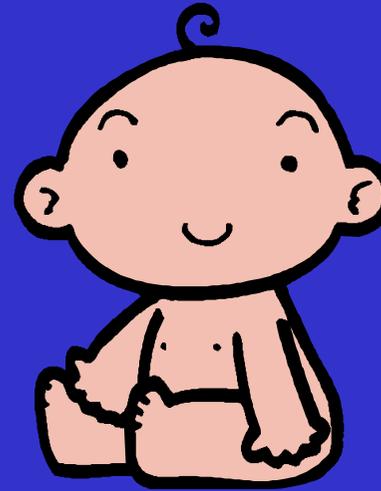


*Differenti soluzioni
posturali*

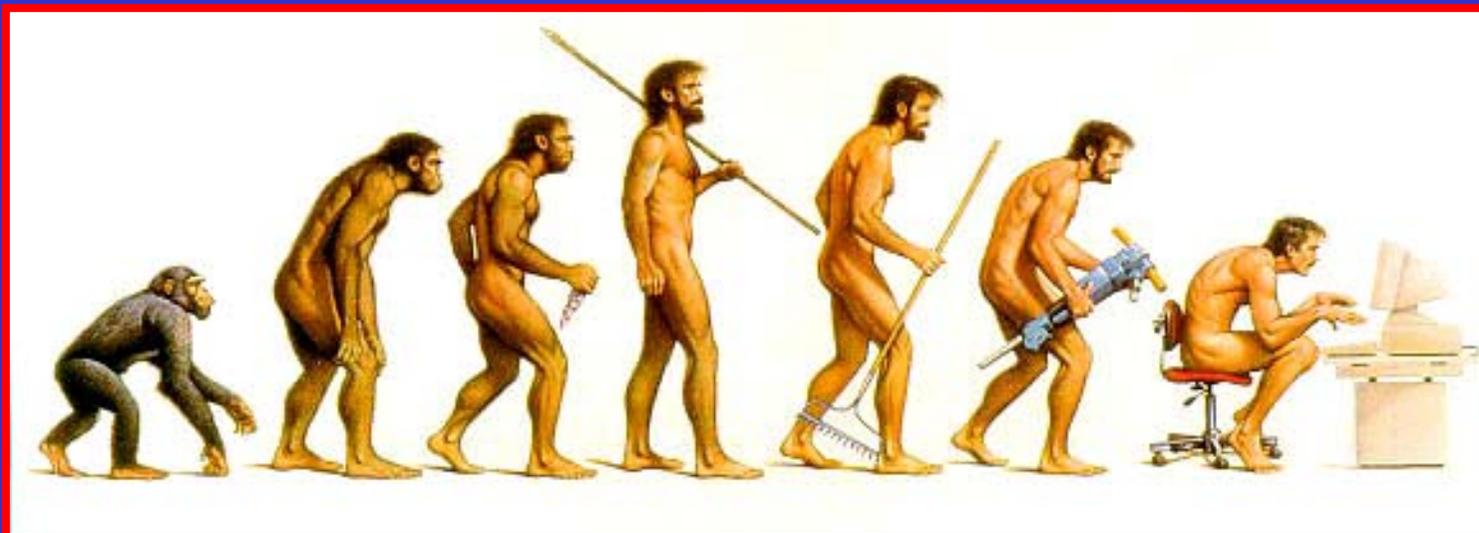


*“ Gli uomini non sono tutti
uguali ! ”*

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Il corpo si adatta alle *attività* (richieste funzionali) ed alle *posizioni* cui è sottoposto durante la giornata

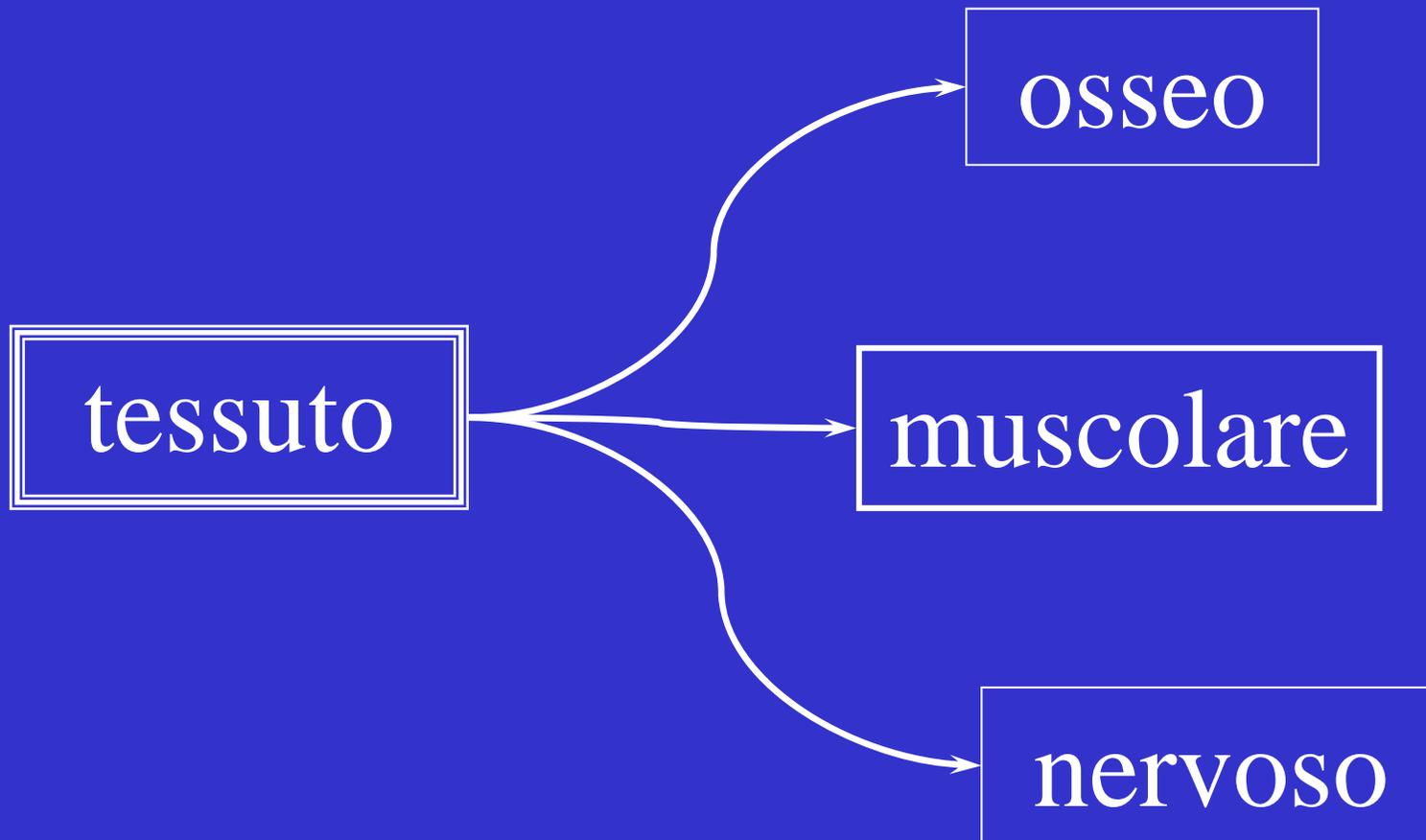
24 h



lastre

Fisiologia dei tessuti

✚ benessere dei tessuti



OSSO

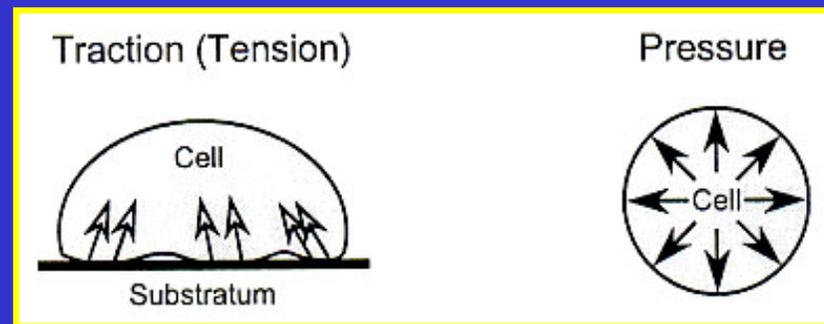
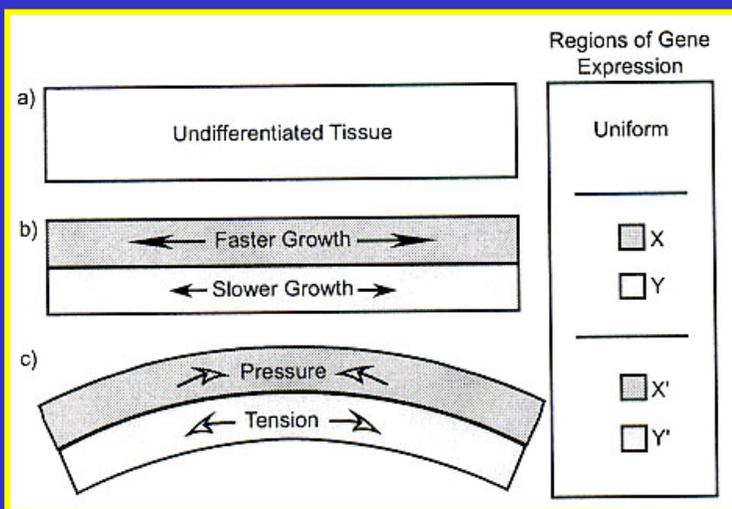
forma

**rapporto tra le
ossa = articolazioni**

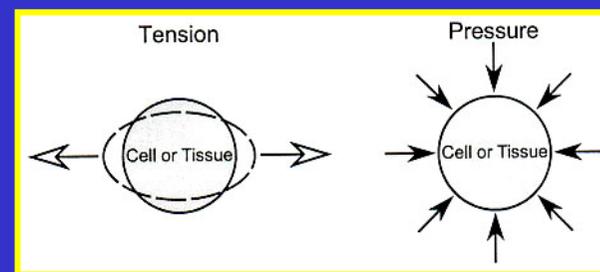
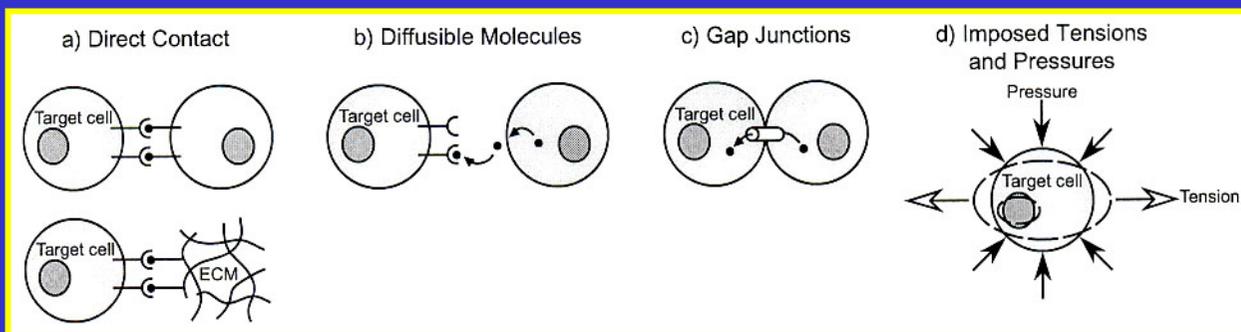
trofismo

Forma: meccanismi di crescita

fattori endogeni

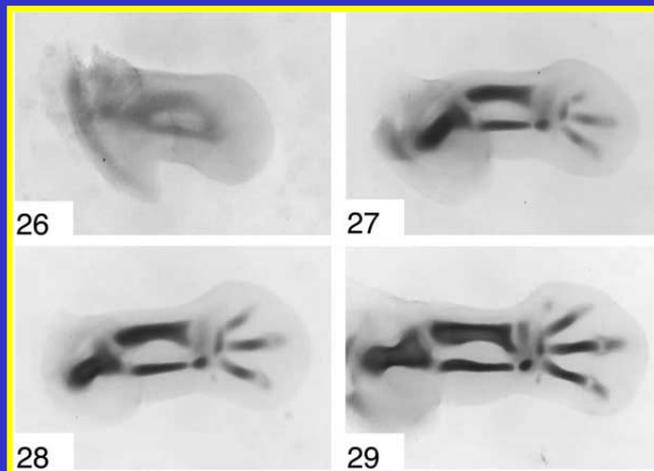


fattori esogeni

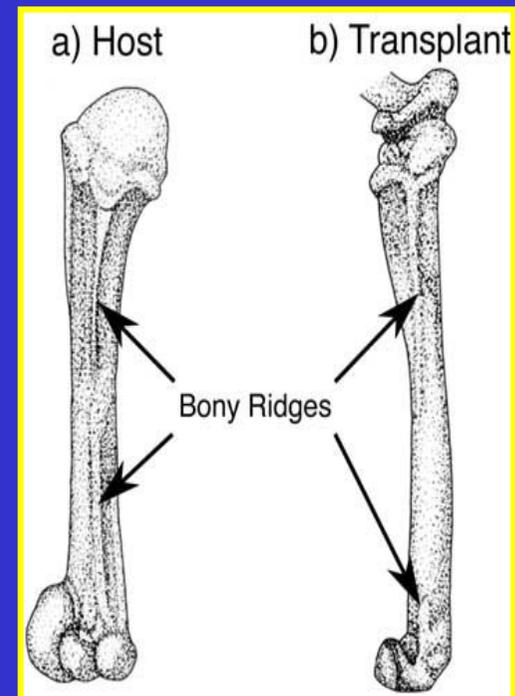
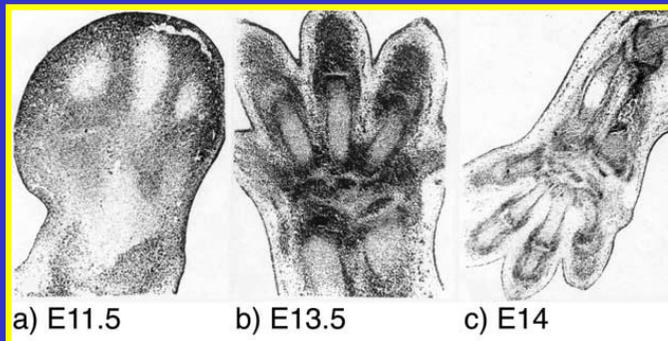


