

## 퇴행성 내측 슬관절염 환자에서 외측 쇄기가 기립자세 균형에 미치는 영향

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### The Effect of Laterally Wedged Insoles on Standing Balance of Patients with Osteoarthritis in the Medial Compartment of Knees

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**Objective:** To investigate the effect of laterally wedged insole on static balance of patients with degenerative osteoarthritic knees.

**Method:** Eighteen female patients were diagnosed with medial compartment knee degenerative osteoarthritis (OA) based on symptoms and simple X-rays. Patients were studied while they stood wearing shoes with the 5 degrees or 10 degrees lateral wedged insoles compared with a bare foot. Patients chose a comfortable stance with feet spread apart, slightly turned outwards, and were asked to look straight ahead at a fixed point in a quiet room. Postural sway

and weight load asymmetry were recorded while the patients were standing on two adjacent force platforms during a 30 second trial.

**Results:** Postural sway and weight load asymmetry for 30 seconds were not significantly changed by wearing laterally wedged insoles with varying elevations ( $p > 0.05$ ).

**Conclusion:** The degree of the postural sway and weight load asymmetry for 30 seconds with the insole were not affected by the tilt of the lateral wedge. (J Korean Acad Rehab Med 2007; 31: 324-328)

**Key Words:** Postural sway, Weight load asymmetry, Insole, Knee osteoarthritis

## 서 론

퇴행성 슬관절염은 나이가 증가함에 따라 흔해지는 근골격계 질환이다.<sup>1</sup> Hart 등<sup>2</sup>에 따르면, 45세에서 64세 사이의 여성에서 방사선학적인 퇴행성 슬관절염의 유병률은 12%이고, 6% 정도에서는 퇴행성 슬관절염의 증상을 가진다고 한다.

퇴행성 슬관절염 환자에서는 대퇴 사두근의 힘과 활성화의 감소뿐만 아니라, 슬관절의 고유 감각수용의 장애,<sup>3,5</sup> 자세 혼들림에도 영향을 주어 균형을 저하시키는 원인이 되며,<sup>6</sup> 그 결과 관절에 점차적으로 더 많은 손상을 가져오게 된다.<sup>7</sup>

퇴행성 슬관절염에서 슬관절의 내측부분이 이환되는 경우가 많은데, 이는 그 부분이 더 많은 부하를 받기 때문이라고 한다.<sup>8</sup> 건강한 사람의 슬관절에서는, 전체 관절 부하의

71~91% 정도만이 내측 경골-대퇴골 구획으로 전달되는데 비해,<sup>9,10</sup> 퇴행성 슬관절염이 있을 때는 100% 정도 전달된다.<sup>11,12</sup>

그러므로 치료 계획도 이러한 내측 구획에 가해지는 힘을 최소화하는 데 목적을 두게 되는데, 예를 들면, 고위 경골 절골술(high tibial osteotomy), 무릎 보호대, 그리고 외측 쇄기 등이 있다.<sup>13,14</sup> 근래 들어 퇴행성 슬관절염의 치료로 고위 경골 절골술과 인공관절 치환술의 비약적인 발전이 있었지만, 수술적인 치료는 비용이 많이 들 뿐만 아니라 심각한 합병증이 있다.<sup>15,16</sup>

내측 구획 슬관절염을 앓고 있는 환자의 보존적인 치료로서 외측 쇄기에 대한 여러 논문들<sup>17-22</sup>에서 동역학적인 변화와 효과에 대해 보고되어 왔다. 외측 쇄기의 동역학적 효과에 대하여 Yasuda와 Sasaki<sup>23</sup>는 외측 쇄기가 슬관절의 내측 부분에 가해지는 과도한 부하와 외측에 주어지는 과도한 장력을 줄여주어 하지의 공간적인 위치의 변화를 준다고 하였다. 이에 퇴행성 슬관절염의 치료를 위해 외측 쇄기를 많이 처방하고 있다.

Sasaki와 Yasuda<sup>24</sup>는 외측 쇄기는 경도의 관절 변형이 있는 슬관절염에서 유용하다고 보고하였다. 이 경우 하지의 역학적인 축이 좀 더 직립 자세에 근접하게 되어 하지의 공

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