



## دانشگاه علوم پزشکی

و خدمات بهداشتی درمانی کرمان

### دانشکده پرستاری و مامایی رازی

پایان نامه مقطع کارشناسی ارشد رشته پرستاری مراقبت های ویژه

عنوان

مقایسه تاثیر رفلکسولوژی کف پا و ماساژ سوئدی بر کیفیت خواب و سندرم پای بی

قرار در بیماران تحت همودیالیز مراجعه کننده به مرکز آموزشی درمانی ابوعلی سینا

وابسته به دانشگاه علوم پزشکی شیراز در سال 1399

توسط

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سال تحصیلی (بهمن 99)

شماره پایان نامه: (...)



**KERMAN UNIVERSITY  
OF MEDICAL SCIENCES**

**Razi School of Nursing and Midwifery**

In Partial Fulfillment of the Requirments for the Degree (M.Sc.)

Title

**Comparison the effect of Foot Reflexology and Swedish massage on sleep  
quality and restless leg syndrome among patients undergoing hemodialysis  
referred to Abu Ali Sina educational and medical center affiliated to Shiraz  
University of Medical Sciences in 2020**

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Thesis No : (...)

Date : **(January 2021)**

## صورت جلسه دفاع از پایان نامه:



دانشگاه علوم پزشکی کرمان  
تخصصات تکمیلی دانشگاه

### بسمه تعالی

### صورت جلسه دفاع از پایان نامه

تاریخ: ۱۶/۰۴/۱۴۰۰

شماره: ۱۴۰۰/۰۴/۱۶

پیوست: .....

جلسه دفاعیه پایان نامه آقای علیرضا قنبری دانشجوی کارشناسی ارشد پرستاری مراقبت های ویژه ورودی ۹۸ تحت عنوان "مقایسه تاثیر رفلکسولوژی کف پا و ماساژ سوندی بر کیفیت خواب و سندرم پای بیقرار در بیماران تحت همودیالیز مراجعه کننده به مرکز آموزشی درمانی ایوعلی سینا وابسته به دانشگاه علوم پزشکی شیراز در سال ۱۳۹۹" به راهنمایی دکتر پروین منگلیان و دکتر مه لقا دهقان در ساعت ۱۰ روز چهارشنبه مورخ ۱۴۰۰/۰۴/۱۶ با حضور اعضای محترم هیات داوران متشکل از:

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تشکیل گردید و ضمن ارزیابی به شرح پیوست با درجه عالی و نمره ۱۹ مورد تأیید قرار گرفت.

دکتر فیروزه میرزایی رابر  
مهر و امضاء معاون آموزشی دانشکده



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## چکیده

**مقدمه و هدف:** بیماران تحت همودیالیز با عوارضی همچون اختلال در کیفیت خواب و سندرم پای بی قرار روبرو هستند، که تأثیرات منفی بر کیفیت زندگی آنها می‌گذارند. امروزه بسیاری از بیماران همراه با استفاده از طب مدرن از روش‌های طب مکمل نیز برای کم کردن علائم و عوارض بیماری خود استفاده می‌کنند که بعضاً به علت عدم دانش کافی، به صورت آزمون و خطا این روش‌ها را انتخاب می‌کنند. بر همین اساس و با هدف مقایسه روش‌های طب مکمل در کاهش مشکلات بیماران تحت همودیالیز، پژوهشی با هدف مقایسه تأثیر رفلکسولوژی کف پا و ماساژ سوئدی بر کیفیت خواب و سندرم پای بی قرار در بیماران تحت همودیالیز مراجعه کننده به مرکز آموزشی درمانی ابوعلی سینا وابسته به دانشگاه علوم پزشکی شیراز در سال 1399 انجام شد.

**روش بررسی:** این پژوهش یک مطالعه کارآزمایی بالینی تصادفی شده است که بر روی 90 بیمار تحت همودیالیز در مرکز همودیالیز مرکز آموزشی درمانی ابوعلی سینا وابسته به دانشگاه علوم پزشکی شیراز انجام شد. کلیه بیماران واجد شرایط در این مرکز با استفاده از تخصیص تصادفی بلوکی به دو گروه مداخله و یک گروه شم (درمان نما) تقسیم شدند که نهایتاً تعداد 30 نفر در هر گروه قرار گرفتند. دو گروه مداخله علاوه بر مراقبت روتین، به ترتیب رفلکسولوژی کف پا و ماساژ پا به روش سوئدی را به مدت 4 هفته و هفته ای 3 بار و هر بار به مدت 20 دقیقه (هر پا 10 دقیقه) در حین دیالیز دریافت کردند. در گروه شم، لمس ساده زانو به پایین تا کف پا با شرایط و مدت زمان مشابه گروه آزمون، انجام شد. قبل از مداخله و بلافاصله بعد از اتمام مداخله و یک ماه بعد از مداخله (جهت پیگیری) پرسشنامه‌های کیفیت خواب و سندرم پای بی قرار برای هر یک از واحدهای مورد پژوهش در هر 3 گروه از طریق مصاحبه تکمیل شد.