Forma: meccanismi di crescita

crescita:
prossimo-
-distale

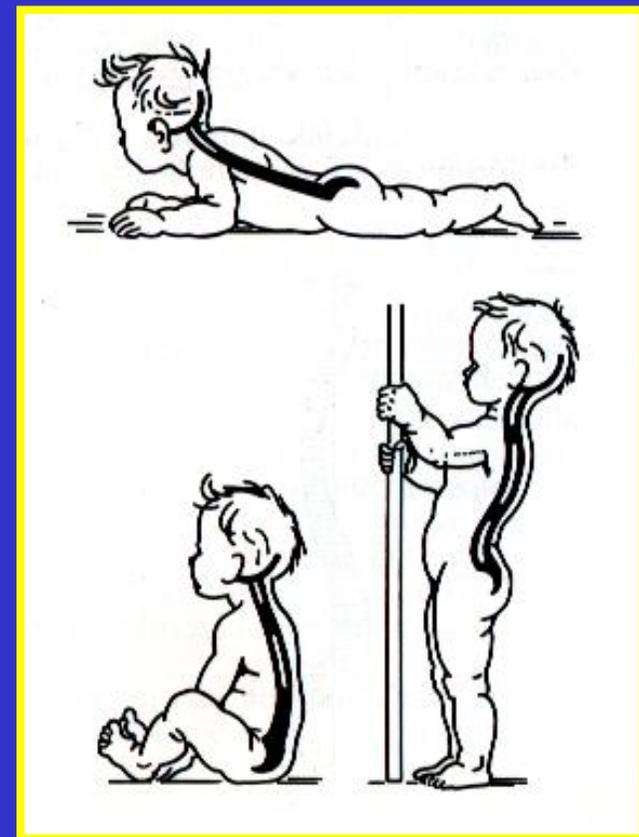
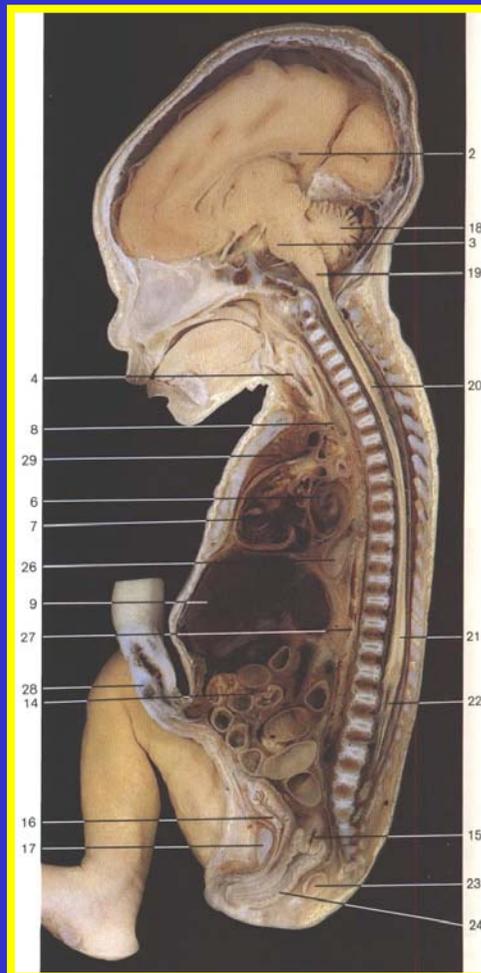
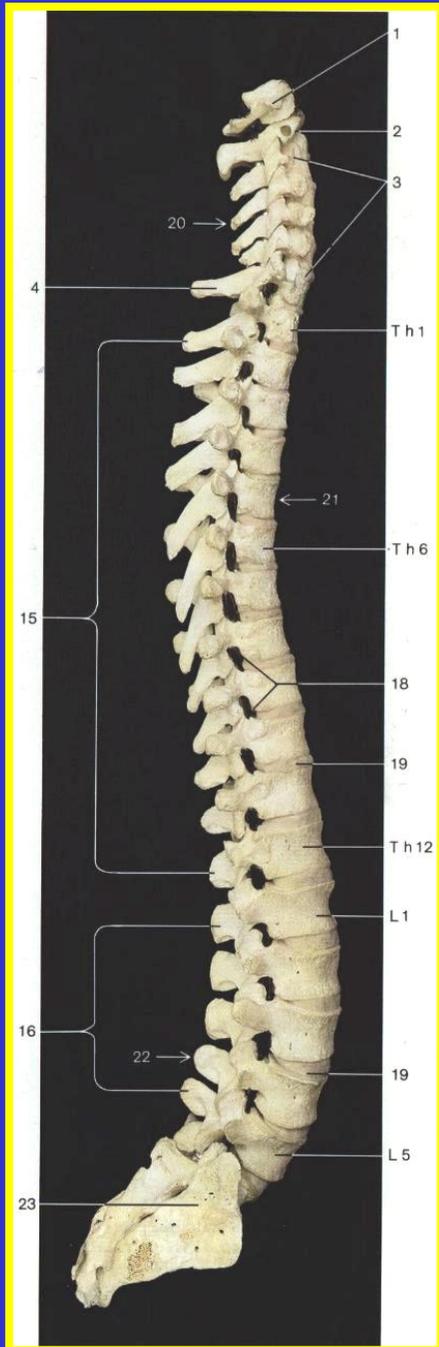


crescita:
vari
tessuti

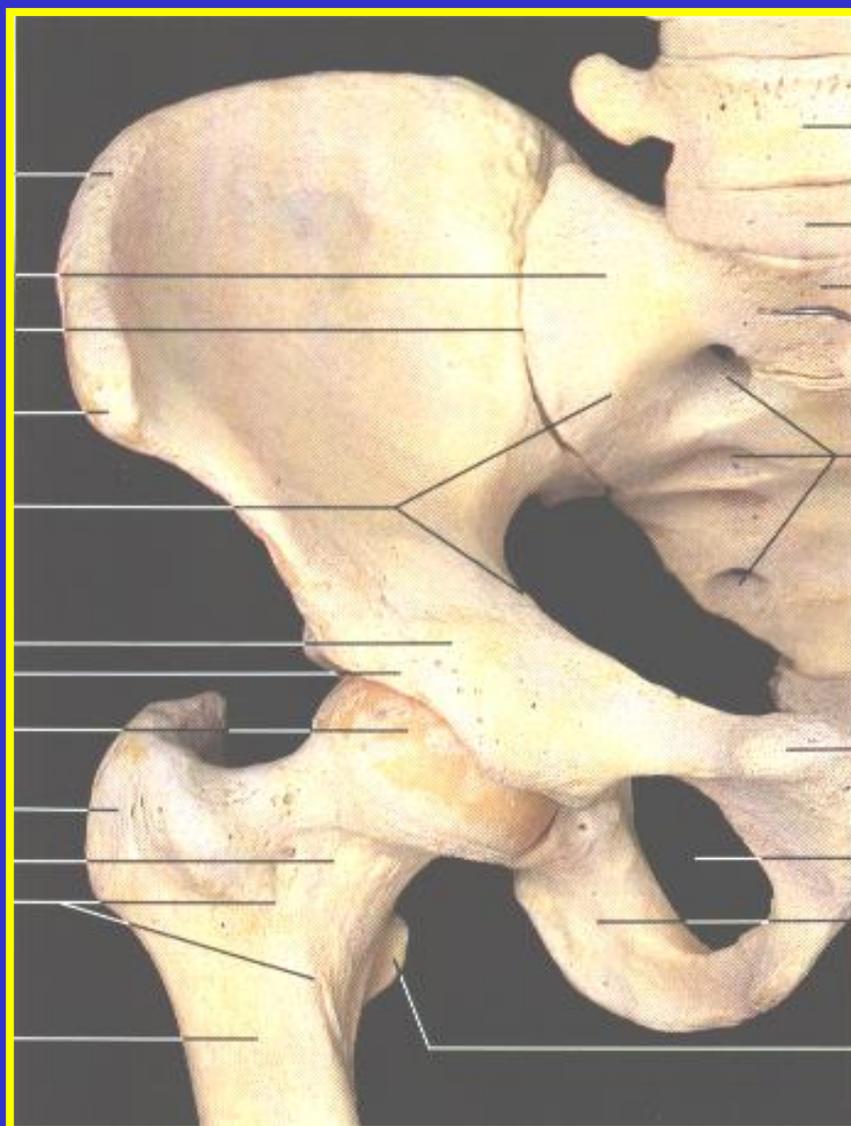
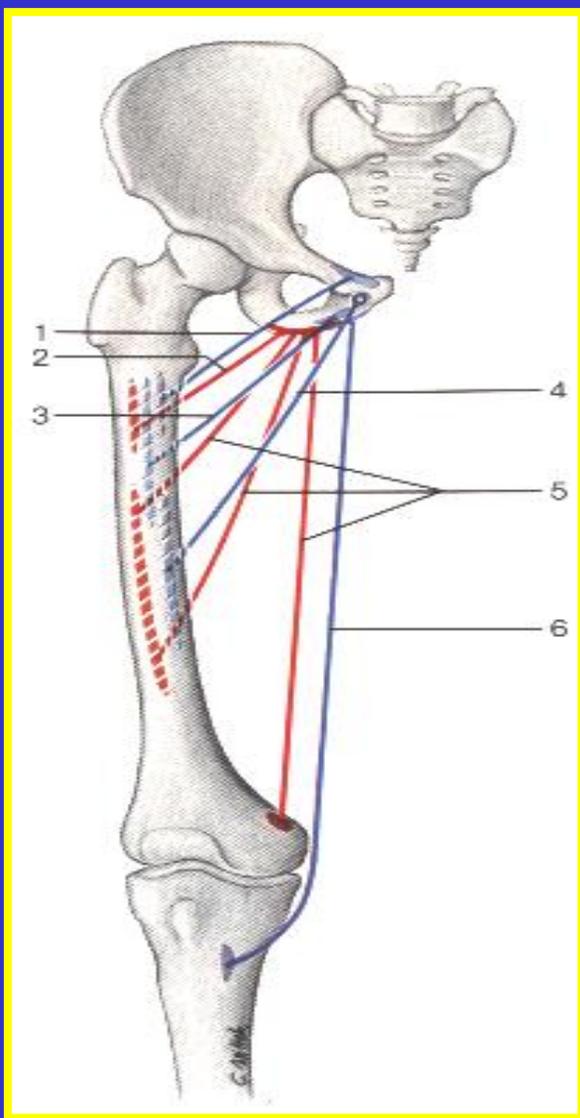


crescita:
formazione
creste

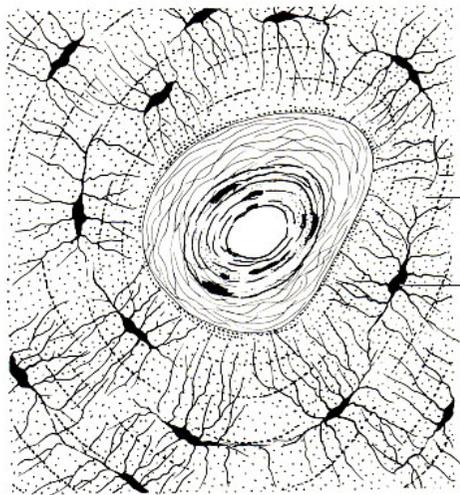
Forma: la crescita



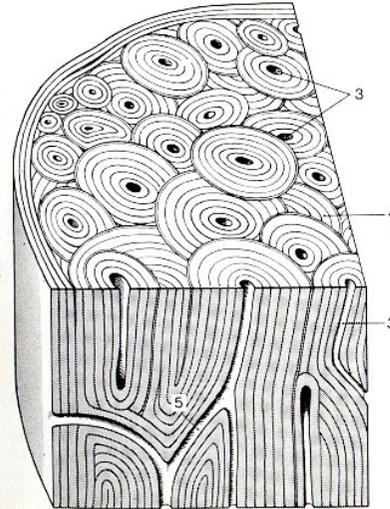
Articolazioni



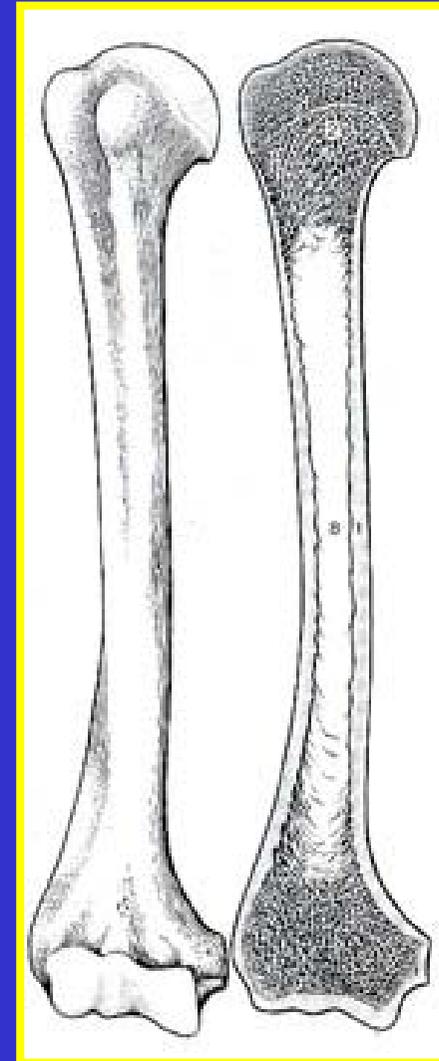
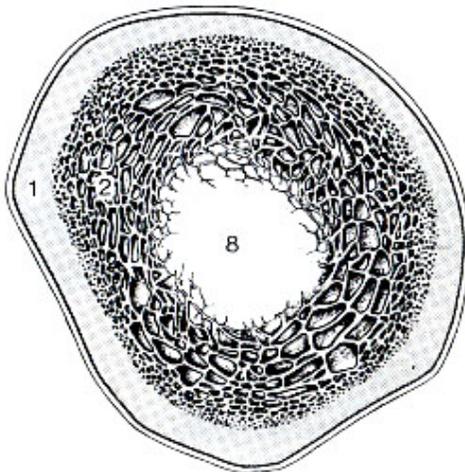
Trofismo



A Sistema di Havers. x 400 circa.
Al centro: canale di Havers con
un vaso sanguigno e tessuto
perivascolare (da Leonhardt, H.:
Istologia e citologia dell'uomo,
7ª edizione Thieme, Stuttgart 1985).



B Schema della diafisi di
un osso lungo.

