

VOLUME 1, ISSUE 1

PHYSIO

JULY

VIVID-2016

ROBOREHAB

The Robotic Therapy

VIBROMECH-C

The New Invention

COMA STIMULATION THERAPY

A New approach for head injury

BODY STABILITY SLINGS

Simple Twisting Movements

SNORING?

A help to your harried partners

SLACK TIME!!

Published by SVCOPT



Greetings from Charman's Desk

RET

It gives me immense pleasure to release ^{PHYSIO} VIVID-2016. The first annual college magazine of Sri Venkateshwaraa college of Physiotherapy [SVCOPT]. I am confident that our Principal and faculty understood the needs of future and our SVCOPT would deliver the time tested human resource to meet the requirement of Physiotherapy profession to the society in years to come.

There has been a continued increase in the number of procurements of the students of this institution in the near past. It is a great pleasure to watch the creative expressions of principal, faculty and students who had contributed to VIVID-2016. And I strongly believe that it would be an excellent medium through which the world can learn about the potential and achievements of SVCOPTians.

This magazine has recorded achievements by our highly talented students with the guidance of principal and faculty. They stand as a witness to the monumental efforts taken by our faculties to make the college a centre of excellence.

Congratulations to the editorial team for bringing out a quality college magazine and thanks for providing the readers with inspirational articles with updates of current trends.

I congratulate the principal, faculty and students for publishing VIVID-2016 and my good wishes to all. I hope that this issue of VIVID-2016 would be an initiative in achieving its objectives for years to come.

*SHRI.B. RAMACHANDRAN,
CHAIRMAN*



Greetings from

***Principal's Desk,
SVCOPT***

It gives me immense delight to pen a few words as prologue to our 1st magazine "PHYSIOVIVID-2016" which is exclusively meant for churning out latent of SVCOPT.

Education is not an act of acquiring knowledge but learning a skill to lead life and forming one's personality. This is an ennobling process of growth. I can boldly say that we have excelled in every initiative, that we undertook and we have stood together, in facing the challenges in realizing quality education.

I am sure that, through process painstakingly and gainfully developed in SVCOPT, we have inherited a strong foundation to march ahead and achieve the objectives for a strong and brighter society.

Measures taken by Hon. CHAIRMAN, steps taken by the college administration, the willing contribution of the teaching and non teaching faculty and overwhelming participation of my dear students in the recent past all vouch for this. When all the constituents come together and work in union, the expected results are bound to flow.

I congratulate and thank all the well wishers/contributors, faculty, editorial board and my students, who have made untiring efforts to bring out these magazine. I also thank the alumni for the space provided to express their views. I wish them all success.

I congratulate all the faculties and students, who have achieved excellent and outstanding performance in the academic and non academic work during the previous years. I expect and wish all the students to improve further and achieve another milestone



Greetings from

***Principal's Desk,
SVMCH & RC***

I am very happy to know that, our physiotherapy students release their college magazine on their graduation day function.

Physiotherapists are competent health professional who provide health care service to the patients with illness, disability, injuries including sports injuries. They provide health care service to the patients along with doctors and other health professionals. Their role is important in health promotion, disease prevention, injury management and rehabilitation.

Magazine is a college guide written and edited by the students about career advice & academic activities and extracurricular activities. Magazine provides the power of thinking, strengthen their imagination, improving their general knowledge and acquiring habit of reading and writing. It induces the co-operation and encourage healthy competition among students. Magazines provide the platform to exhibit their achievements, information regarding sports and games and important activities of college life.

My good wishes and heartiest congratulations to all physiotherapists and I wish them all success with bright and prosperous future.

*Dr. S. Ratnasamy,
Principal, SVMCH & RC*



Greetings from

***Medical Superintendent's
Desk***

*My best wishes to the Principal, faculty and students of Sri Venkateshwaraa College of Physiotherapy and paramedical sciences for creating 'PHYSIO **VIVID 2016**' magazine.*

This will carry the message of your academic and extra-curricular talent of the students. This will also reflect your dedication and service to the society.

