maximum 10 days), or pulse corticosteroid therapy is a solution. SAI testing can be done one week after the end of corticosteroid therapy, by dosing cortisol and ACTH and, possibly, tests to stimulate adrenal function at 3-month intervals. In the situation of the present SAI, a substitute treatment is required, reviewed quarterly.

In conclusion, corticosteroid therapy in SARS-COV-2 infection is beneficial in patients who require respiratory support, but requires a protocol for the evaluation and recovery of SAI after overcoming the infectious moment. Somatic monitoring is required in the context of the presence of myalgias, muscle asthenia, joint stiffness and somatic deconditioning. Recovery after COVID corticosteroid therapy requires the evaluation of all visceral, neurological and somatic manifestations, clinical and functional as well as medium or long-term application of the rehabilitation program using both pharmacological and non-pharmacological therapeutic means (physical-kineto).

METHODOLOGICAL PREMISESIS AND ADMINISTRATIVE - ORGANIZATIONAL PREPARATIONS TOWARDS THE ACHIEVEMEN OF NATIONAL STANDARDS/GUIDELINES FOR GOOD PROFESSIONAL PRACTISCES IN POST COMBUSTION PATHOLOGY: BURNS AND SEVERE BURNS – WITH FOCUS ON THE RELATED REHABILITATION

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Abstract

As advances in modern medicine succeed to ensure the survival of a greater number of patients with severe trauma, including with extended/ deep burn injuries, gathering as much as possible theoretical and practical knowledge in this field is fully warranted, especially as Romania faced, in 2015, the tragedy caused by a fire with dramatic consequences: over 200 persons wounded, with burns (many of these severe, including with respiratory injuries) of whom 64 died, and a relevant part of the survivors remained with disabling sequels, some of them for life.

Based on evidence strategies and moderate clinical certainty regarding the necessary: complex and continuously sustained treatment and rehabilitation of the patients with burns, in this work we present, first, the actual situation of the European principal requirements for the integrated therapeutic-rehabilitative interventions and afferent infrastructure, regarding the approach of such pathology.

Further, we announce the achievement of the preparative for the national standards of physical and rehabilitation medicine, functional readaptation and elements of occupational therapy – towards establishing national guidelines for good professional practices in the post combustion pathology: burns and severe burns – and the endeavors done by now, in Romania, towards the fulfillment of burn centers, and the actual existence of burn functional units, as well as the training international programs already granted – respectively those ongoing, and future projections in this respect – to the medical staff working in this multidisciplinary domain.

Additionally, to consolidate the related

professional information basis, we synthetically present data concerning: physiological and path-physiological items, clinical and para-clinical examination methods, treatment and rehabilitation strategies for such patients – with brief examples of practice – and possible risks and complications that may occur.

Keywords: burn injuries, multidisciplinary team, physical and rehabilitation medicine & balneoclimatology, national standards of care and rehabilitation for patients with burns.

POSTCOVID REHABILITATION IN BALNEAL AND REHABILITATION SANATORIUM TECHIRGHIOL – PRACTICAL ISSUES

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Abstract

Medical rehabilitation brings definite benefits to convalescing patients, to those that have needed intubation and/or have been treated in intensive care units, to patients that have respiratory sequalae, activities of daily leaving limitations and to any other person presenting different types of functional deficiencies and comorbidities.

This present paper is showing the use of the healing properties of lake's Techirghiol waters and bioclimate for respiratory rehabilitation of the patients after COVID-19 infection together with all the means that Physical Rehabilitation and Medicine has at its disposal (Walker View, Deep Oscillation, Super Inductive System etc.).

The internal protocol followed by Techirghiol Balneal and Rehabilitation Sanatorium uses for respiratory physical therapy recovery of the post COVID-19 patients, respiratory retraining exercises, specific relaxation and posturing, things that lead to diminished dyspnea, better physical resistance endurance, diminishing of anxiety and depression, improvement of quality of life and independence leading to familial and socio-professional reinsertion. At the same time all the other systems and anatomical functioning sequalae that co-exist are taken into consideration, as Medical Rehabilitation is the one specialty primarily addressing the functional limitations of the patient no-matter their origin.

Thinking only of respiratory rehabilitation, especially after COVID-19 infection, the patient and his treatment must be a holistic one, including all his functional limitations and particularities.

As a conclusion the rehabilitation program for such patients has to be adapted to the unique needs of each patient, taking into consideration their singular functional deficits and comorbidities.