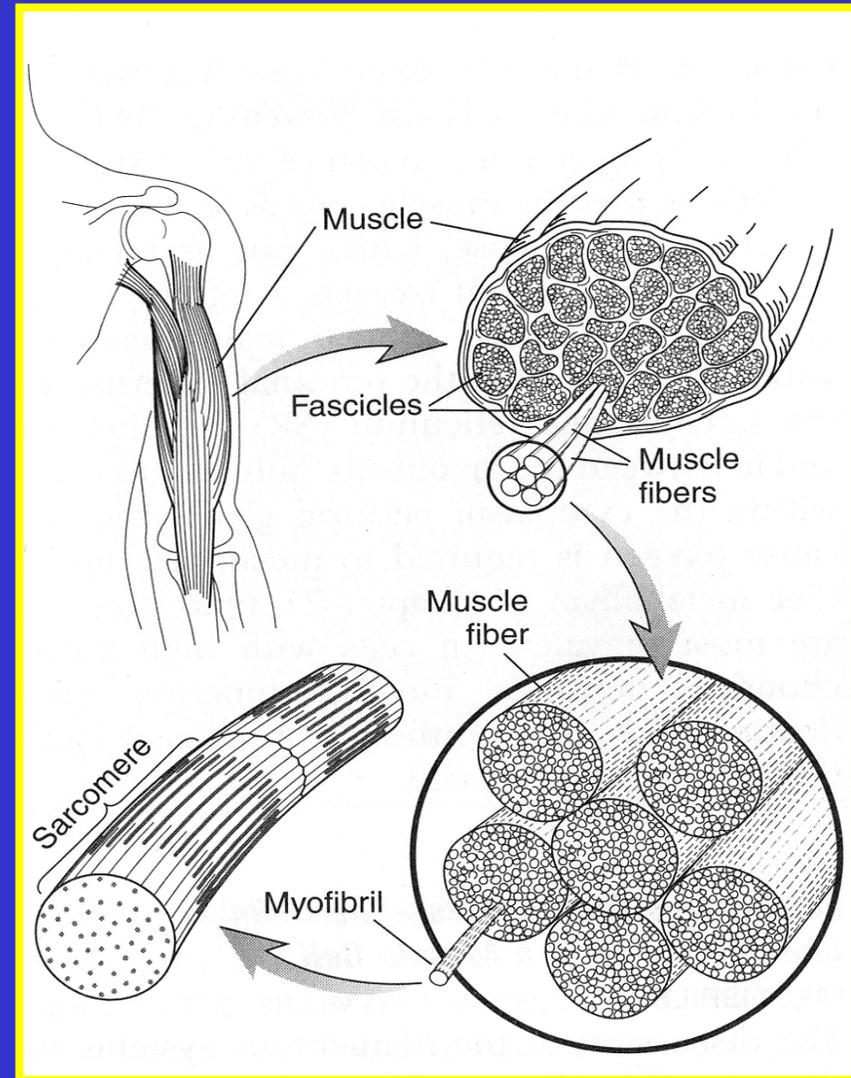
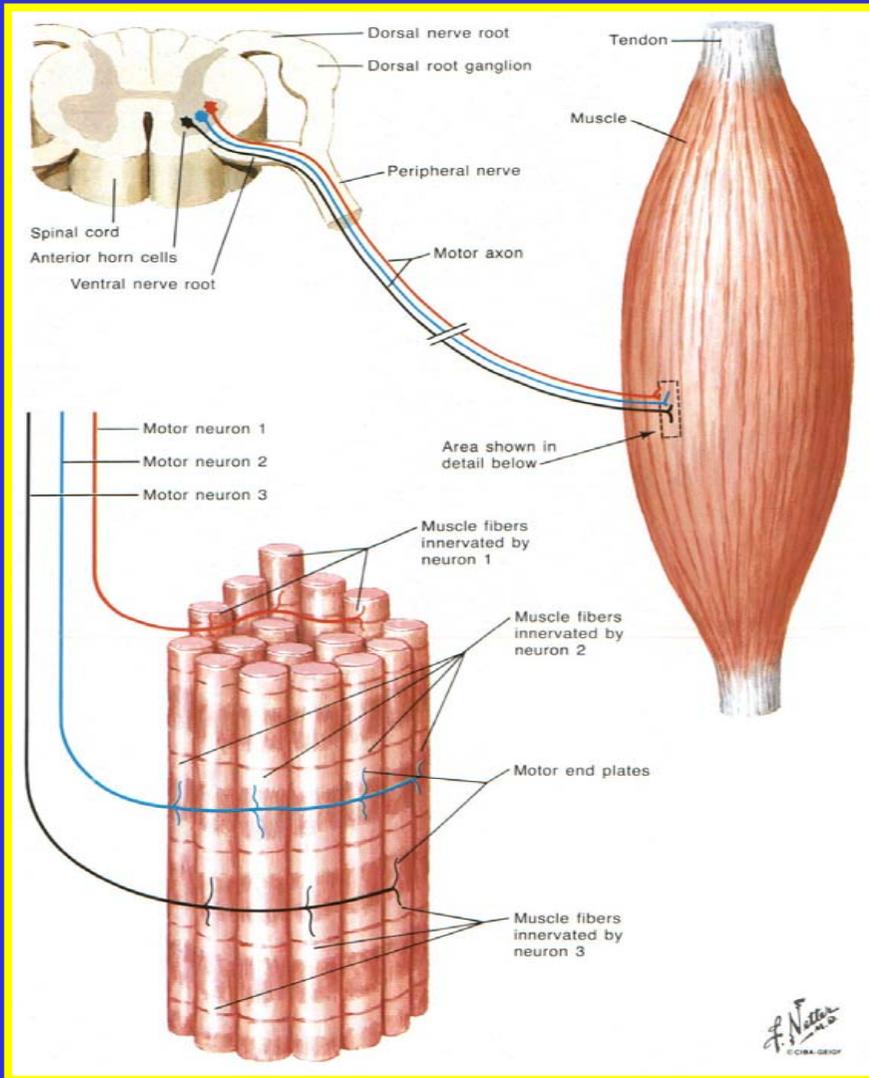


MUSCOLO

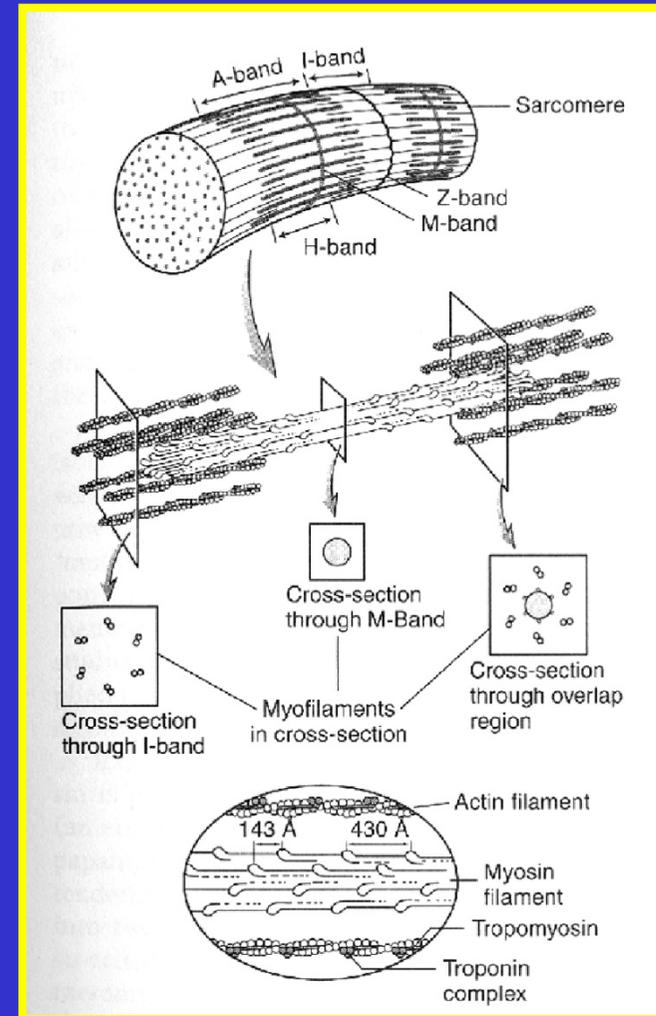
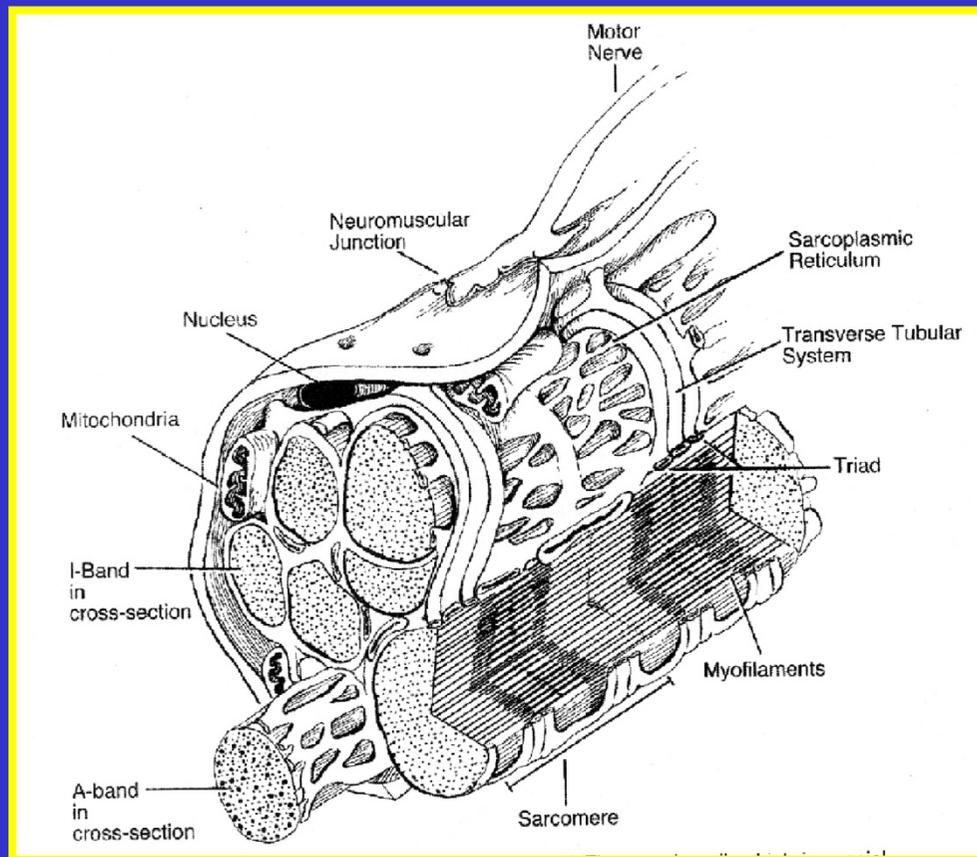
lunghezza

fisiologia

Muscolo: la lunghezza



Muscolo: la struttura

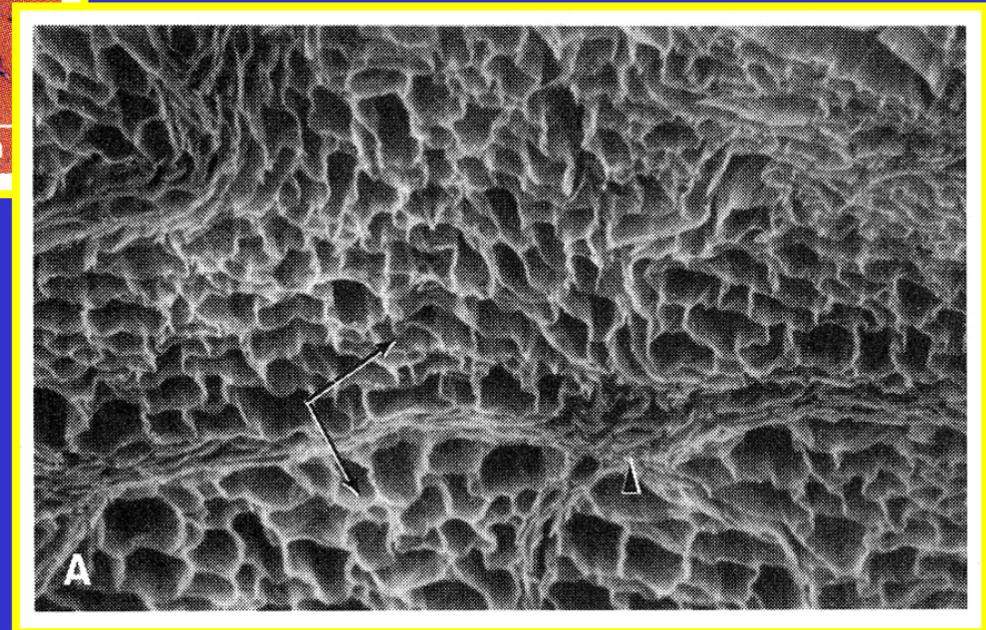


Muscolo: la struttura

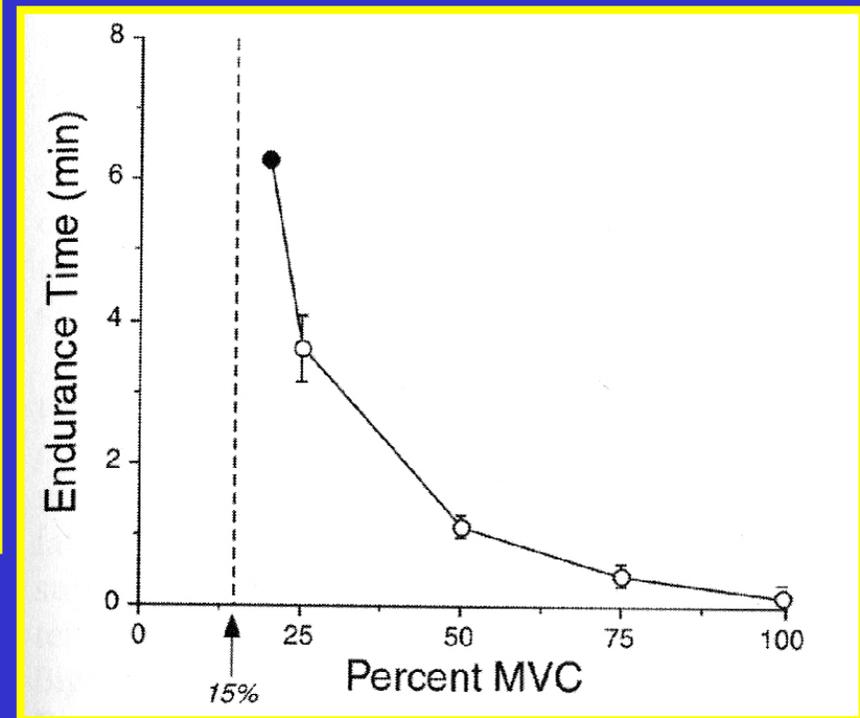
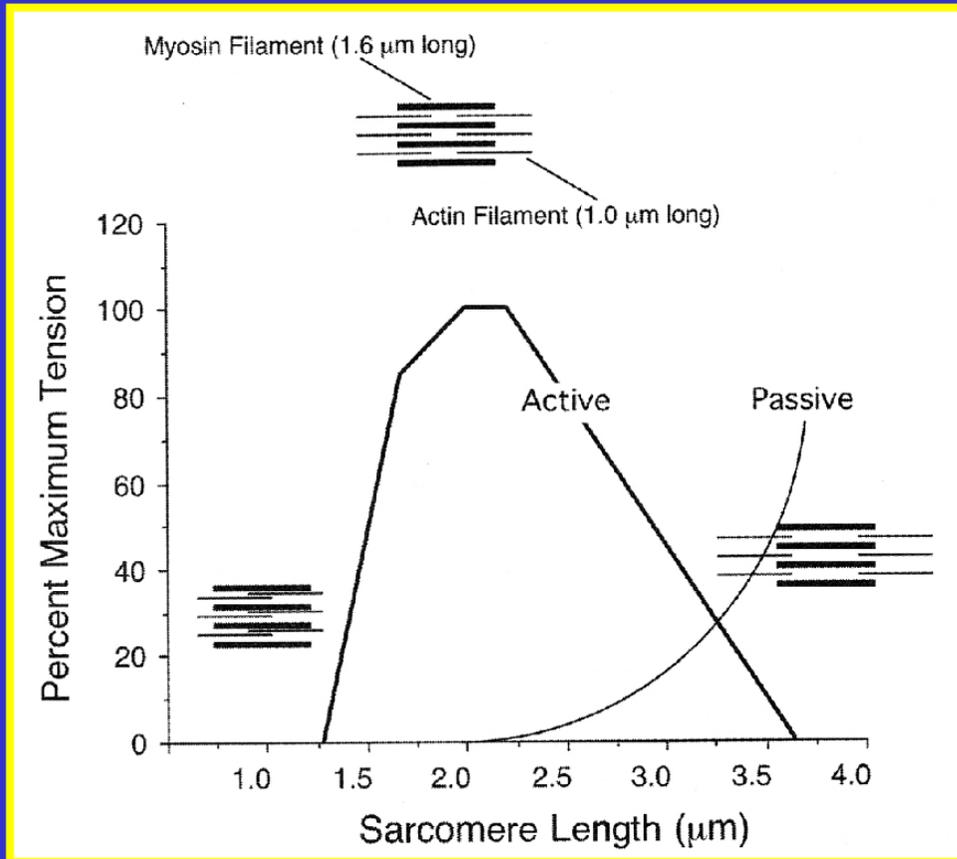