All your entire carrier in the field of physiotherapy and Para-medical sciences will make your parents to feel very much happy and highlight name of the institution in the national and international level.

***Prof. Dr. K. MUNIAPPAN
Medical Superintendent***



Greetings from

Vice-Principal's Desk,

SVMCH & SVMCH & RC

PHYSIO *I extend warm wishes to all the students and the magazine committee of Vivid-2016 for bringing out the literary talents of students.*

Holistic approach gives a bright future than just theory and practical knowledge in this field. The knowledge imparted in the esteemed SVCOPT. You will help you to acquire a better place in the society and retain the beauty of the mind and intellect.

Wishing all the young physiotherapists a great carrier and future.

Dr. P. Kanagavalli, Vice-Principal

From the

Editor's Desk



*It gives me immense pleasure to launch our very first issue of Sri Venkateshwaraa College of Physiotherapy Annual Magazine (**Physio** vivid 2016). Vivid 2016 has been designed to present the readers about the events of previous years, and our students' abilities. Here the topics are filled with recent trends and inventions which help to make the society healthier. Reading these articles make your brain tickle with new ideas and innovation in the field of physiotherapy. It was inspiring for us to watch and witness the potential of our students unfolding at various stages and situations everyday. Our students have the potential to bring out an excellent magazine despite of their short semester. With sense of pride and satisfaction, I would like to say that Vivid 2016 has come alive with the help of our management, faculty and students. I hope that all the efforts and contributions of our students will make you feel interested and impressed. And I congratulate the editorial team for making Vivid-2016 innovative and inspiring.*

The Editorial Team

Editorial Board

Editor in chief: M. Paulraj MPT

Editorial Board Members: BPT Interns

MAGAZINE SECRETARY: ABINAYA VELUMANI

CHIEF STUDENT EDITOR: VIVEK S

MARKETING HEAD: VIGNESHWARI D, MONISHA A

TRESURER: KANMANI S, SUBALAKSHMI G

STUDENT CO-ORDINATOR: DEEPIKA SHRISTHUDHI

MARKETING TEAM: O V AKHIL KUMAR SHARMA

BOARD MEMBERS: SIVASUNDHARI R, MEGALAI P, KANNADASAN C, PRATIMA PAL, RAMYA U, PRABAKARAN R, VIJAYARANGAN M, ARUPUTHAM G,

Editorial Designer: SRIDALAADEVI GOUNASSEGARIN

CONTENT

- College pictures	1-5
- Muscle Activation Technique	6
- Coma Stimulation Therapy	7
- Robo Rehab	10
- Are you a FIT Physio? A Self-Introspection Guide	13
- Body Stability Slings	16
- Latest Trends In Sports Medicine	19
- Can your brain cure you?	22
- FAQ - Dry Needling	23
- Matrix Rhythm Therapy	25
- Hashimoto's Disease	27
- Snoring? A help to your harried partners	28
- Treatment of BPPV	29
- Advanced Chest Physiotherapy Techniques in Neonatal ICU & Pregnancy Related Urinary Incontinence	30
- Unique Role of Physiotherapist in Tobacco Cessation	31
- Cawthorne and Cooksey Exercise On Balance Improvement	33
- Exercise can Worn Off Dysphagia	34
- Isometric Exercise Vs Isometric Exercise Using Swiss Ball To Improve Muscle Endurance	35
- Impact of ACL Injury on Contralateral Limb	36
- Sinusitis and Physiotherapy	37
- Emmett & IASTM for ITB tightness	38
- Brahmamudea-An Holistic Approach to Mechanical Neck Pain	41
- Hemophilia & Vibromesh-c	42
- Radial Shockwave Therapy	44

