



“Logroño Sport” Model of Sports And Social Management. Benefits On The Decrease of Disease Of The Population.

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Abstract:

The management model Logroño- Sport , sponsored by the Town hall city of Logroño (La Rioja) Spain, establishes a citizen approach to the practice of physical activity. It does so through a variety of activities , covering all ages and physical conditions. Mastectomy groups and persons with disabilities are established.

The cost to the citizen is very low and perfectly acceptable , as well as access to specialized medical tests. Constitutes a role model level , not only national, but international.

Stable system sports medical control by performing exercise tests and baseline resting electrocardiography and , besides making cardiocirculatory auscultation and blood pressure along the body fat index.

As head of the Doctors I come from conducting a study since 2007 to determine different pathologies. Subsequently apply a physical activity -based program that significantly reduces the morbidity of citizens. Since then I personally got involved in the monitoring of patients with health problems , establishing a specific group for locomotor rehabilitation .

KEYWORDS:

Logroño-sport, Physical Activity, Morbidity, Mastectomy, Medical Tests, Sports Medical Control, Electrocardiography, Specialized Medical Tests, Logroño, la Rioja, Spain, Town Hall.

MATERIAL AND METHODS

One group ranging between 50-83 years are chosen and another corresponding to psychophysical disabled .

The exam includes a personal history, anthropometry and electrocardiographic studies at rest and on exertion, stress test by bicycle ergometry Monarck mechanical brake Norditack treadmill 3 hp motor and speeds up to 24 kmtrs / K / H. With 17 % of inclinación. ergo meter adapted as appropriate .

Protocols

The bicycle ergometer (Monark 864) was calibrated prior to data collection (8). 85g/kg resistance forces were used , as they recommended the British Association of Sports Science and Exercise (British Association of Sport and Exercise Sciences) for the assessment of high-intensity exercise in athletes (BASES 2000).

The treadmill is calibrated before conducting the tests and the patient to become familiar with ' he allowed. Then the test applies Bruce

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In both cases. Skin test and bicycle stops in cases indicating the protocol outlined abnormal ECG , chest pain, elevation of diastolic tension or fatigue and inability of the subject.

The reviews are performed annually in cases where pathology is detected and every two years if the client is healthy.



TEST BRUCE IN TREADMILL

RESULTS

In the 2520 subjects examined were detected.

HYPERTENSION..... 756 30%

HTA defined . TA values, constantly elevated above the values considered normal.(140-85).....	340	45%
Mild hypertension 150-95	250	33%
Severe hypertension 160-100.....	121	16%
Hypertensive urgency. Elevated BP above 210 mmHg for systolic, and 120 mmHg for the diastolic.....	45	6%
Treating hypertension.....	264	35%
Associated with obesity	197	27%

OVERWEIGHT -IMC OVER OF 25-

In 2520 subjects.....2142 85%

IMC between 25 -26.....	1350	63%
IMC between 26-28	407	19%
IMC between 28-32.....	107	5%
IMC between 32-38.....	64	3%

THYROID DISORDERS

In 2520 subjets.....177 hypothyroidism 7%

ELECTROCARDIOGRAPHIC ABNORMALITIES

ALTERATIONS FINDINGS ECG.....227 9%

Physiological Arritmias, no clinical consequences.....	150	66%
Atrio ventricular blocks, grade I and II.....	52	23%
Fluter auricular.....	1	not significant
WPW.....	4	2%
Aortic valve stenosis.....	4	2%
Hipertensión.....	16	7%

POSTINFARCTION

In 2520.....75 3%

In 2520.....75 3%

RESULTATS V02 - TESTING EFFORT In 2520 subjects

Below 30 pathological	40-45 lower average	50-55-good
30-35 bad	45-50 upper half	
35-40 mediocre		

Underneath 30.....	428	17%
30-35.....	882	35%
35-40.....	857	34%
40-45.....	302	12%
50-55.....	51	2%

BONE AND JOINT PROBLEMS

In 2520.....630 25%

Backbone.....	460	73%
Lower limbs.....	107	17%
Upper extremity	44	7%
Others.....	19	3%

SMOKING

In 2520 subjets.....428 17%

CANCER

In 2520 subjets.....49 2%

Mastectomía.....	15	30%
Prostate	20	41%
Lung.....	9	18%
Larynx.....	5	9%

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PSYCHIC DISABLED

In 2520.....63 2,5%

Hipertensos.....	7	10%
Obesidad.....	16	26%
VO2 menor de 30.....	15	24%
Vo2 enTre 30-35.....	18	30%
Entre 35-40-.....	7	10%

RESULTS AFTER ONE YEAR OF 1° CONTROL
HYPERTENSION

Hypertension and treated264

Improving.....224 85%

Untreated hypertension492

HTA defined.....	340
Improvement without medication	25 75%
Improving medication	85 25%

HTA severa. 160-100.....	121
Improvement without medication.....	6 5%
Improving medication.....	115 95%