tessuto contrattile

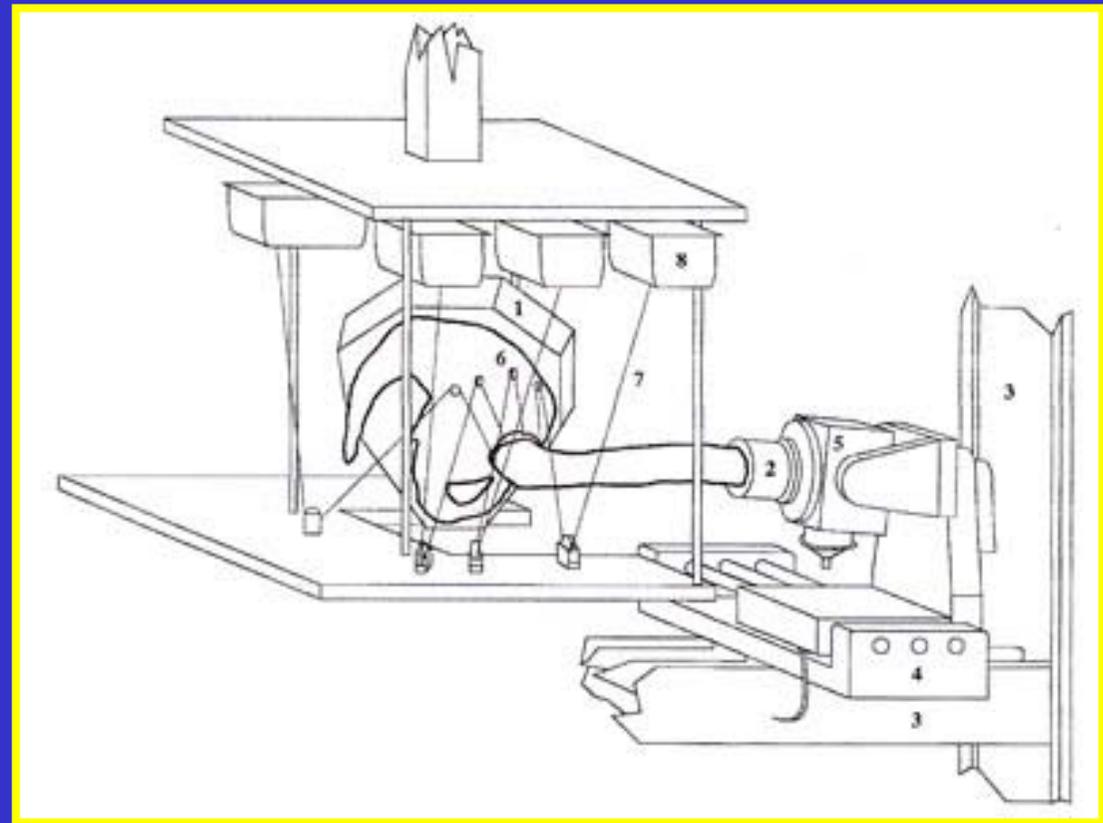
tessuto connettivo



Muscolo: l'efficienza



Muscolo: l'azione

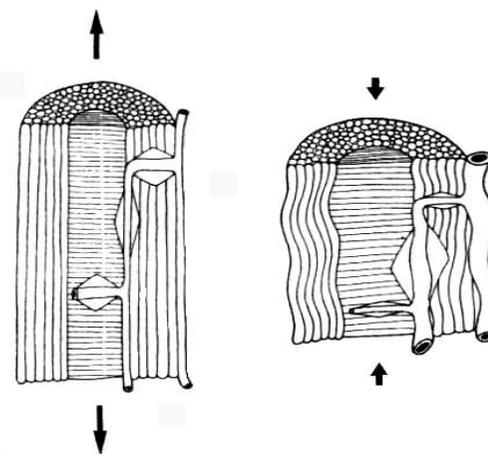
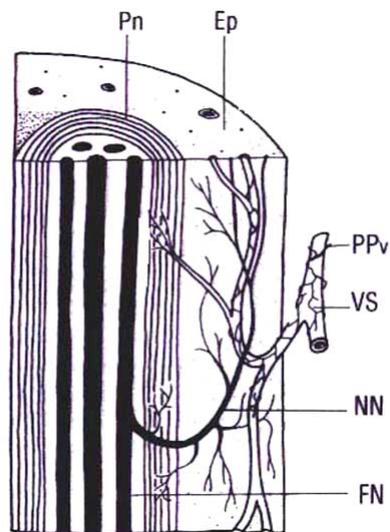
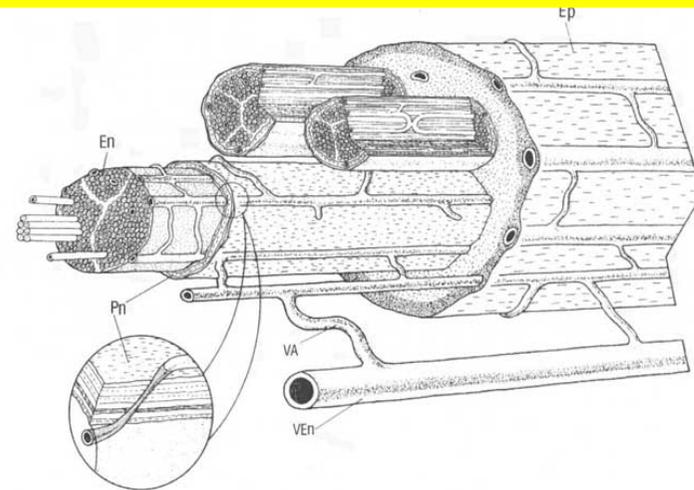
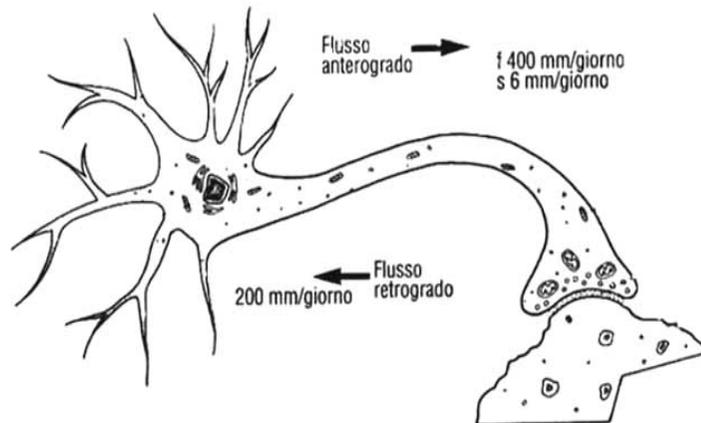


NERVO

fisiologia

**capacità di
muoversi**

Nervo: la fisiologia



Nervo: la mobilità

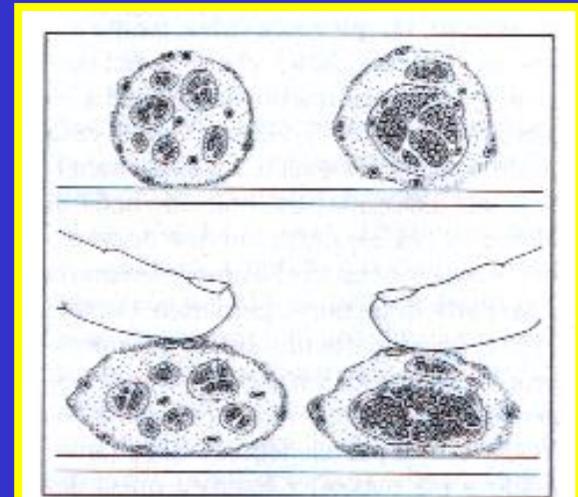
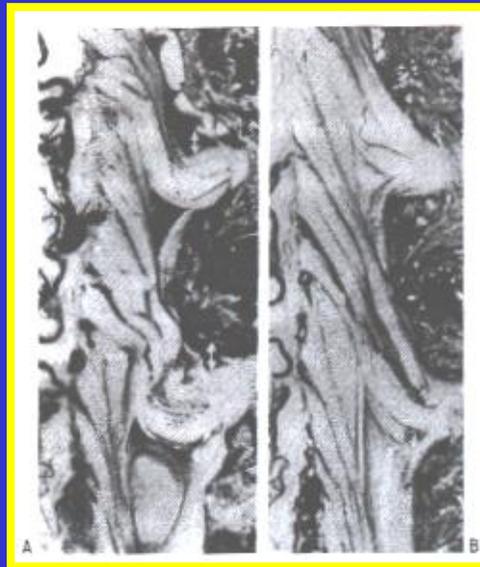
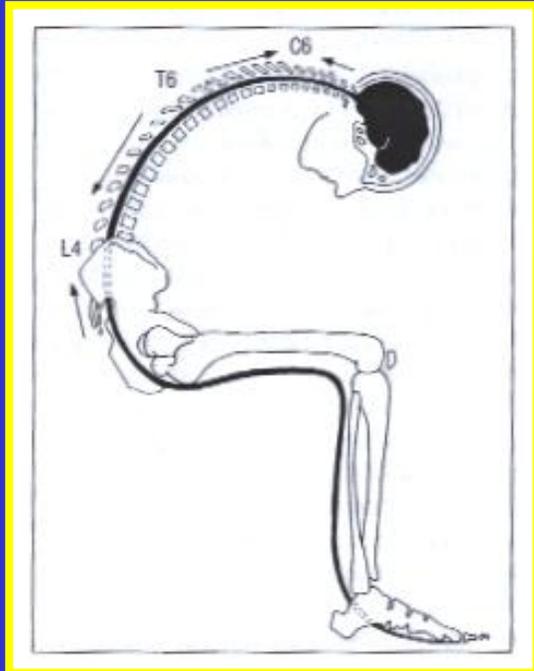
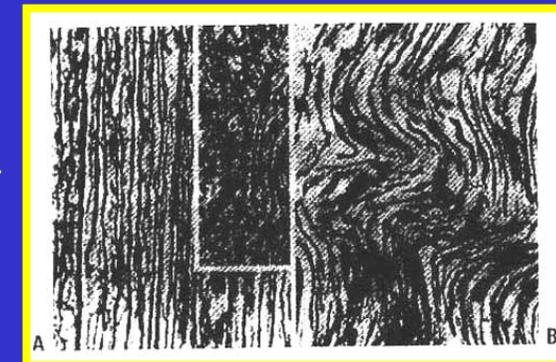
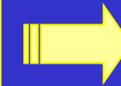
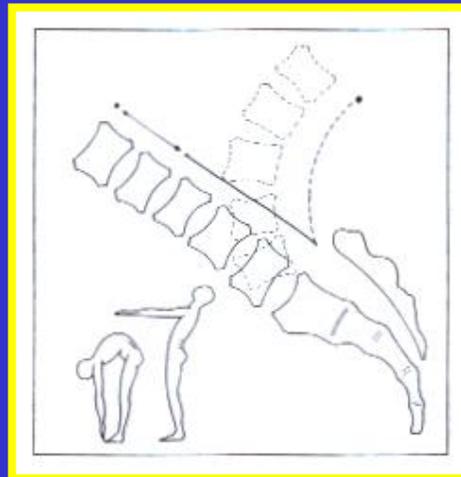
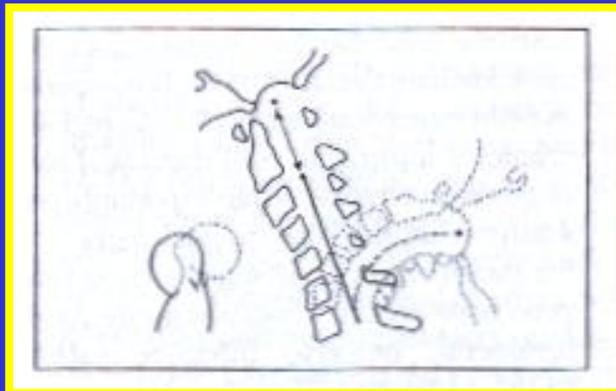
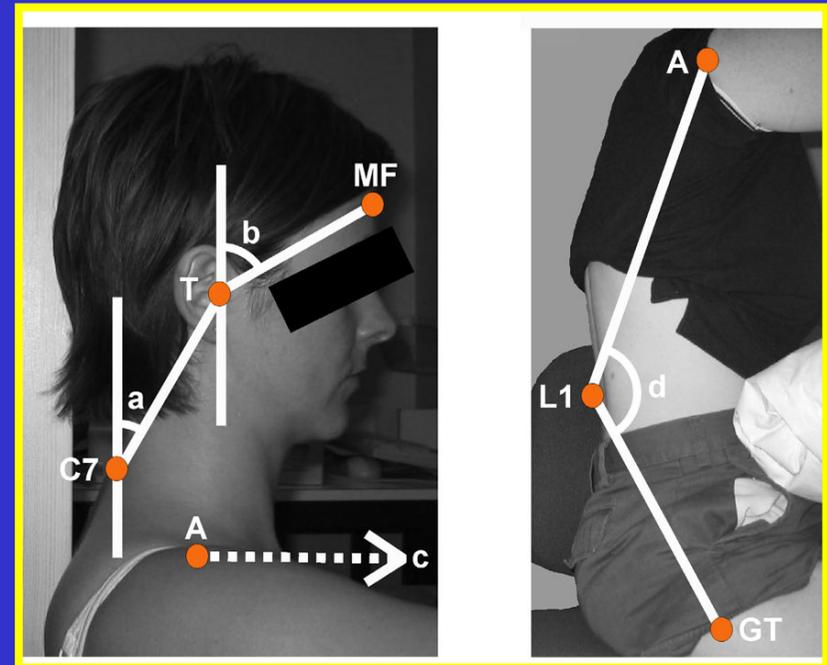
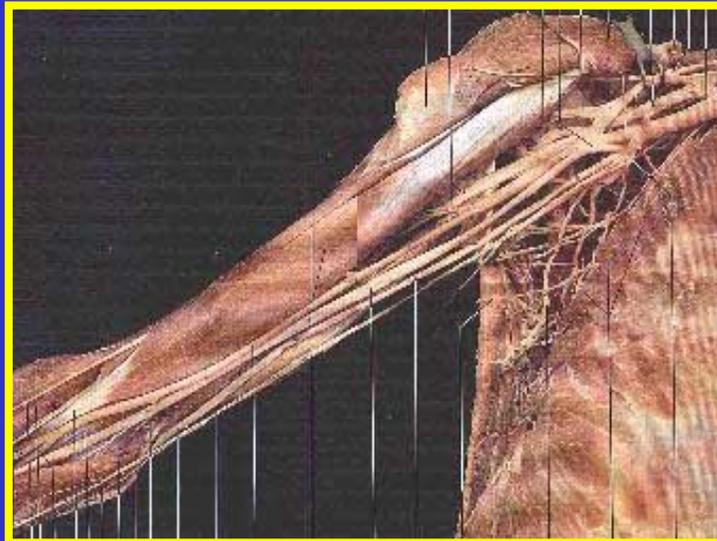
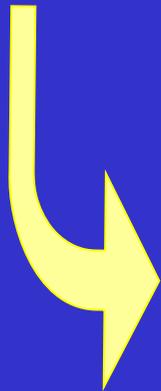
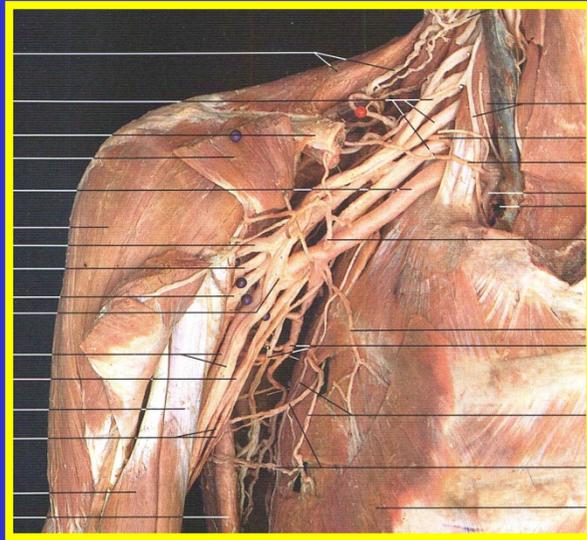