Keywords: post recovery Covid-19, respiratory recovery, Lake Techirghiol.

PECULIARITIES OF A COMPLEX DIAGNOSIS AND A THERAPEUTHIC APPROACH TO RECOVERY IN MYOPATHY

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Abstract

Introduction: Myopathies are diseases implying motor deficit due to muscles, especially proximal and symmetrical with fatigue and cramps that occur after physical exertion, especially isometric. A special category of myopathies are muscular dystrophies which are inherited, degenerative diseases of the skeletal muscles, progressive and have as substrate chromosomal abnormalities that cause changes in the structure of the muscle cell, usually a defect of the myocyte membrane

Material and method: Under THEBA Bioethics Commission approval (41428/ 11.05.2021), this paper presents a case of a 32-year-old patient with known to have slow progressive muscle weakness from the age of 8, is admitted to our clinic division for proximal motor deficit, scapulo-humeral and pelvic belts and severe locomotor dysfunction, with severe gait and self-caring dysfunctions.

Results: The EMG examination is suggestive for chronic myopathy, with nerve conduction studies for median and ulnar nerve with low amplitude at proximal stimulation and interferential pattern with early recruitment and low amplitude of motor unit action potentials. The muscle biopsy puncture makes the diagnosis of certainty: limb-girdle muscular dystrophy. The rehabilitation program of the patient consisted in electrostimulation of proximal muscles by using interferential medium frequency currents and kintetotherapy with principals aims of preservation of the muscular strength of the distal muscles and increase proximal muscles strength, improving transfers from bed to wheelchair and vice versa and performing orthostatism and promoting gait as much as possible.

Conclusion: The rehabilitation program is currently the only therapy able to maintain muscle strength and improve functional damage and prolong the patient's autonomy as long as it is possible, improving at the same time, their quality of life.

Key words: myopathy, muscular dystrophies, rehabilitation program.

THERAPEUTIC -RECOVERY PARTICULARITIES IN A GERIATRIC PATIENT WITH OSTEOARTICULAR, METABOLIC AND NEUROVASCULAR IMPLICATIONS

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Abstract

In the modern world, the elderly population is increasingly better represented (1). And the pathology of the elderly is complex, with sometimes unexpected limitations (2) (3).

We present the case of a long-lived female patient (aged 90), with underlying pathologies frequently encountered in geriatrics (hypertensive, cerebrovascular, gastro-duodenal, osteo-articular degenerative suffering), who suffered a hip fracture after falling from his own level, being subsequently treated surgically in the orthopedic service.

We will discuss the unexpected trajectory of the post-hip arthroplasty recovery process (influenced by the chronic, subacute and acute suffering of the patient's various systems and organs) with considerable limitations in regaining independent gait.

Last, but not least, we will discuss the potential benefits of balneological treatment, both in ensuring an aging process as physiological as possible, and in ensuring optimal functional recovery after various osteo-articular traumas.

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BIOFARM SYMPOSIUM
IBUPROFEN 400MG/ PARACETAMOL 325 MG COMBINATION FOR MODERATE/SEVERE PAIN RELIEF

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Abstract

Introduction: A worldwide study conducted on 19.000 subjects revealed that 93% have etiologically different pain, 27% complaining of daily pain.

Content: Given that 20% of adults hurt and 50% have chronic headaches, the costs being very high both for the patient and the medical system, pain is considered a major public health problem. It could be acute or chronic, located precisely or indefinitely, it can be accompanied by different sensations, of varying intensity and depending on the spatial propagation; it can be primary or radiated. A therapeutic option for pain is the combination of a lower dose of Paracetamol with an NSAID, thus increasing the effectiveness of the treatment while decreasing the risk of side effects for each of the two substances. Clinical trials attest superiority of the Paracetamol/ Ibuprofen combination compared to the association of each other with Codeine. Ibuprofen is one of the oldest non-steroidal anti-inflammatory drugs used with analgesic, antipyretic and anti-inflammatory effect, Paracetamol exerting analgesic and antipyretic action. The latter increases the analgesic effect of Ibuprofen, which in turn relieves the inflammation responsible for the onset of pain. The combination of the two substances has been shown to be effective in rapidly relieving moderate/ severe acute and chronic pain.

Conclusion: The combination in one tablet of 400mg Ibuprofen and 325mg Paracetamol, which can be administered up to 3 times/ day allows superior pain control, with a rapid pain relief and persists for up to 8 hours without present major adverse reactions.

