

运动疗法结合太极拳对上交叉综合征的影响

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摘要: 目的: 本研究, 探究有助于解决现代常见的上交叉综合征的有效方法。通过借鉴陈式太极拳中有助于肩颈及上肢活动的典型动作, 结合已有的运动疗法, 开发出一套均衡背部肌群、改善患者体态的科学有效、简单实用的太极拳套路。同时观察运动疗法结合太极拳干预下对比单纯使用运动疗法干预上交叉综合征对上交叉综合征患者改善结果的差异。本研究还具有极好的应用价值:1. 给予上交叉综合征患者针对性的矫正训练方式。2. 对于目前长期使用电子产品的人群提供有效防止上交叉综合征的实用措施。3. 为上交叉综合征或其他相关异常体态患者的诊治提供新的方案。**方法:** 以北京体育大学在校大四学生中患有上交叉综合征患者 60 名学科生为实验对象。经严格科学地筛选, 将 60 例符合标准的病患随机分成两组, 根据临床研究实验设计原则, 将符合要求的 60 例患者随机分为: 运动疗法组(29 例), 运动疗法结合太极拳组(31 例)。本实验采用运动疗法和太极拳的干预方法。运动疗法组采取单纯运动疗法干预, 运动疗法结合太极拳组实验通过运动疗法结合太极拳进行干预。干预时长为三个月, 每周 3 次, 隔天进行, 共 36 次训练, 前 18 次为一个疗程, 后 18 次为一个疗程。治疗前先对所有患者进行颈部活动度测试, 头前倾角(FHA)及圆肩角(FSA)测试, 颈椎功能障碍指数以及疼痛指数进行测试。运动疗法组单纯使用运动疗法治疗, 运动疗法结合太极拳组在运动疗法基础上同时给予颈背部肌群有效的太极拳训练。治疗前、后再分别测试, 对比治疗前、后各项测试的结果, 进行统计学分析。两组治疗前后比较用配对 t 检验, 组间比较用独立样本 t 检验; 不服从正态分布的数据采用非参数检验; 计数资料采用卡方检验。检验水准 $\alpha=0.05$, $P<0.05$ 时为差异具有统计学意义。**结果:** 1. 静态颈肩部姿势评估: 运动疗法+太极拳组实验后的头前伸角度 (FHA) 和圆肩角度 (FSA) 值均显著下降 ($p<0.05$), 且明显低于运动疗法 ($p<0.05$), 而运动疗法实验前后无显著变化。2. 颈椎活动度: 运动疗法+太极拳组实验后颈前屈、旋转角度均显著增加 ($p<0.05$), 且明显大于运动疗法 ($p<0.05$), 而运动疗法实验前后有所改善但无统计学意义。3. VAS 评分: 运动疗法+太极拳组实验后的 VAS 评分明显下降 ($p<0.05$), 且明显低于运动疗法 ($p<0.05$), 而运动疗法实验前后无明显变化。4. NDI 指数: 运动疗法+太极拳组实验后的 NDI 指数明显下降 ($p<0.05$), 且明显低于运动疗法 ($p<0.05$), 而运动疗法实验前后无明显变化。**结论:** 运动疗法结合太极拳与单纯的运动疗法均对上交叉综

合征患者具有不同程度的治疗作用；运动疗法结合太极拳与单纯的运动疗法均能改善上交叉综合征患者的症状；运动疗法结合太极拳比单纯运动疗法治疗对上交叉综合征的疗效更加显著；运动疗法结合太极拳可以改善上交叉患者的关节活动度，疼痛状况以及颈椎整体状况。两种治疗方法各有优势，太极拳在于缓解疼痛、平衡颈肩，调整气息；运动疗法则在均衡肌群力量，改善颈胸椎、肩关节的活动功能，纠正姿势有效，故可以结合使用，促进该症患者进一步的康复。运动疗法结合太极拳组患者较单纯运动疗法组患者的上交叉综合征改善更为显著；证明运动疗法结合太极拳对改善患者上交叉线上的肌肉失衡，调整头部前倾、翼状肩、圆背、含胸等脊柱不良弯曲的症状有所改善，运动疗法是解决上交叉综合征的常用方法，将太极拳治疗结合常规康复可为临床纠正脊柱不良行为提供新的思路，进一步将祖国的太极拳发扬光大，值得推广。

关键词：太极拳；上交叉综合征；运动疗法；运动处方

Effect of kinesiotherapy combined with Tai Chi on upper cross syndrome

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Abstract: The purpose of this study was to investigate the effect of kinesiotherapy combined with Tai Chi on upper chiasma syndrome. We will continue to deepen the existing correction model and explore effective methods that are helpful to solve the common modern supratidal syndrome. By referring to the typical movements that are helpful to shoulder, neck and upper limbs in Chen style Tai Chi and combining with the existing exercise therapy, a set of scientific, effective, simple and practical Tai Chi routines has been developed to balance the back muscles and improve the posture of patients. At the same time, observe the difference of the improvement results of the patients with supraciasmatic syndrome under the intervention of exercise therapy combined with Tai Chi compared with the intervention of exercise therapy alone. This study also has excellent application value: 1. Targeting correction training methods for patients with upper cross syndrome were given. 2. Provide effective and practical measures to prevent upper crossover syndrome for people who have been using electronic products for a long time. 3. To provide a new approach for the diagnosis and treatment of patients with suprachiasmatic syndrome or other related abnormal posture. **Results:** 1. Static neck and shoulder posture assessment: the head extension Angle (FHA) and round shoulder Angle (FSA) values of the exercise therapy + Tai Chi group were significantly decreased after the experiment ($P < 0.05$), and were significantly lower than those of the exercise therapy group ($P < 0.05$), while there was no significant change before and after the exercise therapy experiment. 2. The range of motion of cervical vertebrae: the flexion and rotation Angle

of cervical vertebrae in the exercise therapy + Tai Chi group were significantly increased after the experiment ($P < 0.05$), which were significantly greater than that of the exercise therapy ($P < 0.05$), while the improvement before and after the exercise therapy experiment was not statistically significant. 3. VAS score: The VAS score of the exercise therapy + Tai Chi group was significantly decreased after the experiment ($P < 0.05$), and was significantly lower than that of the exercise therapy group ($P < 0.05$), while there was no significant change before and after the exercise therapy experiment. 4. NDI index: The NDI index of the exercise therapy + Tai Chi group was significantly decreased after the experiment ($P < 0.05$), and was significantly lower than that of the exercise therapy group ($P < 0.05$), while there was no significant change before and after the exercise therapy experiment. **Conclusions:** The two treatments have their own advantages. Tai Chi is designed to relieve pain, balance the neck and shoulders, and adjust breath. Exercise therapy is in the balance of muscle group strength, improve the activity function of cervical and thoracic vertebra, shoulder joint, correct posture is effective, so it can be used in combination, promote further rehabilitation of patients with this disease. The improvement of superior chiasmatic syndrome in the group of exercise therapy combined with Tai Chi was more significant than that in the group of exercise therapy alone. Prove that exercise therapy combined with tai chi to improve cross line in patients with muscle imbalances, adjust the head forward, wing shoulder, back, chest spine bending adverse symptoms improved, exercise therapy is a common way to solve the cross on the syndrome, the tai chi treatment combined with routine rehabilitation can provide new ideas for clinical correct spinal bad behavior, To further carry forward the motherland's Tai Chi is worth popularizing.

Key words: Tai chi, Upper cross syndrome, Kinesiotherapy, Exercise prescription