Fig. 1.7 Compressione dei fascicoli. Dove il nervo periferico è multifascicolare, per danneggiare le fibre nervose sarà richiesta una pressione maggiore rispetto a dove c'è un numero scarso di fascicoli.



Nervo: la mobilità



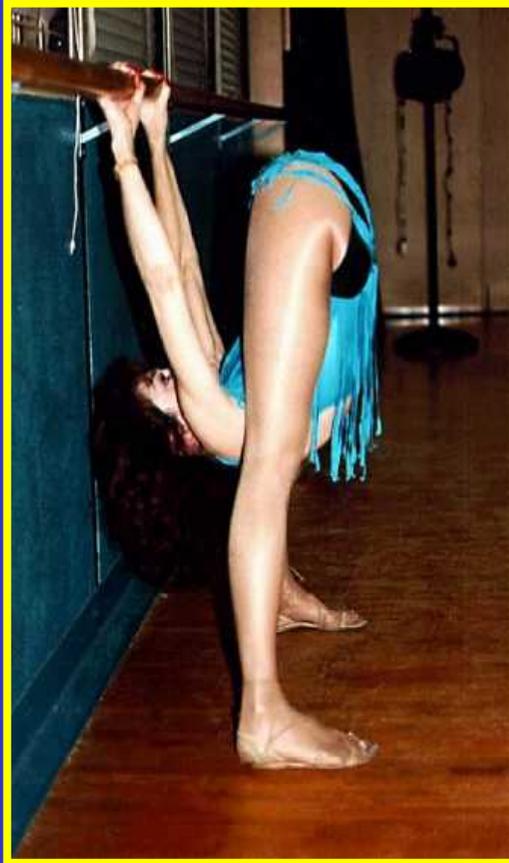




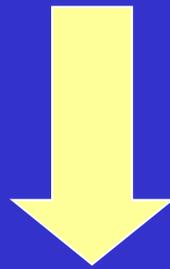
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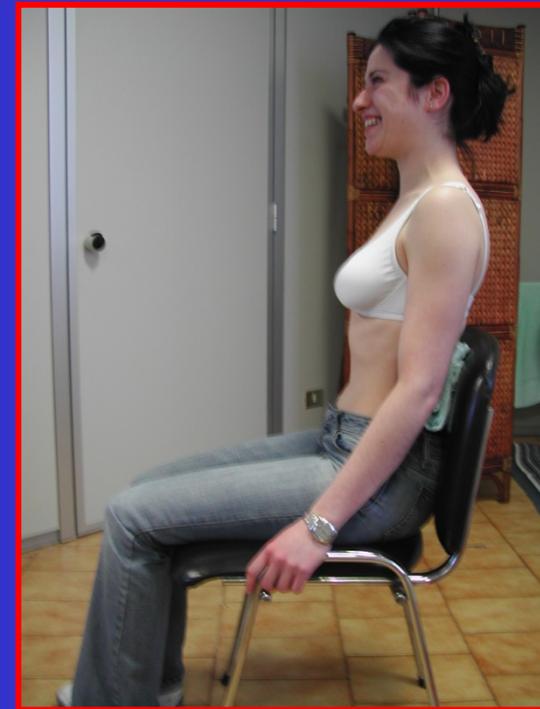
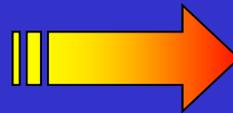
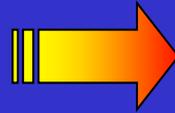
Norme generali



- Definire la postura abituale del paziente nella posizione considerata

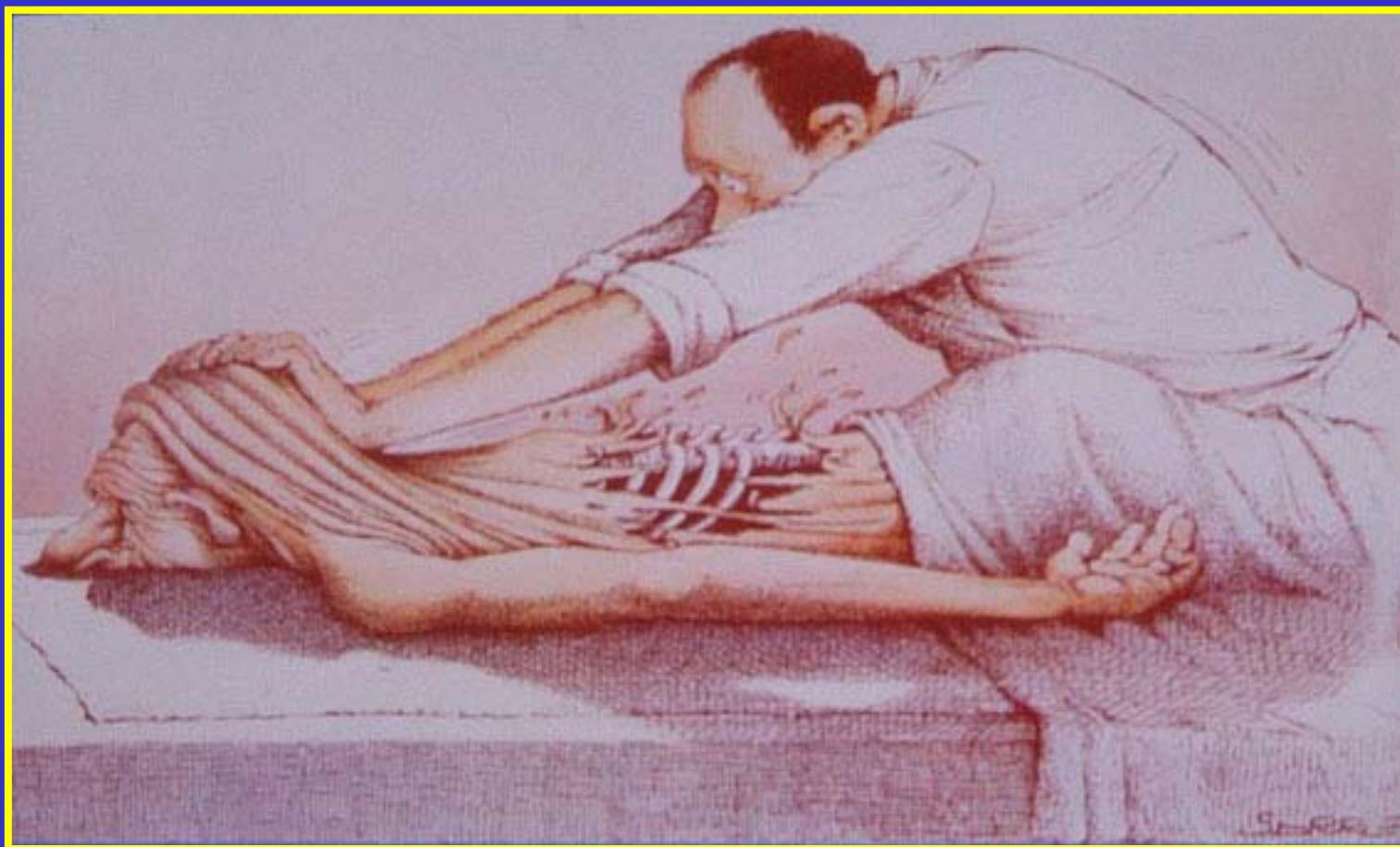


Cercare con gradualità di andare nel senso opposto



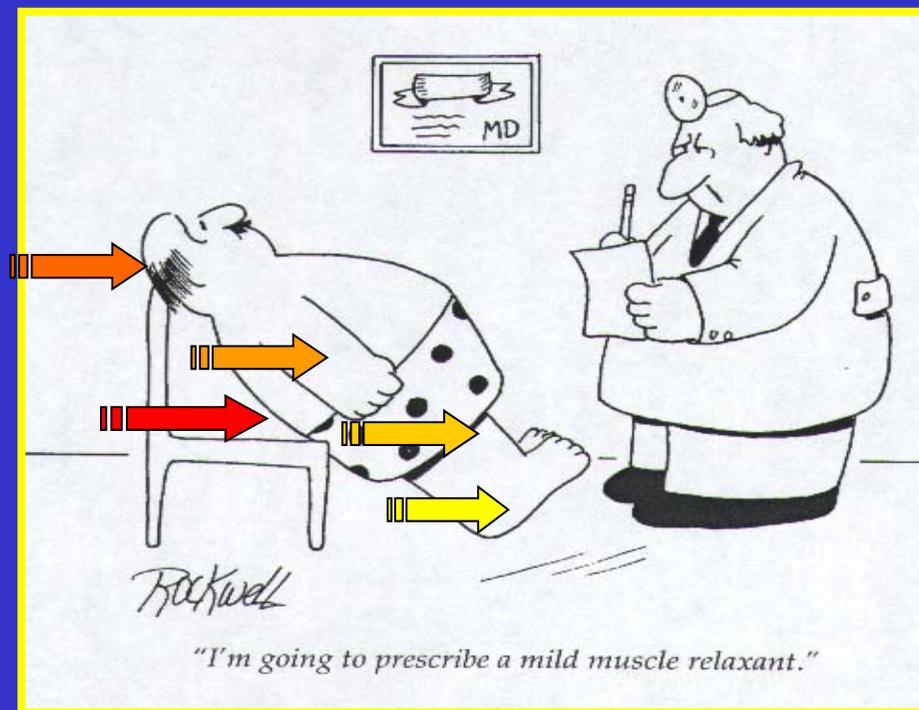


Dosaggio !!



