

**Introduction.** Sports injuries may occur when engaging physical activity due to over-training, lack of conditioning, improper form, technique or equipment.

**Aim of the study.** To explore if practicing a sport changes predisposition of encountering one or another type of trauma. Seek for a link between the number of training hours/week or the amount of training years and the presence/absence of injuries. Finding which medical specialty has higher effect on sustaining the physical effort recovery.

**Material and methods.** Cross-sectional study including a convenience sample of 62 voluntary students from the Physical Education and Sport Specialty of the University of Medicine and Pharmacy from Tîrgu Mureş and a number of 79 diagnostics. A questionnaire was administrated and statistical analysis was performed using Microsoft Excel and MedCalc 18.2.1 using a 0.05 level of significance.

**Results.** There was no statistically significant association found between the environment of origin or practicing sports (football, basketball, handball, volleyball, tennis, table tennis, bodybuilding, parkour and free running) and any type of injury,  $p > 0.05$ , as well as there was no statistically significant difference between age and the presence or absence of any kind of trauma,  $p > 0.05$ . No significant statistic association was found, between practicing any type of sport (contact vs. non-contact, individual vs. team game, amateur vs professional) and the presence of sport injuries,  $p > 0.05$ . Another result in regards to the training hours/week or the amount of training years, we couldn't find any statistically significant difference between them and the presence/absence of sport injuries,  $p > 0.05$ . Furthermore, although there wasn't any statistically significant association between physiotherapy and effort recovery,  $p > 0.05$ , we found a statistically significant association between orthopedic treatment and the recovery of exercise capacity,  $p < 0.0001$ . Another important result would be that there is a statistically significant association between being treated in the public system and the effort recovery,  $p < 0.0001$ .

**Conclusions.** Our athletes' sport injuries are not determined by either any sport in particular, from the ones we mentioned above, neither by the training hours/week or the amount of years of training. A very important factor in maintaining a good performance state is having a short recovery time. That would be possible if athletes would first consult an orthopedic doctor in order to have a good recovery plan.

**Key words:** sports injury, physical effort, recovery, athletes

### 203. EVALUATION OF NUTRITION HARMLESSNESS IN RÎŞCANI DISTRICT

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**Introduction.** The people's health mainly depends on living conditions, including the quality and safety of food. Thus, producers and food service providers, directly or indirectly involved in the food chain, must provide safe products according with consumers expectations, European regulations and National legislation. In order to maintain the quality and safety of food chain, there are necessary regulations for determination of food quality and monitoring procedures to ensure that the whole process is carried out in good condition.

**Aim of the study.** To evaluate the sanitary-hygienic indicators harmlessness of food products in Rîşcani district during 2011-2015.

**Materials and methods.** We conducted a retrospective study of laboratory tests of food samples at the Public Health Center in Rîşcani district during the last 5 years, 2011-2015, using laboratory and instrumental methods approved by the Public Health Center laboratories. Food samples were taken in Rîşcani district. In order to assess their safety, the data analyzed were: the sanitary-microbiological indicators, the pesticide content, and the sanitary-hygienic indicators. Food

samples, also, were researched according to the following sanitary - microbiological indicators: the number of aerobic mesophilic germs and optionally anaerobic bacteria(NGMAFA), B.coliforme, E. coli, B. cereus, S. aureus, pathogenic Enterobacteria, P. aeruginosa, B. acidolactic, Enterococi, and others.

**Results.** We have examined 4174 samples tested for 15023 indicators. In 2015, out of 2,188 indicators, only 20 were inappropriate (0,91%), the most harmless year. In 2011 was established the highest proportion of inadequate samples, 1.31% (45 out of 3430 indicators). The most frequent bacteria determined in food samples were NGMAFA, established in 54 samples out of 146 (36.98%). The highest number of NGMAFA bacteria were determined in 2012, and the most favorable year was 2011. More frequent deviations in NGMAFA indicators were established in the following food products: milk and dairy products, meat and meat products, poultry and poultry products, eggs and others. The second most frequent bacteria determined was B. Coliform with 52 samples infected out of 146(35.61%), and the third place was S. Aureus with 36 samples infected out of 146( 24.65%).

**Conclusions.** During 2011-2015 there was a decrease in food samples deviations according with sanitary-hygienic indicators in Rîșcani district.

**Key words:** nutrition, safety, food samples, sanitary- microbiological indicators

#### **204. THE EXPERTISE OF DISABILITY AND OCCUPATIONAL MORBIDITY IN WORKING-AGE PEOPLE**

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**Introduction.** The occupational morbidity and disability are acute problems of society, being a major reason of work capacity reduction. According to WHO, more than 1 billion people in the world suffer from disability. More than 184 thousand people with disabilities are registered in Republic of Moldova. People with disabilities are 2-3 times less employed than others. They face with discrimination and social integration problems. This situation can be fixed through mutual exertion of society and state institutions.

**Aim of the study.** Study of occupational morbidity and disability expertise on working-age people.

**Materials and methods.** The bibliographic, mathematical, statistical, sociological and analytical methods have been applied. A cross-sectional, qualitative descriptive study has been done and there was organized an anonymous questionnaire of doctors from Councils of Disability and Work Capacity Determination on expertise methodology of work capacity loss in economically active population. The investigation data was processed with IBM SPSS Statistic 20 and Word-Excel programs. Parametric and non-parametric validity tests (p, t, DS, x<sup>2</sup>) were applied.

**Results.** In the qualitative descriptive study, 30 expert doctors were interviewed, which is the total number of doctors from 9 councils in Chisinau.  $14.43 \pm 0.99$  people (DS = 5.45) are examined per day. 24 (80.0%) interviewed doctors responded that they had never attended courses on occupational health. During the last year, 9 (30.0%) doctors suspected cases of occupational diseases in examined persons. The average number of suspected occupational diseases in the past year is  $7.0 \pm 1.51$  cases (DS - 4.27). Expert doctors appreciated the cooperation with Republican Center for Occupational Diseases as follows: 23.3% (7) - good; 6.3% (2) - satisfactory; 3,3% (1) - unsatisfactory; 66.7% (20) - nonexistent. Counseling of examined people on professional rehabilitation is informally accomplished by expert doctors. Only 22 (73.3%) doctors responded that they counseled people on professional rehabilitation.

**Conclusions.** In Republic of Moldova, there are high reserves in the notification, diagnosis and investigation of occupational diseases cases at all levels. There is a need to start a ministry