

Abstract

The aim of this thesis is to describe information about GERD, its etiology, anatomy, pathology, treatment options and rehabilitation in patients with GERD. Lower oesophageal sphincter and antireflux barrier. The study was approved by the ethics committee. 30 probands were included in the study and their health status was verified using the Health Related Quality of Life questionnaire. A manometric catheter was inserted, proband was instructed to maintain various postural positions. Lying supine with lower limbs elevated above the surface, lying supine with lower limbs elevated above the surface with head fixated manually, sitting and standing position, load in the center of gravity 3/6/9 kg, load outside the center of gravity 3/6/9 kg, lifting of the office chair. It has been shown that LES pressure increases in all postural positions compared to resting pressure. The positions activate the diaphragm to demonstrate the postural function of the diaphragm. The most significant change in LES pressures was in the postural position of lying supine with lower limbs elevated above the surface, the LES resting pressure of 20.34mmHg changed to the pressure of LES 40.92mmHg. Clinical experience and studies have shown that patients with GERD have disposition for respiratory and / or vertebrogenic difficulties. These are patients who, through postural rehabilitation, can influence the activity and function of the crural part of the diaphragm, thus increasing pressure in the LES area, thereby alleviating the symptoms of GERD.