- **Attenzione alla superficie di contatto!**

**Deve essere più ampia possibile =
tutte le parti del corpo devono
essere appoggiate**



punti di appoggio



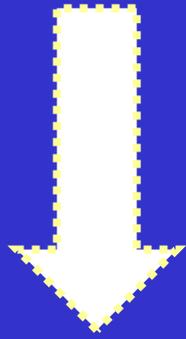
**scopo
"correttivo"**



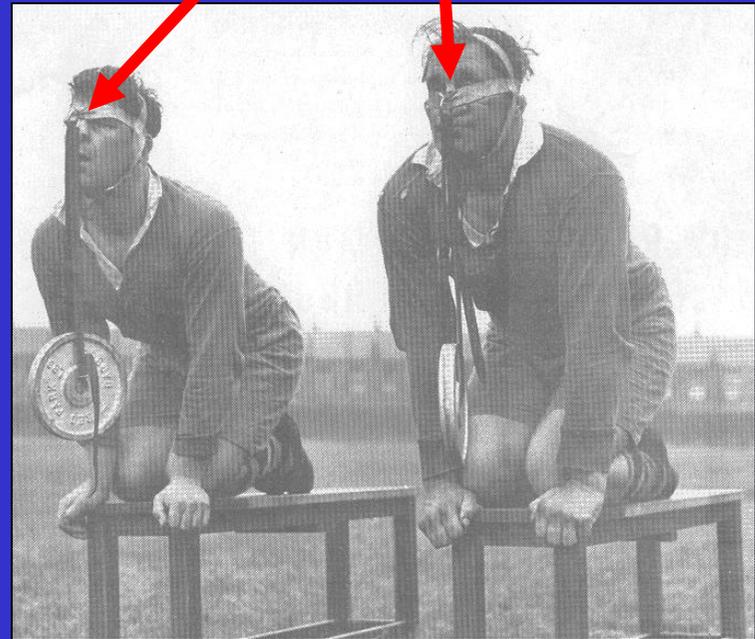
**Favorire
comodità e
rilassamento**

- **Attenzione ai punti di pressione!**

decubiti ←



creare scarico



Posizione
supina

Utilità di una buona postura supina

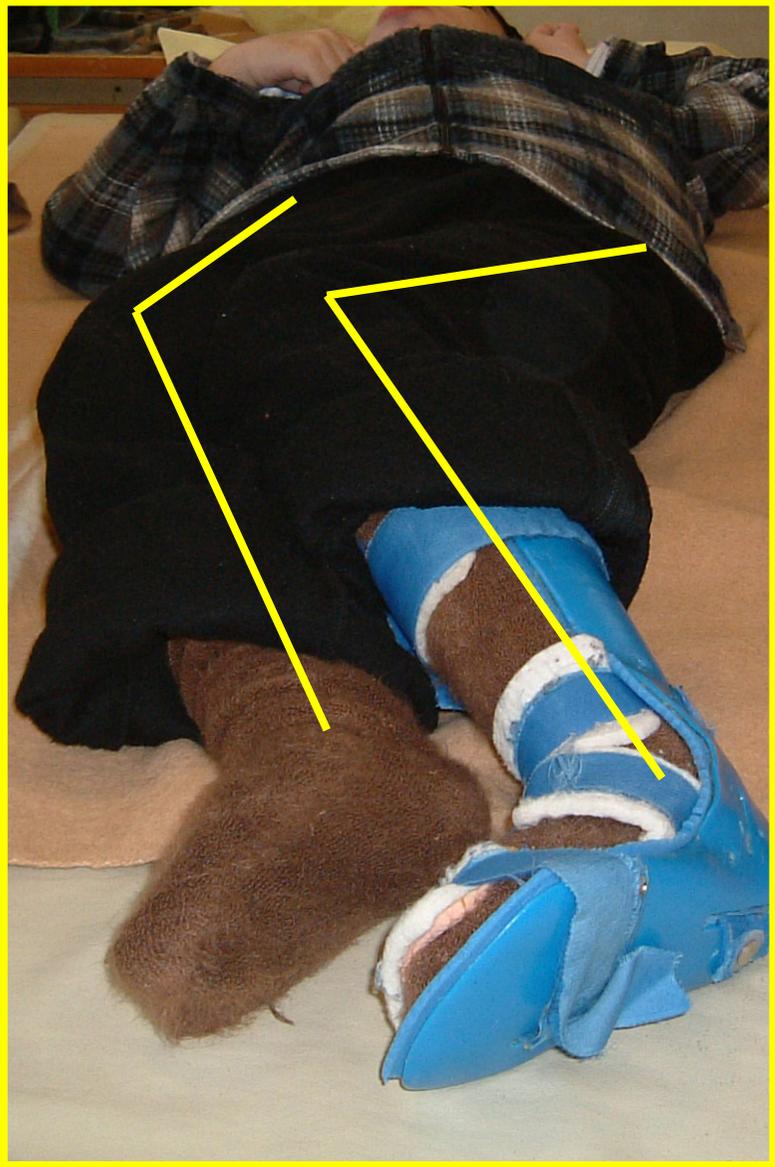
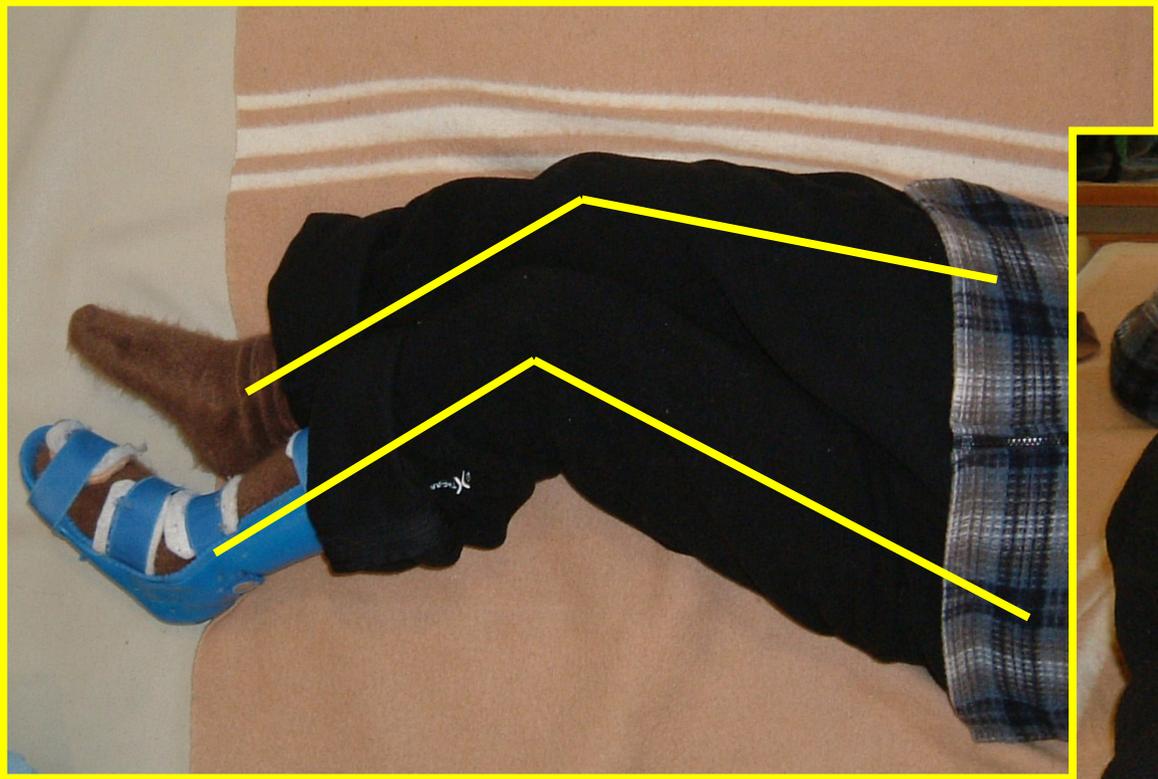
- rilassamento, riposo
- posizione corretta (tessuti)
 - utilizzo tutori
 - stimolazioni "estese"
- respirazione (semiseduta)



























Posizione
prona

Indicazioni

1. Allungamento Passivo
2. Attività Guidata/Spontanea
3. Correzione Posturale

1. Allungamento Passivo

Interessa i muscoli e le parti molli.
(*Attenzione al s.n.!!!*)

BACINO - ANCHE

- flessori
- adduttori
- addominali

1. Allungamento Passivo

ARTI INFERIORI

- ischio-crurali

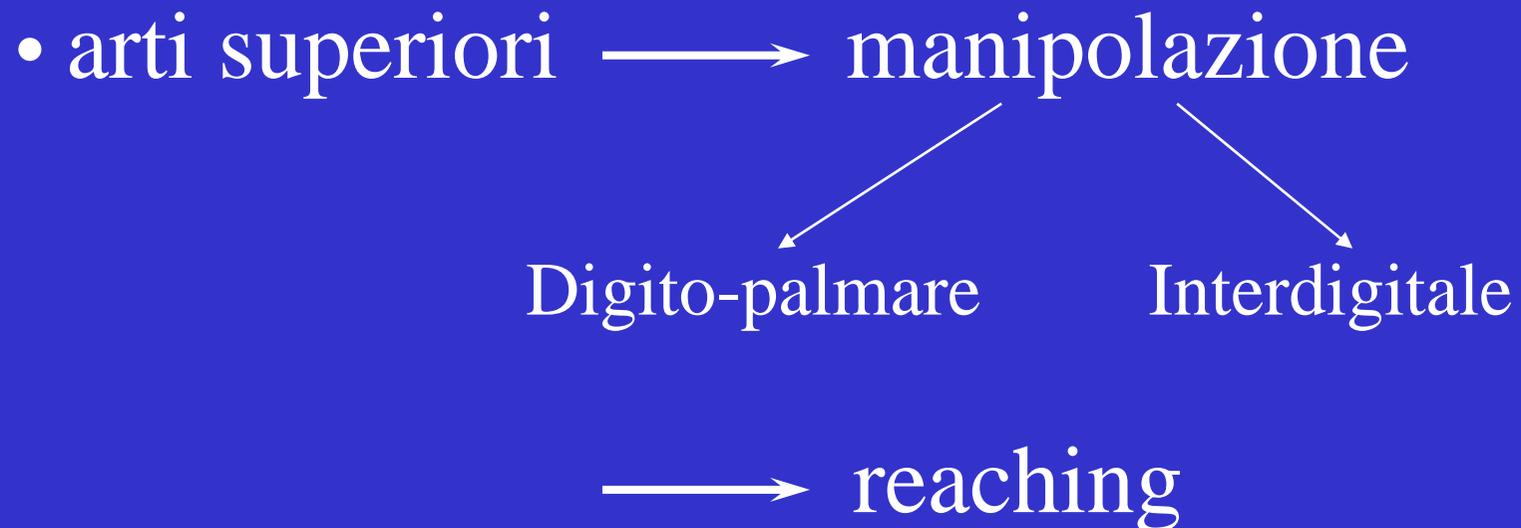
ARTI SUPERIORI

- adduttori e rotatori interni omero
- estensori omero (scapola)

2. *Attività Guidata/Spontanea*

Promuove l'attività di:

- estensori di capo-collo



3. Correzione Posturale

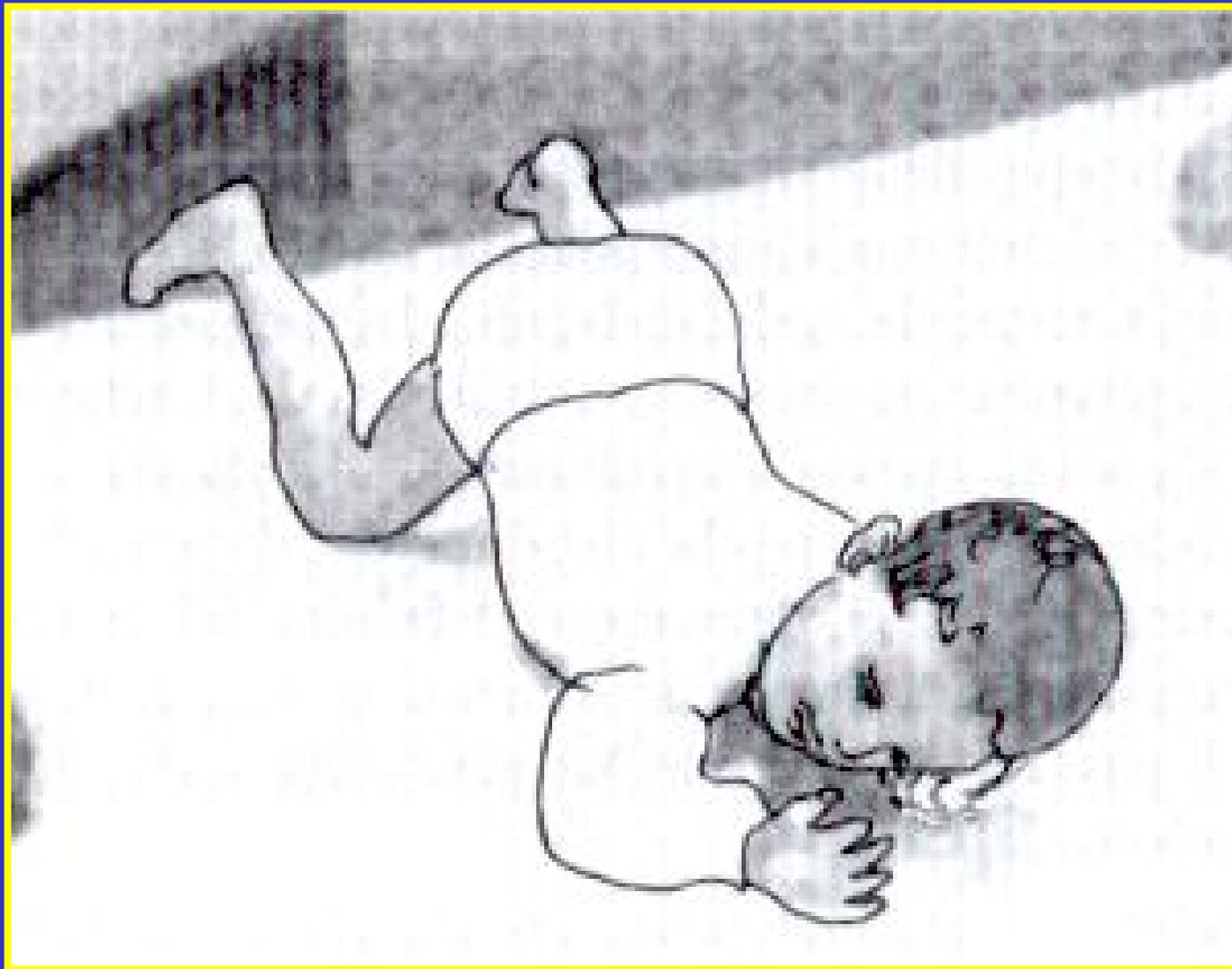
In riferimento allo scheletro:

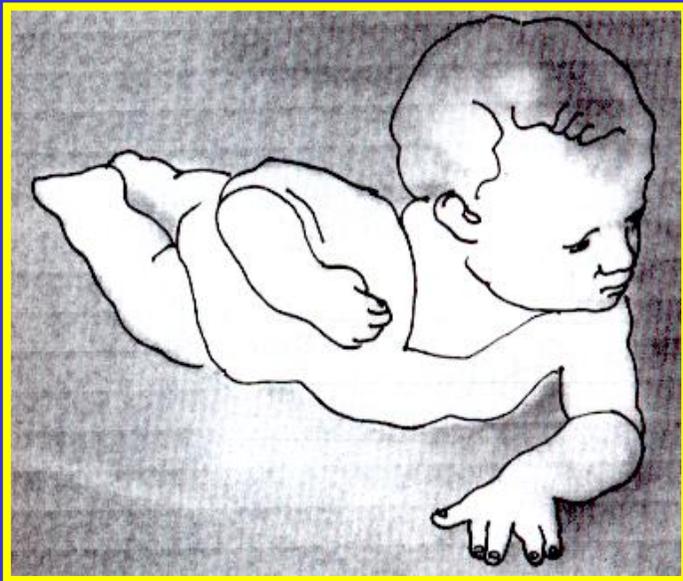
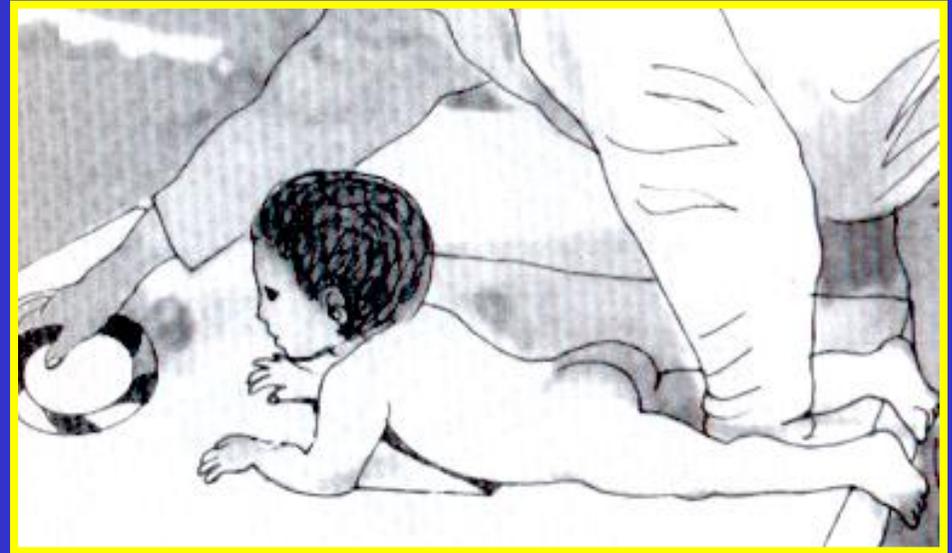
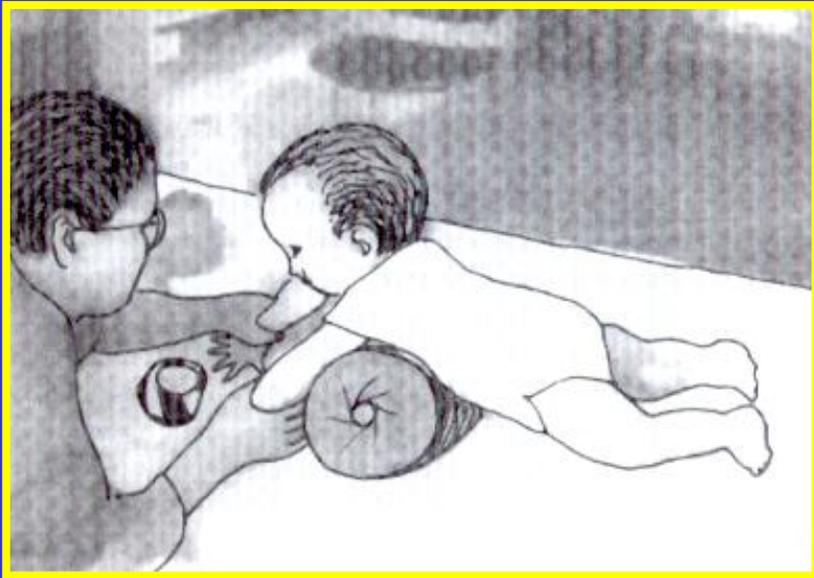
ANCHE: corretto rapporto femore - bacino

