Introduction

Examination of the consequences of vertebral and spinal injuries - an actual problem of modern medicine. The consequences of vertebral and spinal injuries are resistant and difficult amenable to rehabilitation expert in making decisions about these patients, often guided by subjective data for specific objective indicators developed not enough. In 2015 in Ukraine recognized as disabled due to vertebral and spinal injury was 8977 people. For the first time recognized as disabled people (22%), rerecognized - 7007 (78%). Disabled group III declared 6153 (68%) patients, disabled group II - 1845 people (21%), and the group - 979 (11%).

The aim of our study was to determine the performance drew trauma at the lumbar spine and spinal cord in patients with disability groups.

Materials and methods

The work is based on 160 observations, which were divided into four separate groups. All patients were on treatment or examination in departments of neurology or orthopedics and traumatology of SI "Ukrainian State Research Institute of Medical and Social Problems of Disability MH of Ukraine" from 2012 to the first quarter of 2016. The average age of patients was 41 ± 7,2 years. The men were 126 (79%), women - 34 (21%). All patients performed functional digital spondylohrarf affected area in the lumbar spine after 2 years after injury. The first group consisted of patients of patients undergoing surgery in acute vertebral and spinal injury (n = 40); the second group - not operated patients (n = 40); third - operated in acute and reoperated later (n = 40); fourth group - not operated in the acute period and then operated (n = 40). Also, all patients underwent CT and MRI examination. Radiation survey performed according to clinical protocols.
Results and discussion

Drew radiographic parameters we calculated under: 1-size vertebral body; 2 intervertebral disc; 3 intervertebral foramen. According to CT, we calculated the performance drew CT - visualization, and cross perednozadniy size vertebral body, transverse and perednozadniy size of the spinal canal, pedunculus vertebra, slanting size of the vertebral body. According to MRI, we calculated drew indicators MRI - imaging: a) intradural space; b) spinal cord; c) area reserve space and intervertebral holes. The most indicators identified in the first group of patients, worse - in the third group of patients. The worst performance in patients proved the second and fourth groups.

Conclusions

1. Patients who undergoing surgery in acute vertebral and spinal injuries occur in the lumbar spine deformities lowest rates on this renthenplanimetry.

2. Magnetic resonance and CT diagnostic indices based on these indicators allow drew high reliability objectify interpretation and evaluation indicators drew with trauma to the lumbar spine and spinal cord.