

Effect of Comprehensive Rehabilitation Care on the Rehabilitation of Patients with Lumbar Disc Herniation Surgery

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The clinical symptoms of lumbar disc herniation, one of the most common low back pain diseases, are a series of manifestations of low back pain, sciatica, and cauda equina compression, and the recurrence rate after treatment is high, which seriously affects work and life. Surgery is a serious physiological stress in patients with degenerative changes in the lumbar spine and symptoms of nerve damage. If the corresponding nursing work cannot be performed effectively and timely after the operation, it may affect the recovery of postoperative function, cause complications, and cause motor dysfunction. It may also be accompanied by psychological problems such as depression, which seriously affect the quality of life of the patient. In addition, training can enhance the strength of the back muscles, thereby making up for the destruction of the surgery, helping to consolidate and improve the treatment effect. However, clinicians often overlook postoperative functional recovery. Therefore, this paper studies the effect of comprehensive rehabilitation nursing on the rehabilitation of patients with lumbar disc herniation, and discusses the comprehensive rehabilitation nursing intervention measures for patients with lumbar disc herniation. Thereby promoting patients to receive comprehensive rehabilitation care increase health behaviors and improve the quality of life. The proposed method is very effective in the rehabilitation of patients with lumbar disc herniation.

Keywords: Lumbar Disc Herniation, Comprehensive Rehabilitation Nursing, Postoperative Interventions, Quality of Life.

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Lumbar disc herniation is one of the most common causes of lumbar and leg pain¹⁻⁴, mainly due to degeneration of the lumbar intervertebral disc. A series of syndromes caused by rupture of annulus fibrosus, stimulation of nucleus pulposus or compression of nerve root. The incidence of this disease, the highest incidence of intervertebral disc, about the proportion of lumbar disc herniation, generally more than the lumbar disc herniation at the same time, a larger proportion. Most patients with lumbar disc herniation have varying degrees of lumbar trauma history, such as lumbar sprain caused by sudden slip or bending under load and lifting heavy objects. If there is no history of trauma, it is usually due to degeneration of the intervertebral disc first, and then to slight motor injury which will lead to the rupture of the fibrous ring. In

patients with lumbar intervertebral disc herniation, long-term low back pain leads to weakening of lumbar and abdominal muscle strength and poor stability between upper and lower vertebral bodies. Intervertebral disc is subjected to uneven pressure. Surgical trauma can destroy the Yellow initial band and other tissues, and cause some damage to the stability of the lumbar spine. The integrity of facet joint affects the activity of lumbar spine. Even if one-sided nail stick is fixed, the stability of intervertebral space can't be achieved, and there are related complications after operation. First, unilateral decompression is incomplete, with residual low back pain and lower limb pain. Postoperative pain, reduced muscle activity, reduced local blood flow, muscle ischemia; nutrients can't reach, and eventually lead to muscle atrophy. In addition, less activity reduces local

metabolism and tissue edema is slowly absorbed.

Regardless of conservative treatment or surgical treatment, lumbar disc herniation has clinical problems with recurrence rate. Systematic teaching methods and rehabilitation training of traditional Chinese medicine are of great significance for daily life guidance and rehabilitation of patients with lumbar intervertebral disc herniation⁵⁻⁸. Continuous rehabilitation exercise has a certain effect on reducing the recurrence rate of disease in the process of rehabilitation. With the development of pharmacology, the research on the treatment of lumbar intervertebral disc herniation with traditional Chinese medicine is gradually deepening. It is reported that Chinese herbal medicine can treat the symptoms of numbness of lower limbs after lumbar disc herniation and improve nerve conduction and transport function. It can improve the recovery effect of peripheral nerve injury. In animal experiments, it can promote the growth of spinal cord cells, stimulate nerve growth factor, and repair nerve fibers, according to which it can accelerate peripheral nerve regeneration. In comprehensive therapy, local massage, acupuncture and scalding can be generally considered as: relieving muscle tension around the affected area, improving blood circulation and anti-inflammatory effect; changing the location of nerve roots and protrusions, reducing the protrusion stimulating nerve roots; applying acupuncture, scalding and other treatments can relieve W bureau. It can also reduce nerve root stimulation and clinical response. Appropriate manipulation can correct the disorder of accessory facet joints, improve the surrounding tissue structure of lumbar spine, rebuild the dynamic balance of spine and improve symptoms.