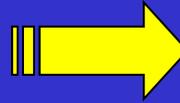
COLONNA: piano frontale

piano sagittale

Posizione prona









Decubito
laterale

Decubito laterale

funzioni

- * rilassamento
- * riposo
- * attività di un arto superiore in particolare
- * tutori
- * sicurezza

Decubito laterale

funzioni

* funzionalità respiratoria

sogg < 10 anni

Polmone ↑ = drena

Polmone ↑ = espande

sogg > 10 anni

Polmone ↓ = drena

Polmone ↑ = espande

Decubito laterale

elementi di attenzione

- capo-collo
 - spalla in appoggio
 - tronco
 - anche

Decubito laterale

ATTENZIONE ai punti di contatto

gomito infralaterale

gabbia toracica

grande trocantere

malleolo esterno

Decubito laterale



Decubito laterale



Posizione
seduta

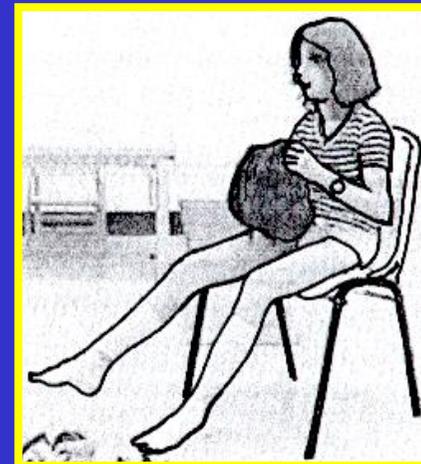
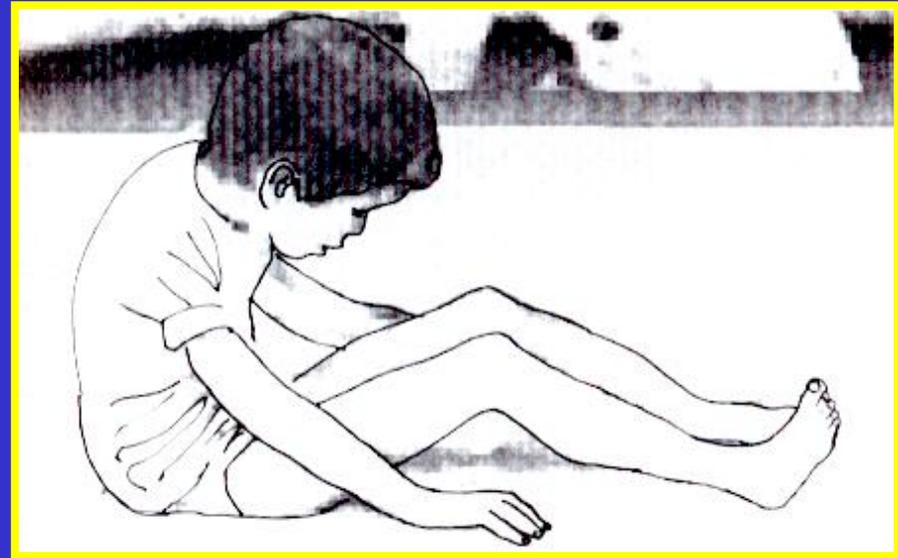
Posizione seduta

funzioni

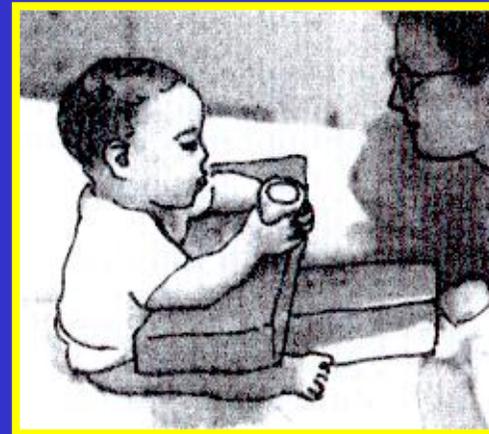
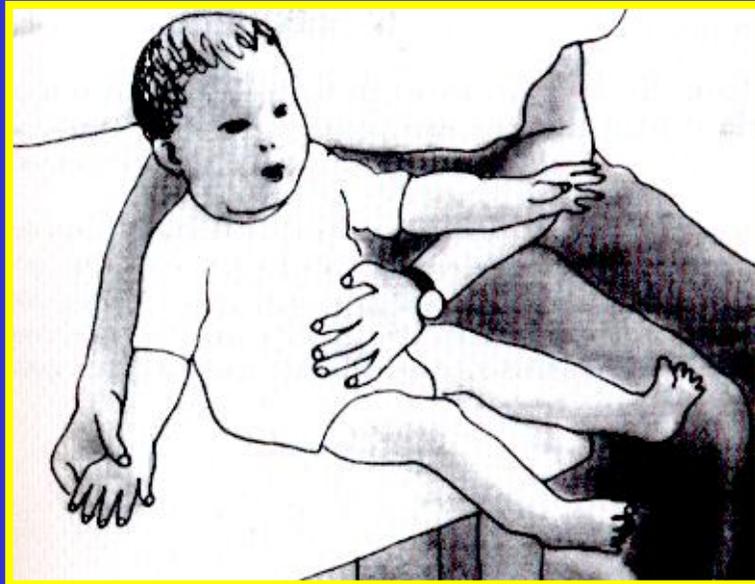
- * rilassamento (seduta passiva)
- * riposo (seduta reclinata)
- * attività degli arti superiori (seduta attiva)
- * correzione posizione colonna
- * centramento anche
- * deglutizione/digestione

Posizione seduta

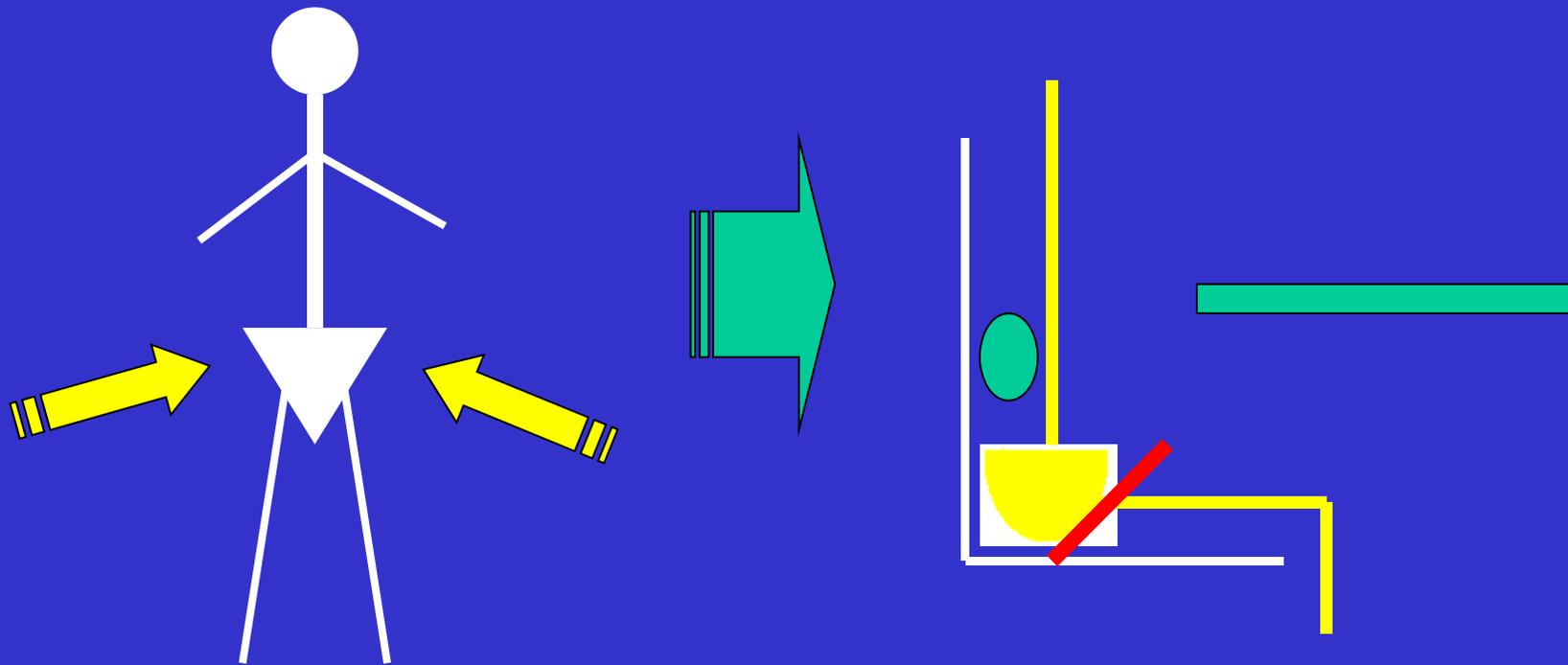
*Alcune presentazioni
tipiche*



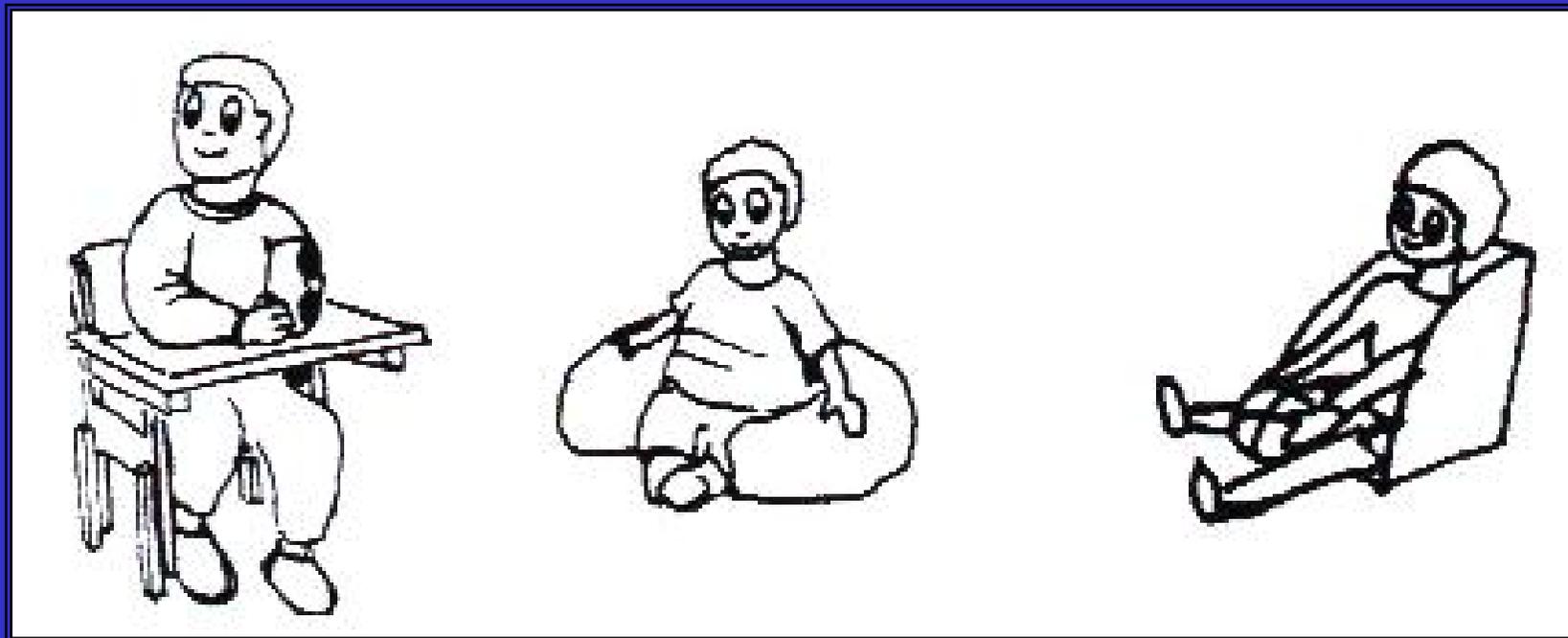
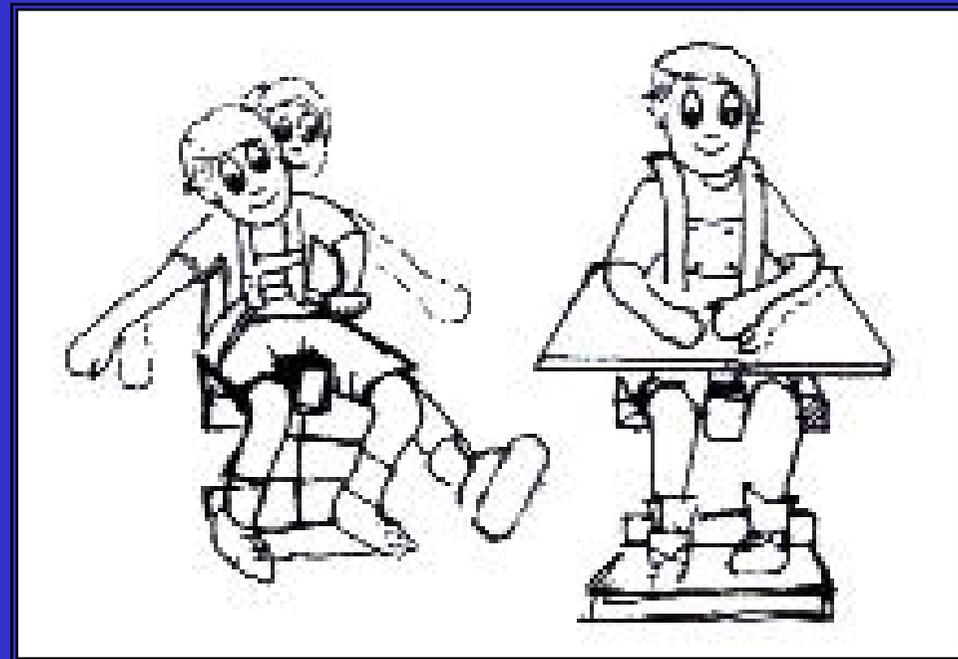
Posizione seduta