Our Faculty Members



Organising Batch

2012-16



College Toppers



Mr. Prabakaran Natraj



Ms. Manjula



Ms. Deepika Shristhuthi

Batch Students



Batch 2010-2014



Batch 2011-2015



Batch 2013-2017



Batch 2014-2018



Batch 2015-2019



Farewell



Won I & II Prize @ Vel's University



Sports Day Inauguration



Our Faculty Bagging Prizes in Sports Day



Won I & II Prize @ SRM

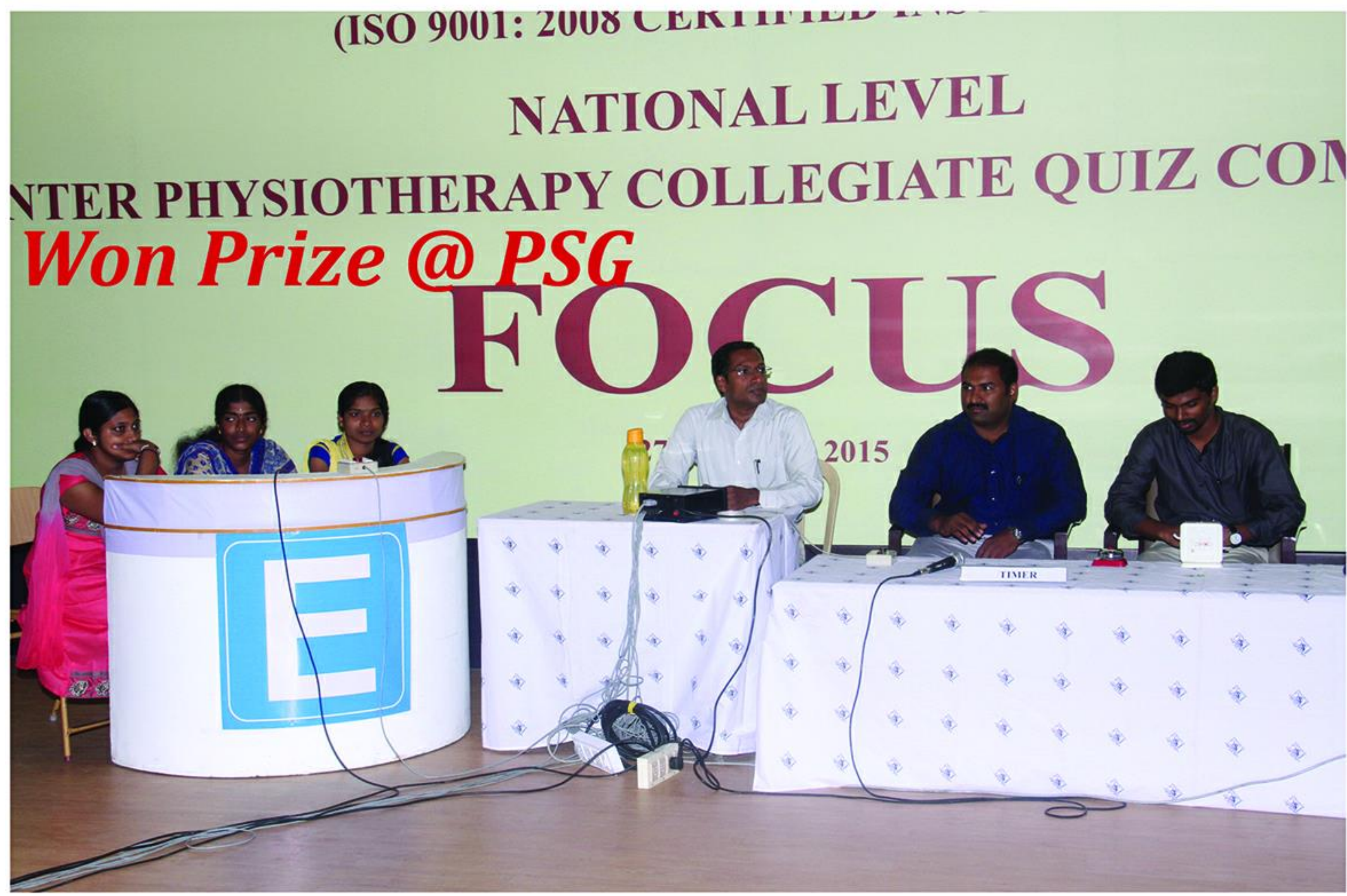


Manual Therapy CPD



Won I Prize @ UCA College

Accomplishments



Won Prize @ PSG

FOCUS



Won Prize @ Savitha College



Yoga Day



Campus Interveiw



Sathya Special School



VENKATESHWARAA COLLEGE OF PHYSIOTHERAPY (Ramachandira Educational Trust) Ariyur, Pondicherry - 605 102 Organizing FLAIR' 15 COLLEGE QUIZ COMPETITION



World Physiotherapy Day



Symposium

Accomplishments

MUSCLE ACTIVATION TECHNIQUE (MAT)

-T.Padmapriya, MPT, Assistant Professor, SVCOPT

It is a non-invasive technique, a revolutionary approach designed to balance the muscular system by assessing and correcting muscular imbalance, joint instability and limitation in range of motion within the human body. It helps the muscles to function with maximum efficiency.

Greg Roskopf's, founder of MAT says it is Reestablishing the proper neuromuscular function in our body by getting our muscles to fire properly again and work correctly. It specifically deals with the negative changes that occur relative to our neuromuscular function that can result in a decreased ability for the muscle system to handle the physical stresses that come with everyday activity, exercise and physical performance. Through training, repetition and memory, muscles typically develop threshold for how much physical stress they can handle.

When the threshold exceeds, due to physical trauma or repetitive micro trauma, as part of the body's protective mechanism the nervous system decreases joint ROM. MAT does not diagnose or treat pathology but works to improve a muscle's contractile capabilities of resulting Range of motion, strength of that muscle/limb. It differs from other techniques because it never attempts to directly lengthen or change the muscle by stretching, heating, kneading or foam rolling. Instead it uses several precise force application techniques to restore function and strengthen weak muscles.