Long-term excellent surgical rate has been achieved, but in the near future there will still be symptoms such as wound pain, lower limb pain, lumbosacral pain, lower limb numbness and urinary retention. In particular, perioperative period is prone to negative emotions such as depression, anxiety, fear and so on, leading to autonomic nervous dysfunction, affecting the progress and recovery of the disease. Some patients (symptoms can not be completely alleviated or repeat

d after surgery, affecting patients' treatment satisfaction and quality of life, residual symptoms and recurrence after surgery, in addition to the common intervertebral disc. In addition to inflammation, nerve root edema, hematoma stimulation, incomplete decompression, and changes in spinal biomechanics after surgery, there is another easily overlooked reason, inadequate rehabilitation management. Therefore, a comprehensive health management model was established, and the impact of the comprehensive health management model on the quality of life of patients after lumbar fusion was evaluated by comparing the randomized controlled trial with the current health management. On the basis of improving the comprehensive health management model, we should guide the clinical practice, improve the curative effect and reduce the recurrence.

This study mainly through comprehensive rehabilitation nursing to improve the physiological function, pain degree and depression level of patients with lumbar disc herniation. The main contents are as follows:

(1) Choose the patients with lumbar intervertebral disc herniation as the research object, and design the comprehensive rehabilitation nursing intervention program for the patients with lumbar intervertebral disc herniation in China.

(2) The intervention of comprehensive rehabilitation training and intervention on postoperative rehabilitation of patients with lumbar disc herniation can clarify the relationship between comprehensive rehabilitation exercise, psychological intervention program and postoperative rehabilitation of patients with lumbar disc herniation.

LUMBAR DISC HERNIATION

Manifold Characteristics and Hazards of Lumbar Disc Herniation

The spine consists of cervical, thoracic, lumbar, atlas and coccyx. The upper and lower sides are connected through the intervertebral disc and the posterior facet joints, in which the ligament serves to connect the attached muscles to increase the stability of the joints and muscles so as to be able to move steadily. The anatomical structure of the

spine is divided into five parts: skeletal tissue, ligament tissue, intervertebral disc, facet joint and muscle tissue. Bone tissue can be further divided into vertebral body, vertebral body, lamina, superior and inferior articular processes, transverse processes and spinous processes. The ligaments are anterior longitudinal ligament, posterior longitudinal ligament, transverse ligament, facet joint ligament, yellow ligament, interspinous ligament and supraspinous ligament. The intervertebral disc and facet joints are the joint structures of the upper and lower vertebrae; there is a hook-shaped process on the left and right sides of the cervical vertebra to form a hook-shaped process-vertebral joint; the thoracic vertebra has a hook-shaped process-vertebral joint connected by the transverse process and the rib head and provides additional stability by the ribs and the thorax; as for muscle tissue, it does not involve the spine. Static stability, therefore, is not discussed here. Vertebral body: The most important part of the spine is located in the anterior part of the vertebral body. It consists of a circular framework of the lumbar spine. The posterior margin does not protrude outwards. It is slightly medially depressed like a kidney. The outer part is a thin layer of cortical bone, and the inner part is composed of sponge bone. It slightly invades the waist, has vertebral arteries and veins in and out, provides the nutrition needed by the vertebral body, and the vertebral body is responsible for carrying weight. The upper and lower margins have cartilage endplates connected to the intervertebral disc, and the composition is called cortical bone, in which the spongy bone is formed through the interaction of bone trabeculae. Longitudinal bone trabeculae can support the weight of the whole upper half of the body. The transverse bone trabeculae connect the longitudinal bone trabeculae together to enhance the stress level. The number of trabeculae decreases with age.

The main function of the spine in the human body is to bear the weight of the body. In the course of human evolution, the corresponding vertebral body of the human body has its own angle, in order to achieve the function of standing upright and looking straight ahead and supporting body

weight. At the same time, in the middle of the spine, there are also spinal cord, cauda equina, nerve roots and other substances. Not only does it protect the entire human spine, but it also has the mobility provided by the intervertebral discs and facets. Activities between the upper and lower nodes may be limited, and eventually connect to the muscles of the spine and limbs. With the support of the spine, the spine can work well with other parts of the body to maintain normal human activities. From the point of view of mechanics, the spine is the main force-bearing joint, and important human structures such as vertebral body, arch, and ligament and disc support human activities together.