Session VI

DISABILITY- KIDNESS CARE

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Abstract

Why kindness, empathy and compassion are so important in our evolution, because we are tribes, and our existence is related with the others. We grow up in families and the family is in the case of the disability patients a very important root. Parenting can be very challenging, particularly when they are children or teens. It is very important to understand that helping families and individuals we are creating a huge potential for the healing. Factors like self- care, self- compassion, empathy, or kindness are hidden in this system. Activating these resources, we can

induce an internal and external source to reinforce the parents.

All this factors of well- being are competences as a competence can be trained. We are going to present a method based on kind mind, for parents and institutions who work daily with children and teens with disabilities. The program is based on affective, cognitive, and social neuroscience, combining scientific instruments, with the deep quality of the human neuropedagogy.

We are focused in nourishing the family system, for all the process of care and transition with the patients, helping them to solve the problems of daily life and increasing their quality of life.

ERASMUS MUNDUS JOINT MASTER

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Abstract

Erasmus Mundus Joint Masters are high-level integrated study programmes at master level. The programmes are designed and delivered by an international partnership of higher education institutions from different countries worldwide.

Erasmus+ funds scholarships for students to take part in these programmes. The masters programmes themselves offer these scholarships to the best-ranked student applicants worldwide, in annual application rounds.

EU scholarships cover the cost of a student's participation in the programme, travel, and a living allowance.

The Escuela Universitaria de Osteopatía has accepted the challenge to organice a group of potential partners worldwide to offer a Joint Master in Osteopathy.

By doing so we will achieve a high international standard of Osteopathic training at university level aim to be the world reference in Osteopathic eductaion.

Accomplishing this project will bring together knowledge, experience and cultures from 7 different countries and 3 different continents.

The international group so far includes the following Institutions:

- Escuela Universitaria de Osteopatía - University of Murcia (Spain)
- Ovidius University - Constanta (Romania)
- Flanders International College of Osteopathy - Belgium
- ASOMI College of Sciences - Malta
- Universidad Especializada de las Américas - Panamá City (Panama)
- Escuela Osteopática de Buenos Aires - University of Buenos Aires (Argentina)
- University Dhyana Pura - Denpasar, Bali (Indonesia)

ACUPRESSURE ELEMENT FOR NOCICEPTIVE PAIN

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Abstract

This paper presents a short review about acupressure in various ailments of the vast rehabilitation pathology.

Originated in ancient China, pressure point therapy was used for reaching global harmony, health and longevity for the human body. Similar to acupuncture the acupressure therapy relies on applying pressure to specific points on the energetic meridians of the body. These points are called focal points considered to be the resonation of the energetic lines throughout the body and when these points are disrupted, the energy field is unbalanced and many times they convert to pain.

The human body consist of 12 main subtle energetic channels which correspond to the interna organs in pairs half of them representing the yin aspect, the so-called deposit organs or zang organs and the other half representing the yang aspect, the so-called storage organs or fu organs.

Practitioners of acupressure over the years identified at least 2000 acupoints spread around the established meridians.

The technique used on the acupressure point has the objective of changing the energy flow on the specific meridian which travels along the point. The energy can be accumulated in the focal-point from the exterior which correspond to the tonus effect. Also, the energy can be diminished from the focal-point by reorienting its energy to other routs which correspond to the disperse effect. The disperse effect of the energy is realized by rotating the thumb or index finger of the left hand and rotating it clockwise for 1 to 2 minutes. The tonus effect is realized by placing the thumb of the right hand on the focal-point and rotates it counterclockwise for 1 to 2 minutes.

Every area of the body has a map of focal-points in order to locate the pain of the specific body part and by means of acupressure by accumulating or releasing energy from that specific point.

These techniques are used and perfected for many years and if pain drugs or physical therapy does not work on a patient, it is advisable to tryout the acupressure therapy because the source of the pain can be a disruption in the harmony of the energy field and if resolved, can relive the patients' suffering.

SUNWAVE SYMPOSIUM
EFFICIENCY OF NATURAL EXTRACTS IN THE TREATMENT OF MUSCULOSKELETAL

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Abstract

Musculoskeletal disorders are affecting a significant percentage of the global population. Chronic inflammation, pain, oxidative stress, progressive histological alterations and disabling symptoms are just a few of the problems the patients are facing along other comorbidities. This paper presents how natural extracts are a promising alternative in musculoskeletal disorders, with a low rate of adverse effects and similar efficency with that of conventional medication. Although pain-killers, NSAID's or biological agents are potent and effective treatment options and will effectively reduce pain and inflammation, they come along with serious,

unwanted, life-threatening side effects such as gastrointestinal bleeding, rise in blood pressure, heart failure and renal impairment. Due to high incidence of these adverse events seen with non-selective and selective COX2 NSAID therapy, effective and safer alternative treatments for chronic pain conditions are needed.

