

Introducing Remote Monitoring of Patients' Physical Activity into Clinical Practice

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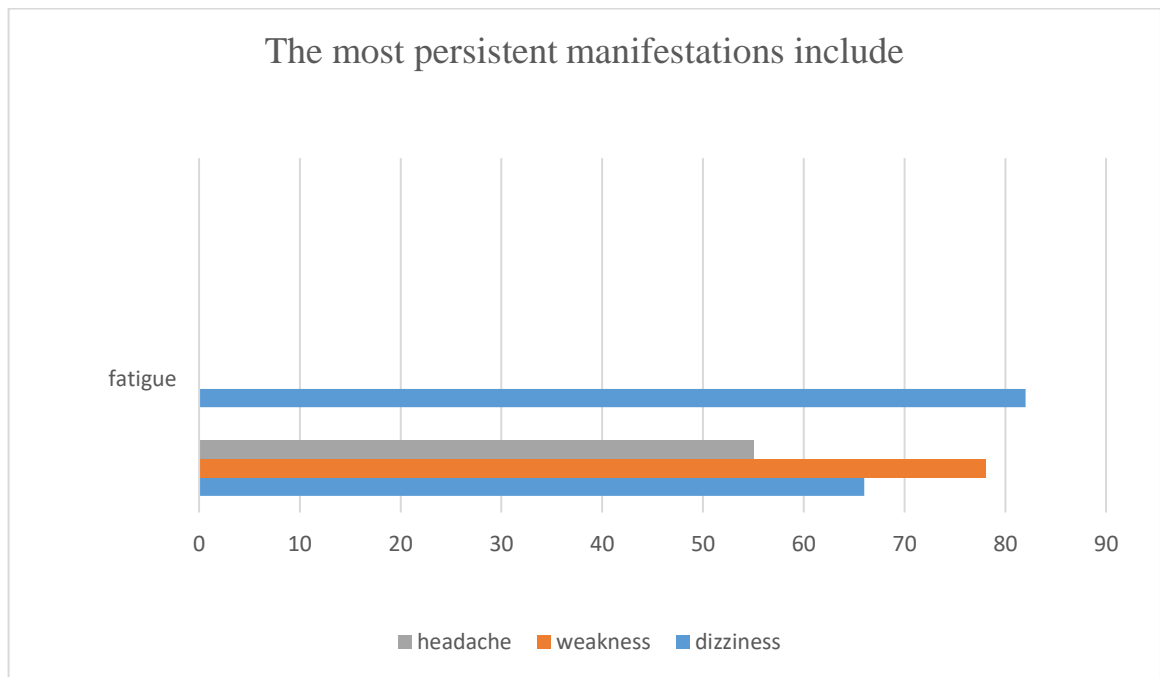
Keywords: covid personal and public hygiene, bad habits.

Relevance: Remote patient monitoring is a tool that allows patients to share data collected outside of their hospital visits. BSHTM uses technology and digital information to help physicians make decisions about patient care. Using BSHTM to track daily physical activity is feasible on modern consumer-grade devices that can synchronize with ongoing digitization of health records. Objective monitoring using the BSHTM may be more reliable than patient self-report of physical activity. Can we delegate this task to the nurse? For example, rehabilitation nurses work to help patients regain or maintain skills and abilities needed for daily living and to maintain as much independence as possible.