Lumbar disc herniation (LDH) is common among young people aged 20 to 50. Sprain or severe trauma and cumulative strain are the causes of lumbar disc herniation. As the lower lumbar spine is like sail, where the mobility and load are relatively large is the junction, which is also prone to problems, so LDH is more likely to occur in L4-L5, L5-S1 intervertebral discs. Studies have shown that most of the patients with lumbar disc herniation can achieve satisfactory results through conservative treatment. Only about 10-20 patients with obvious lumbar disc herniation, long duration of severe symptoms and repeated attacks need surgical treatment. Although conservative treatment can achieve short-term satisfactory results, most patients still need to consider surgical treatment with the development of the disease. Clinically, there are single-segment, double-segment and even multi-stage occurrences. In our clinical case collection, there are many young and middle-aged patients with single-level lumbar disc herniation. According to surgical indications, common surgical procedures include removal of the posterior lumbar nucleus pulposus, posterior decompression of the lumbar spine, fusion of bone grafts, and removal of the nucleus of the vertebral body. Posterior lumbar nucleus pulposus excision is a good choice. The treatment of posterior lumbar nucleus pulposus excision is simple, inexpensive, experimental and effective. Compared with posterior decompression, bone grafting and internal fixation, posterior lumbar nucleus pulposus resection has less soft tissue injury. Maintain the

biomechanical stability of the spine, less bleeding, short sleep time, fast recovery and other characteristics.

Spinal degeneration is a common and complex problem. However, there are many factors affecting the prognosis of intervertebral disc herniation. Risk factors for lumbar disc herniation indicate that lumbar stress, work and mental stress are risk factors affecting the prognosis of lumbar disc herniation in China. In addition, it also includes the structural and physiological factors of the spine body, such as the deformity of the spine including symmetrical or asymmetrical transitional vertebrae, lumbar unilateral sacralization, asymmetrical facet joints, etc. The physiological factors include age, height, and occupational factors, in addition to trauma, exercise, smoking, physical diseases and pregnancy. In imaging, according to the size, location and relationship of nerve root, there are different symptoms and signs. This is also an important factor affecting the severity of the disease, treatment difficulties and prognosis. At present, it is considered to be an important mechanism to reduce the nutritional supply of the intervertebral disc. Studying degenerative diseases of lumbar spine from the perspective of biomechanics is helpful to understand the pathogenesis of degenerative diseases of lumbar spine. It can also guide the choice of medical intervention methods. It is of great significance to improve the level of clinical diagnosis and treatment. At present, the biomechanical study of lumbar disc herniation is mostly based on the biomechanical study of the intervertebral disc. Less research has been done on other related organizations. With the application of modern computer technology in spinal biomechanics and the wide application of finite element analysis, more scientific and in-depth research results are expected. By studying the kinematics of the spine and establishing the neutral region of the spine movement, people have a deeper understanding of some painful movements of the spine. At the same time, molecular biology research also found that some inflammatory mediators, cytokines, nitric oxide, immunoglobulin and so on play an important role in the mechanism of lumbago after spinal degeneration.

Causes of Lumbar Disc Herniation

The etiology and pathogenesis of lumbar disc herniation are described in detail in historical literature. Overall understanding can be attributed to fiction, cold, humidity and fatigue. Due to deficiency of liver and kidney or deficiency of both qi and blood, wind, cold and dampness invade, leading to blood stasis of meridians and collaterals, no pain; lesions are mainly deficiency and excess, evil as the standard. According to TCM, the kidney is congenital and is the basis of the viscera and the source of life. Its main physiological function is Tibetan essence, which mainly develops and develops, mainly propagating and water metabolism. The main skeleton of the kidney is the bone marrow, and the outer part is the glory of the hair. It opens in the ear and pudenda and back. The kidneys mainly determine kidney essence, marrow and bone, and then the support of the lumbar spine, spine and even the entire skeleton, the strength and durability of exercise. If the kidney essence is insufficient, the bone marrow is empty, knee back pain, soft palate and heel pain, and even the lumbar spine will not be raised, the foot will not embolize. Because the waist is closely related to the kidney, kidney disease often first reacts to the waist, while lumbar acid is a symptom of back pain. Traditional Chinese medicine believes that blood stasis blockade, but pain. Because of the wind, cold and humidity, blood stays in the waist, or the servant falls and injures the waist, leading to gas stagnation and blood fatigue. Because the skin of foot, sun and shoulder is "from waist, lower spine, buttock, squat", so the same disease of waist and leg can occur. At the same time, due to the lumbar Qi and blood stasis, can not be immersed in the lower limbs, long-term gluten loss, see lower limbs numbness, meat and inferior quality.

