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allow the adjustment of the tensile force, or manually by a physician with helpers, and sometimes with the help of draft animals. The apparent ineffectiveness of many of the barbaric treatment methods used at that time forced them to abandon them. Long stretches of the spine were also forgotten. We remembered about it only in the last century, when the concept of the compression nature of the appearance of many back pains was first put forward.

Our goal: to determine the main therapeutic effects of the application of traction therapy. The traction table Anatomotor (Hill Laboratories, USA) was used. The study involved 896 patients with neurological manifestations of lumbar osteochondrosis at the age of 32 to 64 years. When all patients were addressed, neuroimaging (MRI or CT), ultrasound examination of the lumbar spine for the detection of herniated lumbar intervertebral discs was performed. In the clinical picture, the pain syndrome predominated in various degrees of severity, as well as motor and sensory disorders at the level of the lower limbs.

As a result of the treatment, the majority of patients (812 — 90.1%) achieved a stable positive result

(confirmed with further dynamic studies). 52 patients (5.8%) subjectively did not notice improvement, while the results of control studies indicated a decrease in the severity of hernias protrusion. In other patients, the positive effect was less, or the effect of the treatment lasted less time, and additional courses of treatment were required. The positive effect of traction: when it is carried out, the posterior longitudinal ligament of the spine is pulled, pressing on the disc or nucleus pulposus that is displaced backwards, eliminating the subluxations of the arcuate joints and reducing the muscle contractures in the affected vertebral motor segment of the spinal column. In addition, with the extension, the regression of clinical manifestations of vertebral and extravertebral syndromes of spine osteochondrosis caused by the compression-mechanical factor is noted, temporary elimination or decrease in the degree of expression of pseudo-spondylolisthesis was noted.

Thus, the use of this method of conservative treatment makes it possible to provide effective treatment for patients with neurological manifestations of lumbar osteochondrosis and to ensure the appearance of a persistent clinical effect. The number of sessions of traction therapy is not regulated and is strictly individual for each patient. The focus for the termination of the procedure is the disappearance of spontaneous pain in the of lumbar osteochondrosis in a state of rest and pain in the palpation of paravertebral structures in the zone of the affected PDS. To achieve a pronounced clinical effect, usually 5–7 sessions are enough. In the order of carrying out procedures, traction therapy is always put on the last place for the possibility of a protective motor regime and the greatest rest after it. After the end or during (starting with the 4–5th procedure), the patient undergoes a course of stimulating therapy of paravertebral muscles: needle therapy, point and classical (tonic) massage, currents of Bernard In the stimulating regime (6–8 sessions). Simultaneously, the patient develops exercise therapy to create a muscle corset.

CONSERVATIVE TREATMENT OF THE GONARTHROSIS (ARTHROSIS OF THE KNEE) WITH THE PRESENCE OF BAKER'S CYST

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Baker cysts usually occur in almost any form of pathology of the knee joint. More often - with arthritis, for example, rheumatoid arthritis, or damage to the cartilage, especially the medial meniscus. Baker's cysts arise between the sinews of the medial head of the gastrocnemius muscle and the semi-membranous muscles. They are located behind the medial femoral condyle.

Most Baker cysts support this direct communication with the synovial cavity of the knee. With the aim of conservative treatment of patients with post-traumatic gonarthrosis and the presence of Baker's cyst, we apply complex conservative treatment with sonographic control of the results of treatment (in some cases, with an intermediate control). Gonarthrosis is the leader in the incidence of the disease among articular arthrosis. There are different ways to treat gonarthrosis. We managed to develop a new modification of the method of treatment of gonarthrosis. In carrying out this method, a subcutaneous administration of the ozone–oxygen mixture and subsequent electrical stimulation of the site of introduction of the ozone–oxygen mixture with an electric current of 50 Hz, a current of up to 7–10 mA, an impulse duration of 0.3 ms and a drug interstitial electrophoresis of the drug Caripain, duration of the procedure 12–15 minutes daily, for a course of treatment of 12–15 procedures. The application of this method leads to a reduction and arrest of pain syndrome in patients with knee osteoarthritis, a decrease in the inflammatory reaction of the knee structures, restoration of the knee joint function. 397 patients were treated. The stable clinical effect of this method, obtained in the treatment of patients with osteoarthritis of the knee joint, makes it possible to recommend this method for a wide clinical application.

To assess the presence and severity of pathology at the knee joint level, a comprehensive diagnostic approach, including X-ray and ultrasound, is actively used in the sanatorium. In a number of cases, to clarify the nature of the pathological process, patients were referred for study to medical and preventive medical institutions in Barnaul for CT or magnetic resonance imaging of the knee joint. To control the results of treatment, the method of ultrasound diagnostics of the pathology of the knee joint

After the completion of the course of treatment, patients noted that the pains significantly decreased or completely passed. In the ultrasound examination of the knee joints, a subculture bag of the gastrocnemius muscle (Baker's cyst) was determined. Typical sonographic signs: the presence of an anechoic neck (canal) of the podsuchozhal bag (between the medial head of the gastrocnemius muscle and the tendon of the semimembranous muscle), an anechogenic bag. Localization: the medial edge of the popliteal fossa (more often), the middle part of the popliteal fossa. In 39 patients (23.8%) Baker's bilateral cyst was determined, in 125 patients — one-sided, in 78 patients (62.4%) — left-sided, in 47 patients (37.6%) — right-sided. Cyst volume from 0.7 ml to 21.3 ml. Aspiration of cysts was not performed. As a result of complex conservative treatment, when performing a control

study, a decrease in the volume of cysts was noted in 143 patients (87.2%). In 21 patients, the volume of cysts did not change objectively. Our control studies were performed 7–16 days after the start of therapy. In a number of cases (29 patients — 17.6%), as a result of the control studies, the disappearance of cysts was noted. The initial volume of cysts in these cases was from 0.7 to 5.1 mL.

Thus, conservative complex treatment with the use of interstitial electrostimulation and subcutaneous administration of the ozone–oxygen mixture can successfully be used to treat posttraumatic gonarthrosis with the presence of Baker's cyst. The method of ultrasound diagnosis can objectively assess the presence of a cyst, accurately determine the amount of content, provide the possibility of establishing a dynamic control of the results of treatment.