Hypertensive urgency. Hypertensive urgency. Elevated BP above 210 mmHg for systolic, and 120 mmHg for the diastolic.....	45
Improving medication.....	100%100

OVERWEIGHT

IMC greater than 25

In 2520 subjects.....2142 85%

IMC 25 y 26.....1350

Improvement 20-22.....	445	33%
Improvement 22-24.....	378	28%

IMC 26-28.....407

Improvement 22-24.....	94	23%
Improvement 24-26	159	39%

IMC 28-32107

Improvement 24-26.....	22	21%
Improvement 26-28.....	59	55%

ALTERATIONS FINDINGS ECG

ALTERATIONS ELECTROCARDIOGRAPHIC. 2279%
 Atrio ventricular blocks I and II degree52

Improvement medication	35	68%
Improvement without medication.....	17	32%

Fluter auricular.....1

Do not return to physical activity.

Aórtica valve stenosis4

Do not return to physical activity.

Hypertension

Improvement without medication.....	2	10%
Improvement medication	14	90%
They all incorporate physical activity with a special program.		

POSTINFARCTION

In 2520.....	75	3%
BETTER WITH NORMAL PHYSICAL ACTIVITY 2 YEARS.....	66	88%

RESULTS IN V02 - TESTING EFFORT

Underneath of 30 428

Improvement between 30-35.....	377	88%
Improvement between 35-37.....	34	8%

Between 30-35.....882

Improvement between 35-37.....	317	36%
Improvement between 37-40.....	361	41%
Improvement between 40-42.....	123	14%

Between 40.....857

Improvement between 40- 4.....	308	36%
Improvement between 42-45.....	437	51%
Improvement between 45-47	34	4%

Between 40-45.....302

Improvement between 45-47.....	256	85%
Improvement between 47-50.....	46	15%

Over 50-55.....51

Improvement between 55- 57.....	3	6%
Improvement between 57-60.....	47	94%

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PSYCHIC DISABLED

In 2520.....63 2,5%

Hypertension.....7

Improvement with medication.....	5	70%
Improvement without medication.....	2	30%

Overweight.....16

Improvement.....	6-40%
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VO2 retail 30 15

Improvement 30-35.....	2	13%
Improvement 35-37.....	2	10%
Improvement 35-40.....	5	37%
Improvement 40-42.....	6	40%

BONE AND JOINT PROBLEMS

In 2520.....630 25%

Backbone 460		
Improve.....	336	76%
Lower limbs 107		
Improve.....	20	19%
Upper extremity 44		
Improve	9	20%

SMOKING

In 2520 subjets	428	17%
Do not smoke.....	86	20%

CANCER

In 2520 subjets.....49 2%

BETTER WITH NORMAL PHYSICALACTIVITY 35 71%

CONCLUSIONS

The concept of "physical activity" as health is enhanced through campaigns , offered to citizens by the City . It offers a variety of activities with different levels of effort , adapted to any natural and health status .

The existence of a medical service , specializing in sports medicine , it is essential to direct all this activity and direct it toward health.

Medical tests are made accessible to the public , this only works with a minimum financial contribution . Access to sports centers, scattered throughout the city , it is also very economical and affordable for any economy.

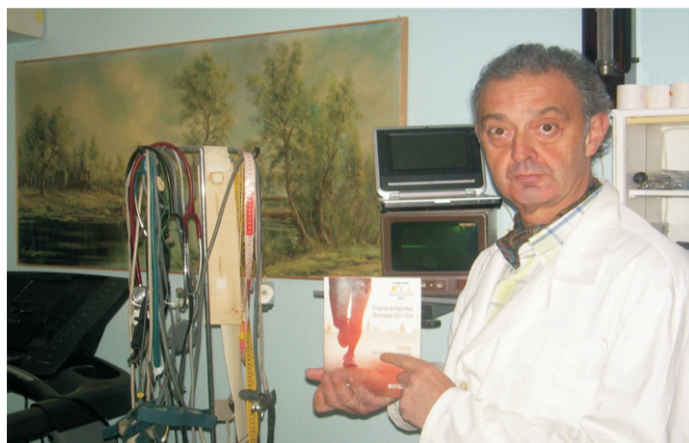
This model helps to improve the health of the general population , so it is a real prevention. By improving the health status of the client, as demonstrated in this study , the medical and pharmaceutical spending has to decrease in a clear manner . A greater participation in these activities less medical and pharmaceutical spending , no doubt.

The improvement in the health status of practitioners are evident as reflected in the study. Applications also exercise - Rehabilitation and requests and inquiries on exercise tests , coming from services such as cardiology, is increased so this service can certainly relieve many outside health care consultations.

Is this a valid and worthy model to emulate their evidnetes International level benefits the citizen

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and the health economics of the country,



Dr. Pablo Pereda González. Author of work and responsible physician “Logro Deporte”

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Medical studies are conducted in Clínica Pereda



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