The mechanism of lumbar and leg pain caused by lumbar disc herniation may be summarized as three kinds of mechanical compression studies. The spinal nerve is rich in epineurium and surrounded by nerve bundles. However, the neuroepithelium of nerve roots is extremely underdeveloped, and the amount of collagen in nerve roots is lower than that in peripheral nerves. Therefore, nerve roots have significant biomechanical risk factors, while peripheral nerves are more sensitive to

compression. Compressed nerves are in a state of tension. In addition, disc degeneration, caused by chronic strain and partial or complete rupture of the annulus fibrosus, causes different degrees of protuberance or compression of nerve root tissue by the nucleus pulposus. Protruding peripheral vascular disc compression leads to venous reflux, arterial blood supply disorder, nerve root ischemia and hypoxia, congestion and edema, increased capillary permeability, plasma extravasation, increased internal nerve root pressure and fibrous tissue proliferation, which cause chronic injury to nerve root. The mechanical compression of nerve roots in chemical radiculitis plays an important role in causing pain, but it can't fully explain the discogenic pain and signs. When normal nerves are compressed, pain occurs only when inflammatory nerves are compressed. The etiology of radiculitis is mainly the degeneration of intervertebral disc. After the rupture of fibrous ring, the liquid nucleus overflows from the rupture and diffuses along the channel between intervertebral disc and nerve root, releasing inflammatory mediators with analgesic effect. Such as skin irritation, histamine, prostaglandin and so on. Stimulating these substances can cause edema and pain in nerve roots. The nucleus pulposus of intervertebral disc is the largest non-vascular closed structure in vivo, which has no contact with the peripheral circulation. Its nutrition mainly comes from the diffusion of cartilage disc. Therefore, human nucleus pulposus tissue is excluded from the body's immune mechanism. Normally, it exists as a hidden component of the autoantigen in the core of the intervertebral disc.

In the case of lumbar disc herniation, the anterior lumbar spine can be characterized as a lateral curve, which is more common in lumbar disc herniation, while another preference is the intervertebral disc. There is almost no lateral bending, which can protrude to the affected side or to the healthy side, depending on the position of the protrusion and nerve root. The nucleus is located in the medial side of the nerve root, and the lumbar scoliosis protrudes to the healthy side. Sometimes it was observed that the intervertebral space showed varying width of intervertebral space and

widening lateral curvature, but there was no diagnosis of lumbar disc herniation because of the uneven change of left and right intervertebral space or upper and lower intervertebral width, but in fact it only reflected the protective posture of lumbar vertebra. Lumbar disc herniation has greater diagnostic value for lumbar disc herniation.

To maintain the intervertebral disc, in addition to the intervertebral space, the normal intervertebral space width is the width of the next intervertebral space wider than that of the previous intervertebral space. When disc herniation occurs, lumbar lordosis decreases or disappears, and in severe cases, it is abnormal kyphosis, which is caused by pain caused by compression of nerve roots. The secondary deformity caused by the intervertebral space is narrow and wide, which is usually the incomplete rupture of the lumbar intervertebral disc ring and the prominent nucleus pulposus. Small or obvious narrowing of lumbar intervertebral space is also a normal manifestation of physiological degeneration. The external fibers of the intervertebral disc ring are strained by traction and form Spurs at the anterior edge of the vertebral body. In addition, degenerative lumbar disc degeneration, lumbar facet joint subluxation, leading to degenerative lumbar spondylolisthesis or pseudospondylolisthesis, the most common clinical site is between the vertebral bodies.

Treatment of Lumbar Disc Herniation

The advantages of surgical treatment of lumbar intervertebral disc herniation are as follows: (1) Shortening hospitalization days, improving turnover rate, and enhancing social and economic benefits. (2) Reduce the burden of medical insurance and patients' expenditure. It has brought economic benefits to hospitals. The clinical pathway of lumbar disc herniation is applied in clinic. Results: The clinical pathway of posterior discectomy can significantly shorten the average hospitalization time, improve patient satisfaction and reduce hospitalization costs. Realize the standardization of medical standards to improve work efficiency, reduce medical errors and save medical expenses. At the same time, it also provides a reference for the calculation of single patient type of lumbar disc herniation.