Four natural extracts are summarized in this paper: Curcuma Longa (turmeric), Boswellia Serrata (incense), Zingiber Officinale (ginger) and Pinus Pinaster (pycnogenol). Along time, these natural extracts have been tested on animals, in vitro studies, but also they have been tested in human studies and their effectiveness has been proven. The purpose of this paper is to provide the scientific information for the analgesic activity and anti-inflammatory activity of the above mentioned extracts.

SUNDAY THE 15TH OF AUGUST
Session VII

USE OF VESTIBUO-OCULAR REFLEX IN PROPRIOCEPTIVE TRAINING FOR SCOLIOSIS

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Abstract

Adolescent idiopathic scoliosis (AIS) is a three-dimensional deformity of the spinal column of unknown ethiology and it represents the most frequent diagnosis in the case of developmental deformity of the spine. Multiple factors could be involved, including neurosensory pathways and, potentially, an elective disorder of dynamic proprioception. Since recent research has shown that in most cases of AIS clinical tests such as the Fukuda stepping test are positive for rotation and/or forward movement, stabilometry tests, uni- or bipodal show decrease compared to the general population, this indicates a disorder of dynamic proprioception. Because of this, proprioceptive retraining is used along with other methods when treating scoliosis.

The vestibular system detects motion of the head in space and in turn generates reflexes that are crucial for our daily activities, such as stabilizing the visual axis (gaze) and maintaining head and body posture. In addition, the vestibular system provides us with our subjective sense of movement and orientation in space. The vestibular sensory organs are situated in the petrous part of the temporal bone in close proximity to the cochlea, the auditory sensory organ. Although the vestibular system was recognized as a separate entity from the auditory portion of the inner ear only in the middle of the 19th century, it is phylogenetically the oldest part of the inner ear. The vestibular system is made of two types of sensors: the two otolith organs (the saccule and utricle), which sense linear acceleration (i.e., gravity and translational movements), and the three semi-circular canals, which sense angular acceleration in three planes. The receptor cells of the otoliths and semi-circular canals send signals through the vestibular nerve fibres to the neural structures that control eye movements, posture, and balance. Many recent studies of vestibular-deficient patients have more specifically investigated the role of the vestibular system in controlling gaze, balance, and posture (e.g., Cullen 2004, Horak 2006, Maurer et al. 2000), and sensory substitution (e.g., Peterka et al. 2006). During movements, sensory information from somatosensory, vestibular, and visual systems is integrated based on the goal of the action. The vestibulo-ocular reflex (VOR), which functions to stabilize gaze and ensure clear vision during everyday activities, has been well characterized and shows impressive adaptation in response to behavioural requirements. The relative simplicity of the pathways that mediate the VOR, have made it an excellent model system for bridging the gap between the cells, neuronal circuits, and behaviour. The vestibular system also plays a critical role in ensuring postural equilibrium by producing appropriate adjustments during both self-generated movements and externally applied disturbances.

MANIPULATIONS: ADVANCED INSIGHTS, APPLICATIONS & HIGHER LEVEL

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Abstract

To the general public, osteopathic care is associated with manipulations and often patients call their osteopath 'bone doctor' or 'joint cracker'. This lecture provides insights into the working mechanisms and potential effects of a manipulation, explained in a multi-disciplinary, accessible way. Manipulations are discussed from a safety point of view and starting from the contra-indications, the indications are explored, providing the participant understanding why an osteopath manipulates, leading the participant far beyond just the release of blockages and into the osteopathic way of thinking. The participant is guided through various approaches (eg. anatomy, neurology, neurophysiology and PENI), providing multiple pieces of a coherent manipulation puzzle. By following this lecture, the participant is able to rethink homeostasis and has insight in the use of a manipulation as a tool for allostatic regulation in physiology and pathophysiology. The transfer from providing knowledge into the application of the knowledge is made, so each participant has a direct applicable insight in the daily clinic of his or her profession. The scope of this lecture may be on manipulation, but the participant is submerged in the osteopathic way of thinking and linking, providing a different perspective on clinical care and therapeutic approach, even for therapist that do not use manipulations in their clinical work. Touching a patient will never be the same again.