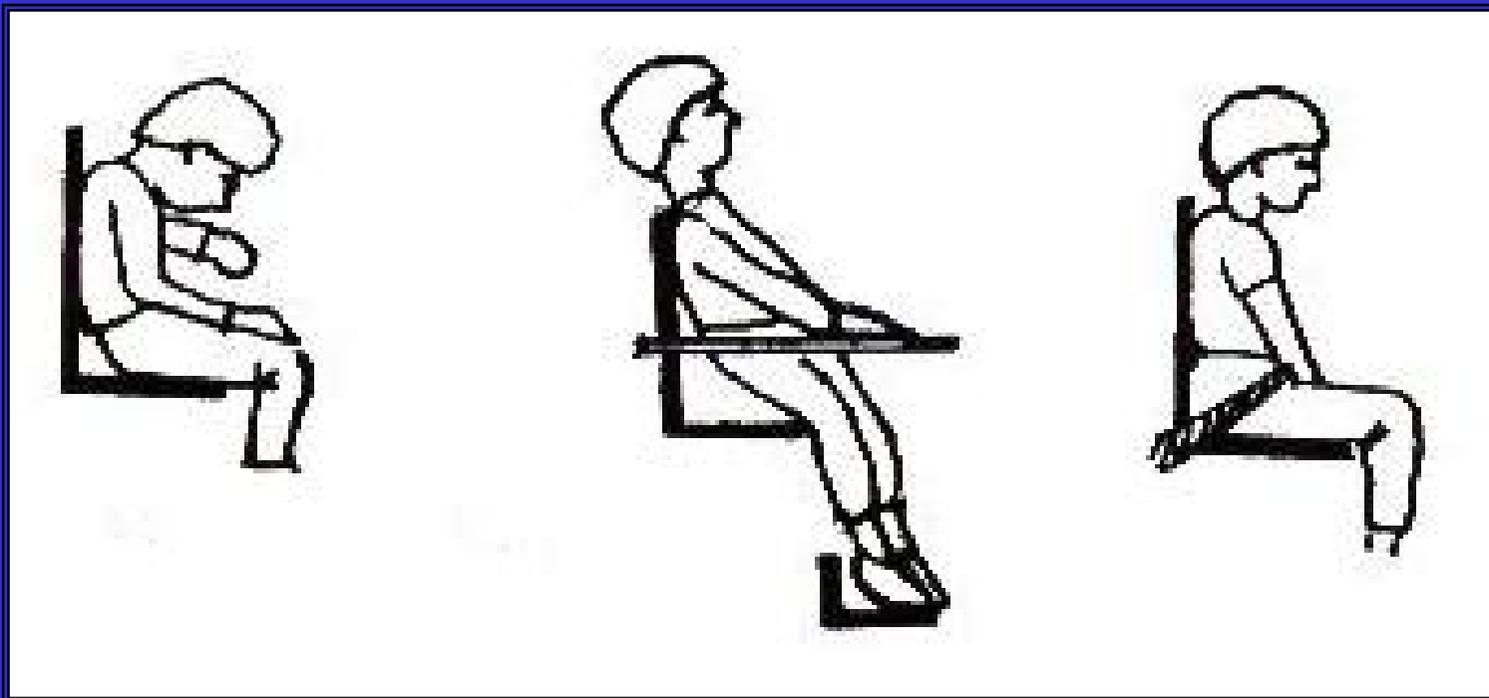


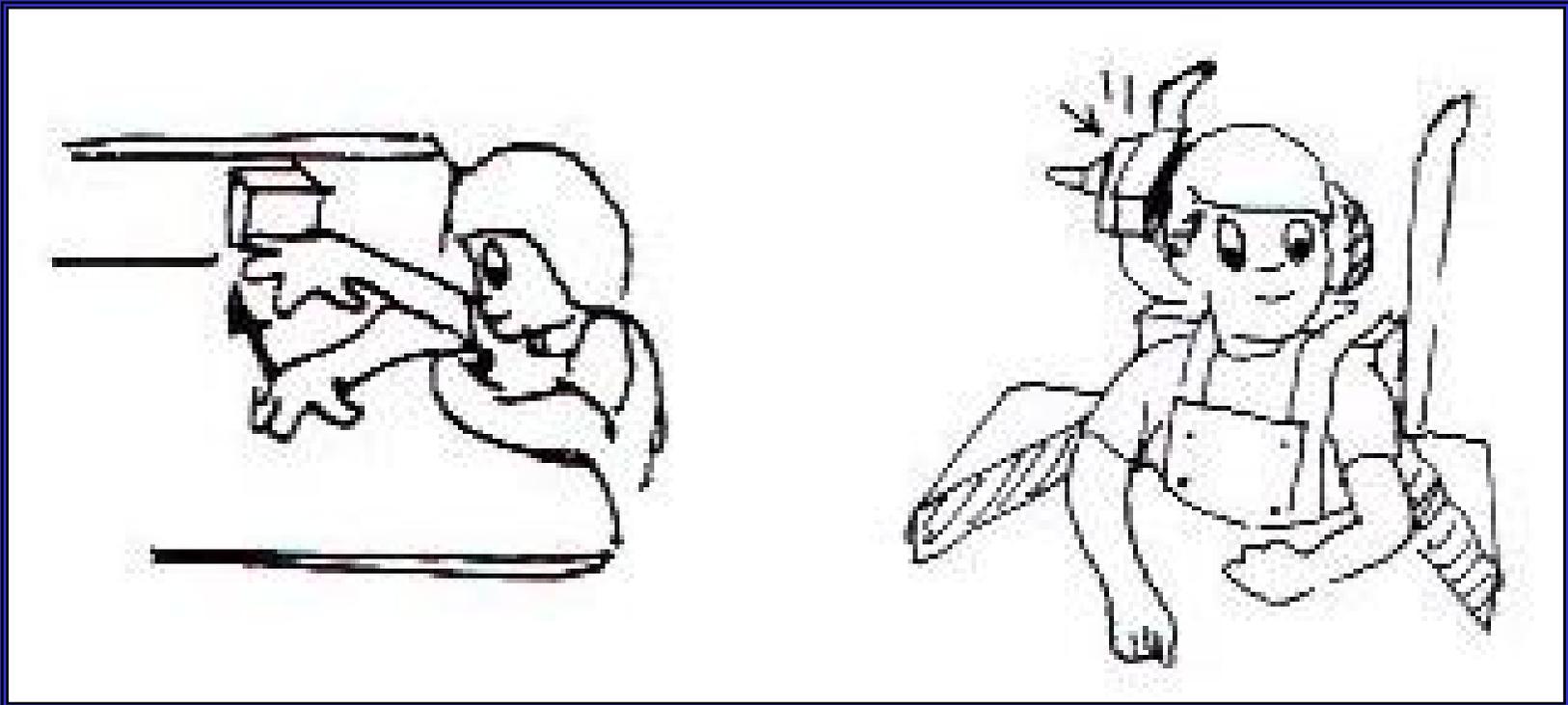
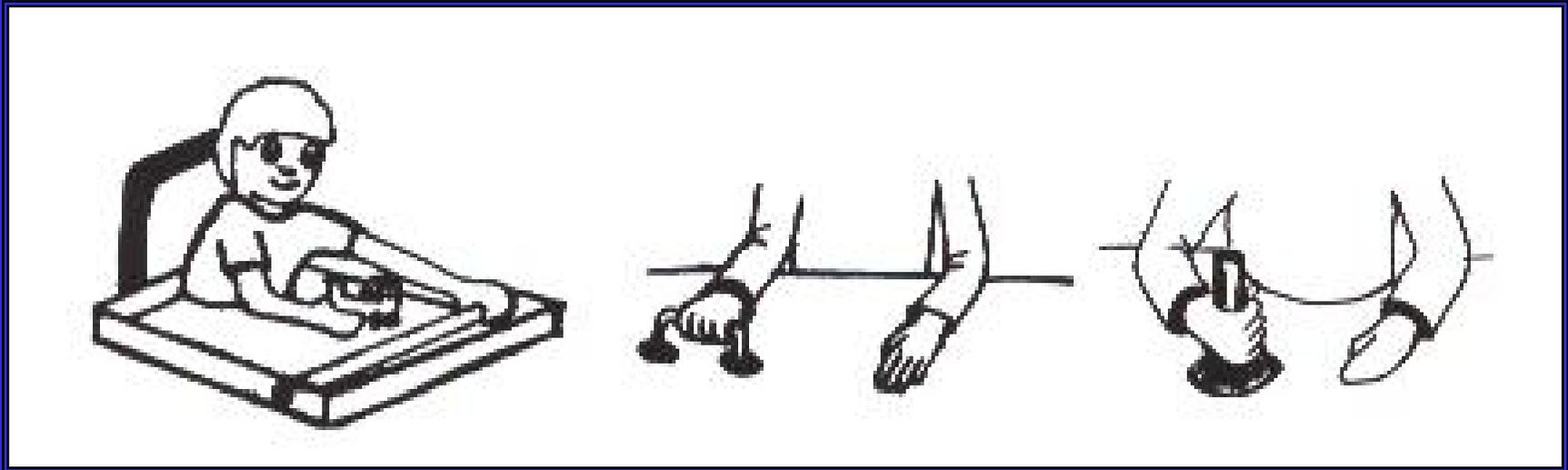
Posizione seduta

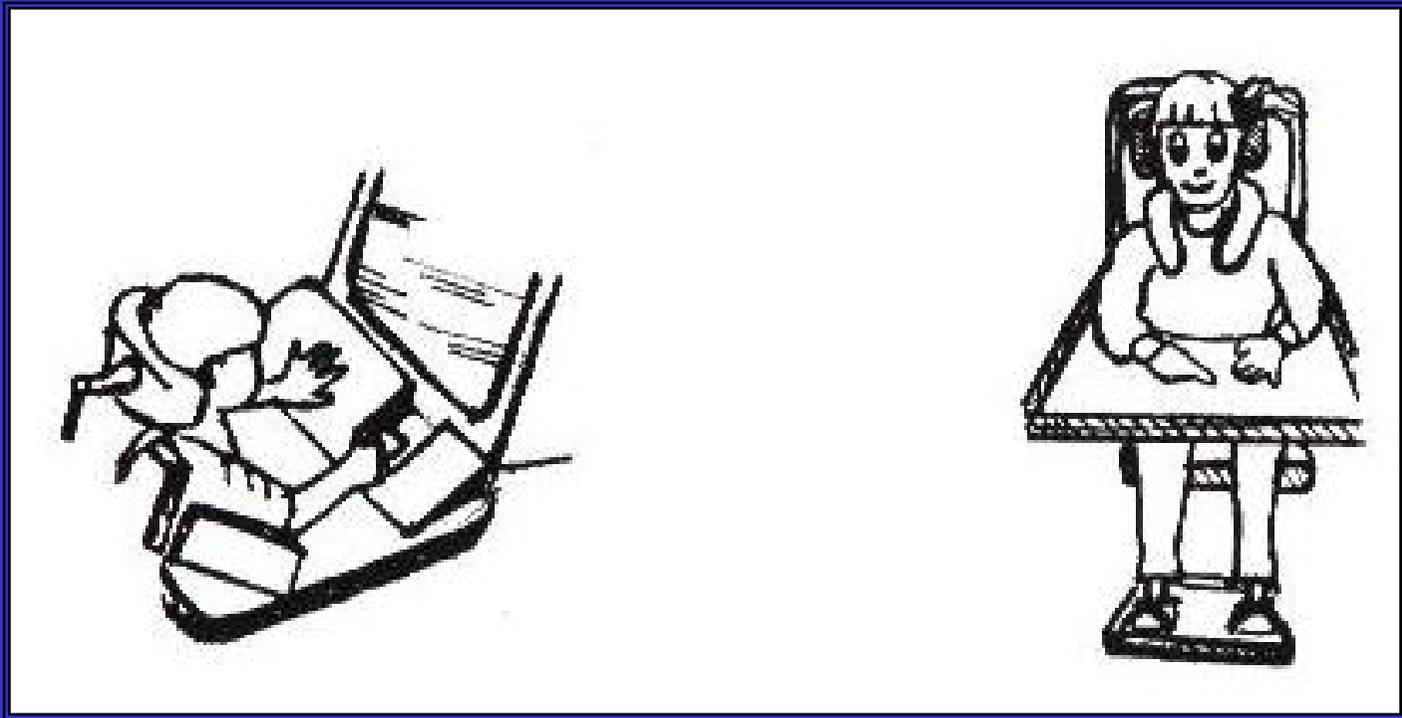
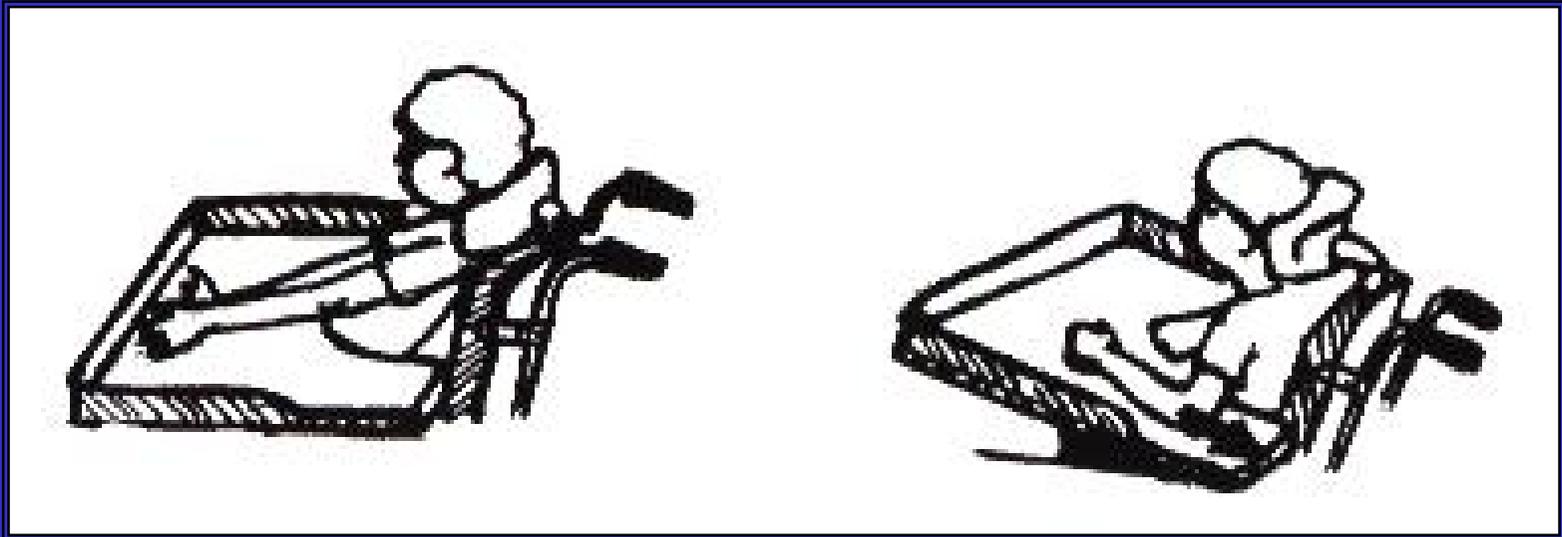


Alcuni suggerimenti ...









In conclusione:

La *postura* deve essere considerata parte integrante dell'*attività educativa*



Nel pianificare l'attività educativa (stimolazioni o altro) si dovrebbero calcolare 5' di messa in postura inizialmente e 5' di cambio postura al termine dell'attività