The implementation of clinical pathway can effectively improve the standardization, procedural and initiative of medical staff, and promote doctor-patient communication. The average length of hospitalization, medical expenses during hospitalization was reduced, and the level of health knowledge and patient satisfaction was improved. Because the application of clinical pathway table reduces the compilation of medical documents and standardizes the guidance of physicians for clinical diagnosis, effectively reduces the incidence of errors, improves clinical efficacy, effectively avoids medical risks, and is easy to organize and store, facilitate the collection and processing of clinical treatment, and improve the efficiency of hospital management. As mentioned above, as a new medical quality management mode, non-surgical treatment of clinical pathway plays an important role in shortening hospitalization days, reducing clinical diagnosis and treatment costs, standardizing treatment, reducing the incidence of clinical errors, improving medical quality, health knowledge and improving patient satisfaction. It is worth it in clinical practice, promotion and application.

Traction is one of the common non-surgical treatments for lumbar disc herniation⁹⁻¹¹. At the same time, it can increase the posterior longitudinal tension, thereby increasing the negative pressure in the intervertebral disc, and using the elastic retraction force of the initial elastic band and annulus. It is conducive to the return of the nucleus pulposus of intervertebral disc to different degrees, or to change the relationship between the protrusion and the nerve root, thereby reducing the stimulation and compression of the nerve root, and traction also promotes the regression of inflammation. Traction therapy is simple, economical and effective. Most scholars believe that the traction force should be small in the initial treatment and gradually increase in the future to avoid overweight. Some scholars reported that the effect of heavy traction is good. Some scholars analyzed the clinical effect of overweight traction in the treatment of lumbar disc herniation. Later, according to the patient's specific conditions, gradually increased to over weight or even greater. In recent years, there have been many reports about three-

dimensional traction, most of which have discussed the correlation between traction, strength and speed, and efficacy. The results of imaging experiments show that the therapeutic effect may be related to the pathological changes of lumbar disc herniation.

Lumbar intervertebral disc herniation belongs to the category of lupus and ecstasy in legs in traditional Chinese medicine. Doctors of previous generations believed that wind and cold, stagnation of Qi and blood, loss of liver and kidney, etc. Wind, cold, wet, three gas, mixed with phlegm, contusion and trauma caused by injury, blood stasis, no pain. Generally divided into blood stasis, cold and damp, damp and heat, kidney deficiency four kinds. Oral Chinese medicine is usually treated with phlegm-dampness, dispelling cold, dispelling dampness, activating blood circulation and removing blood stasis syndrome. Therapeutic mechanisms include analgesic effect, anti-inflammatory effect, anti-adhesion effect, improvement of microcirculation, hormone-like effect and herniated disc atrophy. Chinese medicine fumigation therapy not only has the therapeutic effect of Chinese medicine, but also has the therapeutic effect of fumigation. Promote the operation of local blood and blood, make wind, cold and dampness scatter from the table, play the role of relieving colds, dehumidifying, activating blood circulation and removing blood stasis, and relieving pain. Chinese medicine external treatment and external use, paste and other stickers. Western medicine mainly uses antipyretic, anti-inflammatory, analgesic, neurotrophic and other symptomatic treatment. Some scholars believe that the use of mannitol and other dehydrating agents in the treatment of lumbar disc herniation can reduce the edema of affected nerve roots and improve the condition. Physical therapy is also often used to treat this disease. The role of physical therapy is to relax and alleviate the tension and paralysis of paravertebral muscles, relax the adhesion of soft tissues, and expand the lumbar intervertebral space. Promoting the nucleus, eliminating the pressure and stimulation of nerve root, and promoting the absorption of inflammatory exudates and edema.

APPLICATION OF COMPREHENSIVE REHABILITATION NURSING IN PATIENTS WITH LUMBAR DISC HERNIATION SURGERY

Comprehensive Rehabilitation Nursing

Relaxation training is to restore the body's original natural movement (skeleton, muscle reflex related motor skills, blood, lymphatic flow, etc.) training, so that the body is in a comfortable state, and adjust according to the body function. During relaxation training, rehabilitation personnel should be able to relieve rehabilitation intervention when patients breathe slowly. When the patient is lying on his back, his legs are separated from his shoulder width. Rehabilitation workers place their hands in the middle of his thighs and lower legs and rotate them inward and outward 7 to 8 times. Relax the hip, knee and foot joints while applying pressure to the lower limb muscle group in contact with the bed. According to the patient's condition, the foot of the patient is stepped on the bed, so that the foot of the patient is as close as possible to the buttock, the buttock is suspended, and the patient breathes. Bend your knees and insert your feet under another knee socket. The patient is breathing as the medial thigh muscles extend toward the tibia and knees. Left and right lower extremities should be combined with breathing in order; hip joint extension and reduction should be repeated for about 3 times. Bend one arm and place the hand on the other shoulder. On the other hand, the other hand of the rehabilitation worker is on the upper end of the scapula, and the abdominal oblique muscle stretches repeatedly with the patient's breathing for about three times.