HYPOTHESES REGARDING LOCUS OF CONTROL AND MOTIVATION IN REHABILITATION OF CHILDREN WITH CEREBRAL PALSY. COMPARATIVE CASE STUDIES

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Abstract

Introduction: Rehabilitation of children with cerebral palsy is a long process that takes place over a period of years, during which time the child and the family must continuously fight for sometimes small gains in functional independence. Therefor constant efforts must be made to ensure that the patient obtains an optimum level of motivation, since active participation of the patient in rehabilitation procedures is a vital component of success.

Objectives: Identifying some of the key factors that may have an impact on the level of motivation for rehabilitation of children diagnosed with cerebral palsy.

Method: This is a prospective approach using qualitative methods such as anamnesis, clinical observation, clinical interviews with the patients and clinical interviews with the mothers of the children to identify factors involved in the dynamics of children's motivation for rehabilitation. Minor patients with cerebral palsy admitted at Techirghiol Balneal and Rehabilitation Sanatorium, Neuro-Psycho-Motor Rehabilitation for Children Ward, received from their attending physician's recommendation for psychological counseling in order to manage plateau state or slow rate evolution in achieving rehabilitation targets. Hypotheses regarding variables implicated in motivation for rehabilitation were issued analyzing the data obtained during the process of psychological counseling of two children diagnosed with cerebral palsy who manifested difficulties in increasing their functional independence. The selection of patients for the study, who may benefit in the future from psychological interventions targeting higher adherence to treatment, was based on the following criteria: age (pre-adolescent, adolescent), self-awareness capacity and functional intellectual processing abilities.

Results: One of the variables that could determine variations regarding the level of commitment to actively participate in rehabilitation

procedures may be locus of control of the child (psychological construct regarding perceived level of control), since the patient with internal locus of control demonstrated higher levels of motivation and adherence to prescribed rehabilitation procedures than the one with external locus of control. Another question emerged: whether the parenting style of the mother influences the child's attitude towards effort and perseverance, since the mother of the patient with higher levels of motivation and internal locus of control had an authoritarian style of parenting, while the mother of the patient with lower motivation and external locus of control demonstrated a permissive style of parenting. Taking into consideration the necessity to increase the number of cases studied and the advantages of using certified instruments of measurement and quantitative research methods, further studies are needed to test such hypotheses.

OSTEOPATHIC MANIPULATIVE TREATMENT AND THE EARLY AGE OF LIFE AN OVERVIEW ON ITS POTENTIAL APPLICATION – OSTEOPATHIC CARE AT PAEDIATIC ICU – EVIDENCE BASED PRACTICE

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Abstract

Osteopathic manipulative treatment (OMT) is an emerging and complementary medicine used worldwide at the early age of life. From 2011 osteopathic treatment start to be admitted in Italy to NICU as a complementary treatment for preterm babies, since that time several studies showed up his potential in terms of health improvement and reduction of costs. Randomized multicentric trials focused on gastrointestinal function and reduction of length of stays demonstrates his potentials without any adverse effects. Recent studies on preterm babies started also to focus on immediate effect of OMT by measuring partial oxygen saturation (SpO2) and hearth rate (HR) suggesting that a single osteopathic intervention may induce beneficial effects on preterm physiological parameters. OMT is largely used also for the treatment of cognitive disorders as a previous study showed there are benefits on in increasing selected and sustained attention in children with attention deficit hyperactivity disorder (ADHD). Obviously, its application included orthopaedic condition such as the case report on clubfoot demonstrates. Despite the lack of studies, the treatment for the paediatric population is also largely known and used both in private practice and hospital as some important collaboration demonstrates (Neurosurgery department of Mayer Hospital, Florence; Fatebenefratelli hospital, Rome; Cardio surgery unit care of Torrette, Ancona). While the hospital collaboration is oriented to specific field of intervention the private practice is rich in variety of application that range from pathology to prevention, an interesting example largely used is the neurodevelopment osteopathic follow up of the first year of life. The Italian recent recognition of the profession is going to open new space for strong trial and research that can better explain the field of application and mechanism underneath the treatment.