Kroculik concluded in his "Analysis of Neuromuscular training institute's study of Muscle Activation therapy effectiveness"- 2011

that MAT can be a cost effective alternative to many forms of treatment, provided it is given time to work. Leading to dysfunction, pain, inflammation and eventual structural damage. Muscle tightness is regarded as natural protective mechanism that is activated when the brain detects an unstable joint due to weakness.

When muscles crossing a joint become weakened other muscles will become tight and guard to prevent the joint from instability. These guarding muscles will become irritated and also produce tension and friction in the joint leading to dysfunction, pain, inflammation and eventual structural damage. Simply stretching, massaging or manipulating the joint in order to release tightness does not always get at the root of the problem. MAT directly addresses the dysfunctional muscles responsible for joint instability and restores normal joint function by eliminating the body's need for muscle tightness without overriding its important protective mechanism.

The MAT process;

A comparative assessment of mobility is done to reveal the asymmetrical movement patterns in the body to know where to start. Once symmetry is discovered, muscle testing is executed with a specific force application that assesses the muscle's ability to react to and meet that force. When weakness is present, a positional isometric manual manipulation of the muscle's attachment is performed. Retest the weak muscle to know that change has occurred and the process is continued until all the associated muscles are tested and treated as necessary.

TIN No. 34330001106

CST No. 12555/PRC Dt. 21/5/99

PGST No. D1/104965/99-2000



MOULI DIAGNOSTICS

No. 24, (Ground Floor) Illrd Cross, Venkata Nagar,
Pondicherry - 605 011.