Palm Vibration Therapy aims to alleviate the contraction of joints and the associated muscle groups (participating in sports) vibration, which is applied to the contraction area of joints and the associated large muscle groups, allowing the joints and muscle groups to relax. The frequency of application is about 100-200 times per minute. Apply micro-vibration from neck to two shoulder joints and from neck to scapula; Apply micro-vibration to shoulder and elbow joints with both hands, and pull elbow joints back. When the elbow is dragged backward and micro-vibration is applied, the

upper arm opens to the side (away from the side of the body). Continue to apply the palm micro-vibration along the elbow along the direction of the lower arm, pay attention not to excessive movement of the shoulder joint; while applying micro-vibration to the joint, observe the shoulder joint and guide the patient's palm as close as possible to the back. Please note that when the elbow is pulled from the side of the body to the back, check whether the upper arm can be opened laterally. The main function of upper body micro-vibration is to eliminate the contracture of shoulder joint. The four parts of the upper body are the lower end of scapula; the central part of scapula; pushing down from the central part of clavicle to the upper end of scapula; the two shoulder joints and deltoid muscles; and making hand micro-vibration on the four parts. The micro-vibration around the waist and buttock improves the symptoms of the lower limbs and around the waist, and effectively eliminates the contracture of the hip joint. The four parts around the buttocks and buttocks are the lower part of the gluteus maximus muscle (pushing from the lower part of the gluteus maximus muscle to the ischial tubercle); the middle part of the gluteus maximus muscle; the position of the two great rotors; the circumference of the lumbar spine 4-5 segments; and the hand micro-vibration in the four parts around the waist and buttock. Improvement of lower limb contracture: The patient is in prone position, the rehabilitation personnel face the bed, two palms begin from the lateral part of the two metatarsals to the lateral part of the knee joint, and then reach the lateral side of the foot. Gently apply the repeated micro-vibration from top to bottom and from bottom to top. A few seconds of micro-vibration was applied to the large rotor, knee joint and foot joint. Gently apply slight vibration from hip to sole of foot from top to bottom, from bottom to top; apply a few seconds of micro-vibration to knee joint and sole of foot. Micro-vibration from the side of the body does not impose too much burden on muscles and joints; holding two joints and shaking them by hand should do joint training, although the whole body, each part can start for about a minute. Later, slowly change the time and observe the changes of the patient's expression and mental outlook while

making a slight vibration.

Rehabilitation of Patients with Lumbar Disc Herniation by Comprehensive Rehabilitation Nursing

After surgery, conventional methods are used for treatment and rehabilitation. Wake up training, straight leg lifting training, and provide pain care and regular support. Before discharge, health education and rehabilitation exercise routine guidance, starting time, range and frequency of exercise without specific requirements, the number of patients can be, which is the traditional training methods lack of active exercise. No special rehabilitation program guidance, no pain cognitive management, no systematic muscle strength training, no specific psychological intervention, no fixed nursing staff, after discharge, he will only give guidance during the patient's oral examination, no telephone interviews and special follow-up guidance.

On the basis of routine nursing, functional exercise and comprehensive intervention, nuclear rehabilitation intervention therapy was carried out. The study lasted for three months and was carried out by a well-trained supervisor, including rehabilitation-nursing intervention during hospitalization and telephone interview after discharge. Systematic intervention is to explain perioperative care, bedside personal guidance and personal guidance during return visits by publishing rehabilitation teaching videos and PPT. With the implementation of rehabilitation training, management will be strengthened and telephone interviews after discharge will continue to follow up.