از آزمون آماری آنوا<sup>1</sup> و کروسکال والیس<sup>2</sup> جهت آنالیز آماری استفاده شد.

**یافته‌ها:** بر اساس نتایج، کیفیت خواب و سندرم پای بی قرار در گروه‌های رفلکسولوژی کف پا و ماساژ سوئدی بلافاصله بعد از مداخله نسبت به قبل از مداخله بطور قابل توجهی بهبود یافته بود ( $P < 0.001$ )؛ ولی در گروه شم به تدریج بدتر هم شده بود. نتایج آزمون تعقیبی Dunnett T3 نشان داد، بلافاصله بعد از مداخله، کیفیت

<sup>1</sup> ANOVA

<sup>2</sup> Kruskal-Wallis



خواب و سندرم پای بی قرار به طور معناداری در گروه رفلکسولوژی بهتر از گروه ماساژ سوئدی و گروه شم بود ( $P < 0.001$ ) و گروه ماساژ سوئدی هم بهتر از گروه شم بود ( $P < 0.001$ ). تغییرات کیفیت خواب و سندرم پای

بی قرار در پیگیری یک ماهه بعد از مداخله، در هر سه گروه تفاوت معنی دار آماری نداشت.

**بحث و نتیجه گیری:** با توجه به نتایج این مطالعه، رفلکسولوژی کف پا و ماساژ سوئدی به عنوان روش های مکمل و جایگزین می توانند کیفیت خواب و سندرم پای بی قرار را در بیماران تحت همودیالیز بهبود ببخشند؛ هر چند که رفلکسولوژی کف پا تاثیر بیشتری داشته است.

**کلمات کلیدی:** رفلکسولوژی کف پا، ماساژ سوئدی، کیفیت خواب

## **Abstract**

### **Background and objectives:**

Hemodialysis patients experience complications such as sleep disturbance and restless legs syndrome, each of which in turn has negative effects on their quality of life. Today, many patients with the use of modern medicine also use complementary medicine methods to reduce the symptoms and complications of their disease, which sometimes choose these methods due to lack of knowledge through trial and error. Accordingly, with the aim of comparing complementary medicine methods in reducing the problems of hemodialysis patients, a study aimed at comparing the effect of reflexology and Swedish massage on sleep quality and restless legs syndrome in hemodialysis patients referred to Abu Ali Sina Hospital affiliated to the university Shiraz Medical Sciences was conducted in 2020.

### **Methods:**

This study is a randomized clinical trial study that was performed on 90 patients undergoing hemodialysis in the hemodialysis center of Abu Ali Sina Hospital. Eligible patients were selected by census method and using block random allocation were divided into two intervention groups and one sham group (treatment facade). Finally, according to the sample size, 30 people in each groups. In addition to routine care, the two intervention groups received foot reflexology and Swedish foot massage for 4 weeks and 3 times a week for 20 minutes each (10 minutes per foot) during dialysis. In the sham group, a simple touch of the knee down to the sole of the foot was performed with the same conditions and duration as the experimental group. Before the intervention and immediately after the intervention and one month after the intervention (for follow-up), sleep quality and restless legs syndrome questionnaires were completed for each of the studied units in all 3 groups through interviews.

### **Results:**

The results showed that sleep quality and restless legs syndrome were significantly improved in the reflexology and Swedish massage groups immediately after the intervention compared to before the intervention ( $P < 0.001$ ); but in the sham group it had gradually gotten worse. The results of Dunnett T3 post hoc test showed that immediately after the intervention, sleep quality and restless legs syndrome were significantly better in the reflexology group than the Swedish massage group and sham group ( $P < 0.001$ ) and the Swedish massage group was better than the

sham group. ( $0.001 > P$ ). Changes in sleep quality and restless legs syndrome were not significant in all three groups at follow-up one month after the intervention.

**Conclusion:**

According to the results of this study, foot reflexology and Swedish massage as complementary and alternative methods can improve sleep quality and restless leg syndrome in patients undergoing hemodialysis, although foot reflexology has been more effective.

**Keywords:** Plantar reflexology, Swedish massage, Sleep quality

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