E-mail : moulidiag_99@rediff.com

© 0413-2212106, 2210502 Cell : 98430-61014, 94432-79995

Coma Stimulation Therapy

A New Approach for Acquired Brain Injured Patients



T. Bharaneedharan, MPT
Associate Professor
SVCOPT

Coma Stimulation therapy is providing multiple sensory stimulation to patients in coma or vegetative state. The stimuli will help in activating the reticular system which is disrupted or connection will be loosed in brain injured patients. This therapy will awaken the patient to return the control of higher cortical function. In India, almost 1 million of the entire population succumbs to trauma death every year. The frequency of the Indian population suffering head injuries is the highest the world over. Coma patients will be different states depending on the level of consciousness.

Consciousness has two main components: arousal & awareness. Consciousness depends on the interaction between the activities of cerebral cortex, brainstem and thalamus. Level of consciousness— Coma (Loss of Conscious), vegetative state, minimally conscious state, sleep REM, Deep sleep, sedated person. Consciousness is assessed by Glasgow coma scale, Coma recovery scale, FOUR (Full Outline of Un-responsiveness). The Coma recovery scale revised is the gold standard scale for assessing of behavior of severely brain injured patients.

Managing the patients in acute stage of coma is to maintain the active life support like ventilator support in the ICU. After the vitals are stable, rehabilitation assessment & interventions are started. The comatose individuals treated with intense and repeated stimulation following very precise protocols could awaken earlier from coma and return to a higher level of functioning. Coma stimulation may include a variety of stimulation techniques designed to awaken the comatose individual. Techniques may include visual activities (i.e. presenting the comatose individual with objects to look at), auditory (i.e. playing music or speaking), tactile (i.e. touching the individual), taste and smell (i.e. offering things for the individual to taste or smell) stimulation. Mobility stimulation may also be included in stable individuals. A stimulus is considered successful if the individual grimaces or moves. Therapists, nurses, physicians, or family members can perform these services in the hospital, the individual's home, or in a nursing home.

Deep brain stimulation (DBS) is one of the techniques where an electrode implanted in brain (thalamus) improves the functional level of chronic non-communicating patients. Other techniques like multimodal sensory stimulation which provide frequent sensory stimulate to all five senses in the hope that it will enhance synaptic re-innervations and accelerate neurological recovery. Advanced communication techniques based on mental imagery and cognitive event related potential using active paradigms are also currently living investigated. Brain Computer Interface (BCI) devices allow brain signals to control external devices without requiring any muscular activity. BCI is used clinically as diagnostic tool for differently between conscious & unconscious patients. Neuro imaging studies are currently used in clinically to diagnose whether patient is in coma, vegetative or in minimal conscious state for the prognosis. It is predicted that in near future multimodal approaches combining bed side examination, fMRI technique will be employed to assess to treat these challenging patients with disorders of consciousness.

The intensity of multisensory stimulation programs varies. Programs range from one or two cycles of stimulation daily (approximately 1 hour each), to hourly stimulation cycles, lasting approximately 15-20 minutes, for 12-14 hours per day, 6 days a week. Due to the intensity of the program, family members are frequently trained in stimulation techniques.

A Case report:

A 40 years old male fisherman was admitted in coma stage under palliative care unit, SVMCH&RC for hospital care on 03/05/2016, with alleged history of head injury (heavy iron rod hit his forehead) by the anchor while his work time at Nagapatnam, on 04/03/2016 and lost his conscious. First aid was given in RMMCH, Chidambaram and then referred to Pondicherry Medical Mission. There he was intubated and CT brain shows midline frontal depressed fracture and left fronto-temporal contusion brain with Sub-Arachnoid Hemorrhage. After then he was admitted at SIMS Chennai on 08/03/2016 for ventilator support through tracheostomy tube and PEG tube inserted for feeding purpose. Patient managed conservatively for neurological problem and rehabilitation measures started after patient condition was stable. On 03/05/2016 patient's GCS 8/15 and has been discharged with advices to continue Physiotherapy.