Following the principle of active participation of different patients, step-by-step, and different methods, we provide professional education and guidance for limb function training after operation. The main contents include: (1) On admission, the patients explained the purpose and methods of functional exercise in detail, and agreed with the patients' opinions on the methods of functional exercise. (2). Explain how to protect the waist after operation. (3). After operation, muscle strength training should be carried out according to the arrangement, and isometric contraction training and

training should be carried out in the early stage. Later, hemp training, that is, full body aerobic exercise. Specific rehabilitation exercise programs and timelines are shown in the time-based rehabilitation care intervention schedule. (4) Due to the different individual conditions of patients, one-to-one guidance should be taken to enable the weight-bearing activities below the waist and self-health training. After discharging from hospital, patients received regular telephone interviews to inquire about unfavorable factors or potential safety hazards in the living environment, and put forward suggestions for modification. At the same time, supervise the implementation of patients' functional exercises, and conduct individual guidance to strengthen the compliance of exercise.

Patients communicate with him and listen to patients' complaints in time when they are admitted to hospital, trying to help solve a series of problems and difficulties contained in functional exercises during and after hospitalization, and establish a good doctor-patient relationship. Resist, listen to patients' embarrassment, feelings and needs, understand patients' emotional state, and put forward problems and related reasons. According to the specific problems, give patients the corresponding guidance, increase the number of telephone visits, prolong the visit time. Encourage and reward the progress made by patients, and strengthen the communication to overcome the disease.

EXPERIMENTS

The test method was used to compare the total number of hospitalizations, the days of hospitalization before operation and the times of hospitalization between the traditional group and the path group of integrated traditional Chinese and Western medicine. The results showed that according to the test level, there were significant differences in the total hospitalization days, preoperative and postoperative hospitalization time between the path group and the traditional group. Compared with the traditional group, the total number of hospitalizations, preoperative hospitalization time and postoperative hospitalization time in TCM-Through Pathway group decreased.

Oral Chinese medicine is used to treat lumbar intervertebral disc herniation. High-frequency drugs mainly focus on rheumatism drugs, blood circulation and fatigue drugs, tonics and antidotes. The use of these drugs, in clinical treatment and guidance of traditional Chinese medicine, is consistent with our understanding of the etiology and pathogenesis of lumbar disc herniation treatment and the principle of syndrome differentiation and treatment. Fig. 1 is the frequency of use of major antiepileptic drugs.

The signs and symptoms scores of the two groups of patients entering and leaving the hospital are shown in Tables 1 and 2. According to the test level, the difference of admission and discharge symptom scores between the two groups has statistical significance. It is suggested that there are differences in the scores of symptoms and signs between the two groups¹².

The test method was used to compare the cost of traditional group and route group during hospitalization. The results are as follows: Fig. 3 and signs between the two groups.

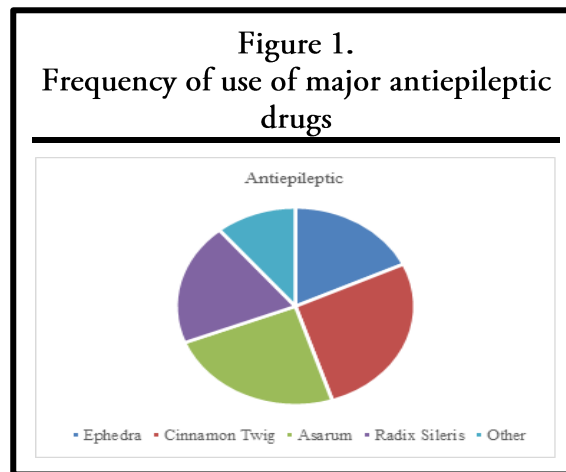
Figures 4 and 5 are the results of the control group and the experimental group.

Table 2 is a comparison of patients' satisfaction after treatment between clinical pathway group and non-clinical pathway group. The results show that both pathway group and non-Pathway group can achieve satisfactory results.

CONCLUSIONS

This study adopted a more systematic and detailed nursing intervention plan. Because of the long recovery time of patients with lumbar intervertebral disc herniation, most patients worry that they can't insist on completing high-intensity functional training, so there will be poor compliance. This study provides full support for patients in behavior and designs a comprehensive rehabilitation-nursing plan, which combines functional exercise with phlegm and rational intervention. In this study, through rehabilitation guidance videos, PPT explanation of perioperative nursing, rehabilitation plan implementation, bedside personal guidance and telephone interviews, systematic rehabilitation nursing intervention for patients with lumbar disc

herniation outside hospitals and hospitals was carried out. In order to improve the quality of life, this method is very effective for the rehabilitation of patients with lumbar intervertebral disc herniation.