EVIDENCE-BASED PERSONALIZED SUPPORT FOR HEALTHY AND INDEPENDENT LIVING AT HOME – "SMAR BEAR" BIG DATA PLATFORM

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Abstract

As people grow older, they tend to develop more health problems and become frailer, with dependency in performing activities of daily living. Currently, there is a trend of increasing life expectancy, from 70.5 years (2015) to 77.1 years (2050), with a higher rate among women. The number of people over the age of 60 will be 1.5 billion, which will represent 16% of the world's population. Vulnerability of the elderly has led to increased demands for improved health care and long-term care facilities, as well as a greater emphasis on preventive measures through health monitoring and personalized treatment protocols for dependent or partially dependent elderly people with associated comorbidities. In the context of the Covid 19 pandemic, fragility syndrome was significantly associated with an increased risk of clinical adverse events (mortality, severity of Covid-19, admission to the intensive care unit, etc). Given the Covid 19 pandemic and the lack of medical resources, paying more attention to fragility screening would help manage the disease and allocate resources among patients. It is possible to prevent disabilities by targeting pre-frail adults with simple screening tools and effective and sustained interventions. Multidisciplinary geriatric rehabilitation is essential for the management of chronic diseases. Independent "smart" technology and as an extension of telemedicine has, in the last decade, important applications. Therefore, SMART BEAR could help.

Method: SMART BEAR is a multi-centric observational research study (5 large-scale pilots, spanning 6 different countries – Greece, Italy, Portugal, France, Spain, Romania), aiming to implement state-of-the-art technology in the everyday life of elderly citizens with specific health challenges, by integrating off-the-shelf friendly to use devices into an innovative platform – SMART BEAR platform. The SMART BEAR platform will act as an assisting and personalized tool for daily routine, integrating data collected through sensors, assistive smart medical devices and end-user 'input via structured questionnaires and interaction. The Romanian pilot is conducted by ANAASLAN International Foundation, an European Excellence Center for Neurocognitive Diseases (info.eadc) and a geriatric/gerontology and old age psychiatry excellence center and Academic Clnic for Romania. Digital technologies as in SMART BEAR could contribute by cognitive stimulating serious games, lifestyle coaching for healthy dietary habits, physical and social activities, measuring performed activities, monitoring subsequent pathologies and therapy adherence, supporting better indoor orientation (intelligent lightings and sensors) and safer outdoors travelling (GPS location trackers). Objectives: Primary objective: the correlations between the compliance with the recommended interventions and the individual evolution on the cognitive status. The hypothesis is that participants with increased adherence to the recommended interventions (serious games-3 sessions/week, physical activities-minimum 150 min/week) and social interaction, will have better outcomes compared to those with lower adherence. Secondary objective: the correlations between continuously monitored lifestyle parameters, (e.g.sleep quality) and individual cognitive & functional outcomes. The hypothesis is that better sleep quality will be correlate with better cognitive outcomes. Results: The project is in its infancy due to the delay caused by the global pandemic. Study participants are currently being recruited using specific medical evaluations. Conclusions: Novel technologies such as those to be employed in the SMART BEAR project have indeed the potential to benefit, assess, monitor, and support older people to live independently and improve their quality of life. Acknowledgment: H 2020-SC1-FA-DTS-2018-2020, Trusted digital solutions and Cybersecurity in Health and Care, TOPIC DT-TDS-01-2019, Smart and healthy living at home. This project has received funding from European Union's Horizon 2020 research and innovation programme under grant agreement No.857172 (SMARTBEAR).

HANDS WITH HEART FOUNDATION; HELP, SHARE & LEAR

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Abstract

Hands With Heart Foundation is a nonprofit organization that aims to help disadvantaged children with disabilities reaching the furthest behind first.

In order to achieve this goal we have developed three main activities as follows:

- Clinical Assistance; We provide free healthcare assistance from a multidisciplinary approach to treat the child with disabilities. Our services includes: Osteopathy, Physical Therapy, Behavioural Optometry, Clinical Posturology, Psycho-social supporting and Dentistry.
- Training the Local Therapists; Since we do not have apartment base from where ongoing therapies could be delivered as often as the children require, we focus on share our academic & clincial knowledge with our local therapists so provide them with more tools to help more.
- Informative Talks; Families of children with disabilities can be exposed to wide variety of clinicos options which could be frustrating a difficult to deals with. We provide informative talks to parents trying to give them our best advice and guidance in the healthcare of their child.

Our Humanitarian Work has been increasingly growing over the past few years reaching more children, getting more volunteers involved and acting in more locations. At this moment we are offering our help in the island of Bali (Indonesia), Costa Rica and in Romania.

Keywords: Frailty Syndrome, Fall prevention, Cognitive Impairment, Smart Bear Big Data Platform

CUPRINS **EDIȚIE SPECIALĂ** **SPECIAL EDITION** CONTENTS