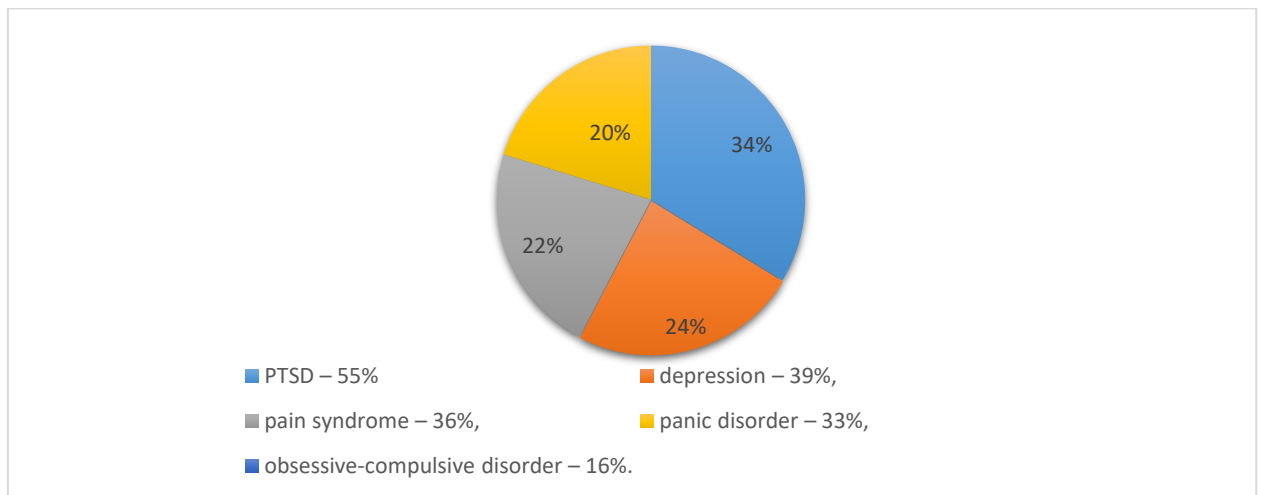
Rehabilitation nurses strive to maintain a healthy environment. Their main duties and responsibilities include:

1	Providing information to patients, families, and caregivers about patient recovery or managing living with a physical disability.
2	Helping patients set rehabilitation goals and continuously assess their condition and progress.
3	Helping patients and families learn caregiving skills and techniques to regain independence.
4	Taking medication
5	Lifting patients and changing medical clothing.
6	Coordinate care with the patient's other health care providers.

Design and Methods This article reports on four pilot studies that highlight the utility and practicality of the BSHTM for monitoring physical activity in ambulatory clinical settings. Settings include endocrinology, cardiology, neurology, and pulmonology.



The most persistent manifestations include fatigue (82%), loss of concentration or memory (74%), weakness (78%), headache (55%) and dizziness (66%). Chto analiz dannyx 1208 klinicheskikh issledovaniy vyyavil, chto narusheniya nastroeniya, trevoga, cognitivnye i bolevye rasstroystva naibolee charakterny dlya pastinov imenno v postkovidnom period, tak je kak rasstroystva ostroty zreniya i mialgii bychno registriruyutsya v ostrom period zabolevaniya. PTSD - 55%, depression - 39%, pain syndrome - 36%, panic disorder - 33%, obsessive-compulsive disorder - 16%. Soglasno data statistics, in the period of the pandemic of COVID-19 rasprostranennost depression, anxiety and ix combinatsii sostavila 43.7%, 37.4% and 31.3%



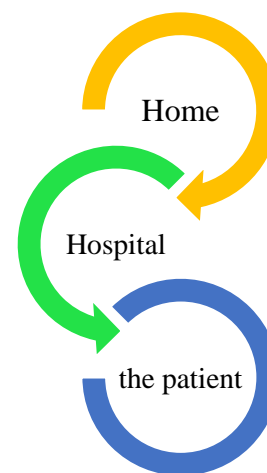
After two weeks, the patient's anxiety level decreased by 18%, and after 6 weeks - by 60%. After 5 weeks of treatment, 27% of patients have a complete reduction in depressive-phobic disorder, while all participants are tested for constructive changes in the condition, which does not result in negative effects or quality. Indicator "vnutrenney trevojnosti" i vyzannyx s nim sensoryx narusheny snizilsya v 3.5 times. In general, the patient has a sudden onset of restlessness, irritability and irritability, increased sleep (insomnia decreases by 3.33 times) and anxiety-related cognitive disorders (78% reduction in average score).

Results Received from the results apparently standing Shaikhontakhur district covid with sick patients to their homes the future given from recommendations use cases BSHTM physical activity observation for how use shows. This slider chronic diseases prophecy make ,

complications prevention go , diagnosis to do oath treatment as well as rehabilitation in the field to achievements wide effect shows.

Clinical important have If physical activity for BSHTM s if expanded , some population digital health storage services at the entrance to difficulties face coming possible account go need

CONCLUSION: BSHTM technology in clinics rehabilitation their work to the road to put opportunity there is in the circumstances of the patient development observation for objective opinion - opinions go opportunity will give oath rehabilitation in institutions working nurses to patients additional education to give oath patients with contact improve for help to give need to be able.



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