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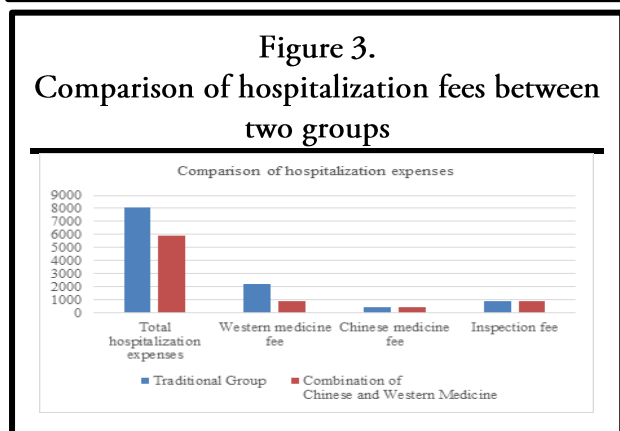
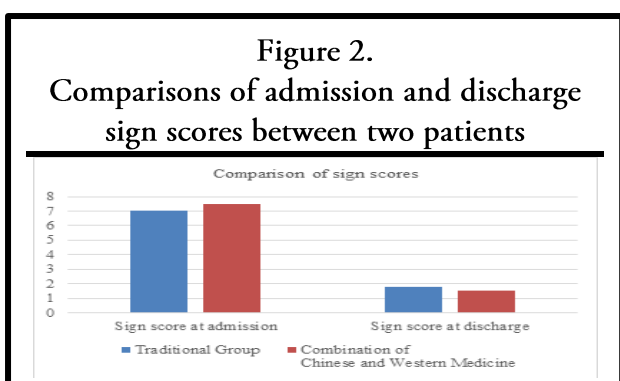
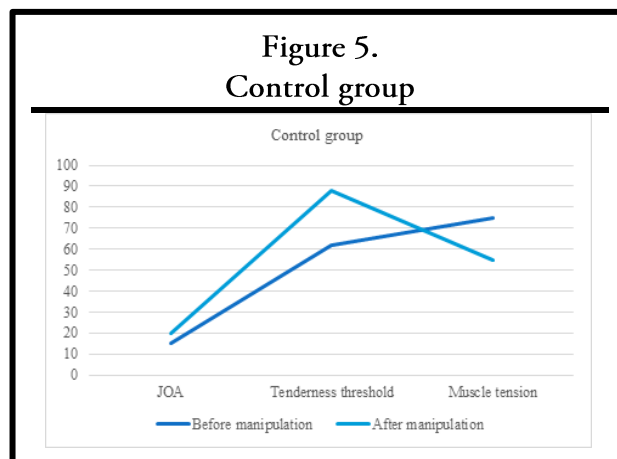
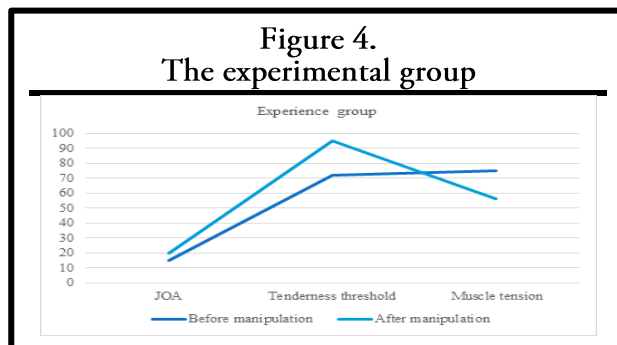


Table 1.
Percentage of pore combination type

Pore combination type	Solvent intergranular pore	Intergranular pore	Solvent Intergranular pore	Intergranular pore	Intergranular pore-microporous	Microporous
Number of samples	300	120	100	16	16	10
Content	0.53	0.21	0.19	0.03	0.03	0.01

Table 1.
Compared two groups with hospital days.

Group	Traditional group	Combination of chinese and western medicine	t Value	a Value	P Value
Average length of stay	15±2.4	11±2	8	0.07	<0.01
Hospitalization days before operation	3±1.6	3±1	2	0.07	0.03
Hospitalization days after operation	11±3	8±2	6	0.07	<0.01

Table 2.
Comparisons of patients' satisfaction after treatment between clinical pathway group and non-clinical pathway group

Group	N	Very unsatisfactory	Dissatisfied	Commonly	Satisfied	Very satisfied	Z	P
Path group	78	0	0	6	14	58		
Non-path group	80	0	0	2	30	48	-2.5	0.012