He was referred for physiotherapy on the day of admission in SVMCH & RC. Pt has evaluated and passive exercises and chest care given at bedside for one week. IInd week onwards patient was shifted to physiotherapy department for Tilt table standing done with graded elevation to avoid postural hypotension. Right median nerve stimulation was started for 30 minutes duration and gradually increased to 1 hour 30 minutes. His son was also trained to do movements in the ward.

After two weeks of intensive therapy he was shifted to mat for functional training like side rolling, supported sitting for few minutes trained. He was on the programme of coma stimulation like stimuli to auditory, visual, taste & swallowing and superficial sensations to recover memory and consciousness for three weeks. At this time he was having mild swelling & severe pain on thigh & on doing hip movements which was diagnosed heterotrophic ossification at both hip joints by X-ray investigation.

Owing to his problem (heterotrophic ossification), he was gently mobilized the hip joint and vestibular stimulation in Swiss ball with support for 5 minutes for two weeks of traihing. He used to grimace the mouth and vocalizes some sounds for pain. Continuous multi-modal sensory stimulation helped the patient to gain GCS from 8/15 to 10/15 and he mobilized in the wheel chair. If the coma stimulation therapy was started earlier he may improved his conscious. Hence, the Coma stimulation therapy for the brain injured patients was improving the conscious level and he is in the state of minimally conscious state.



srivenkateshwarraa

CREATING HEALTHIER SOCIETY



SRI VENKATESHWARAA MEDICAL COLLEGE HOSPITAL & RESEARCH CENTRE

(Recognized by Medical Council of India, New Delhi)

Mob: 97866 55401.

M.B.B.S.

M.D / M.S. Courses: General Medicine / General Surgery / Paediatrics / Obstetrics & Gynaecology / Orthopaedics / Anaesthesia / Ophthalmology / ENT / Dermatology / Radiology / Anatomy / Physiology / Biochemistry / Pharmacology / Microbiology / Pathology / Community Medicine.



SRI VENKATESHWARAA DENTAL COLLEGE

(Approval for Dental Council of India)

Mob: 94425 25048

B.D.S.



INDIRANI COLLEGE OF NURSING

(Recognized by Indian Nursing Council & Tamil Nadu Nursing Council)

Mob: 96559 06422

B.Sc. Nursing | Post Basic B.Sc. Nursing | M.Sc. (Medical Surgical, OBG, Paediatric) | D.G.N.M | A.N.M



SRI VENKATESHWARAA COLLEGE OF PARAMEDICAL SCIENCES

Mob: 95855 51160

Paramedical Courses (B.P.T | B.Sc. (MLT) | M.P.T (Ortho) | M.P.T. (Neurology)



SRI VENKATESHWARAA COLLEGE OF ENGINEERING & TECHNOLOGY

(Approved by AICTE, Affiliated to Pondicherry University)

Mob: 9585512722.

B.Tech. (Civil Engg | Mechanical Engg | Electrical & Electronics Engg | Electronics & Communication Engg. Computer Science Engg)

Ariyur, Puducherry.
admission@svmcpondy.com
www.svmcpondy.com

For further details
0413 - 2260601



S10 HiPer
health

CERTIFICATION FOR PHYSIOTHERAPIST

S10 health Academy

About the Program

A technology driven, evidence based, high performance “Functional Fitness and Health Certification” program designed exclusively for Physiotherapist. HiPer provides every physiotherapist the right confidence into assessing, evaluating and delivering the right exercise to suit the needs of your client/patients.

Eligibility Criteria

The HiPer Certification program is exclusive for Physiotherapist. Both UG and PG Physiotherapists can participate.

Duration: 2 Days

Fee: INR 5000/- (Fee includes Registration, Training, Certificate, HiPer kit bag, Lunch and Nibbles)

Certification Program

- Optimum HiPer Assessment (Theory and Practical)
- Body Composition Assessment (Theory and Practical)
- Basics of HiPer Training (Theory)
- HiPer Training Principles (Theory)
- HiPer Training for – Warm up, Flexibility, Strength, Speed, Endurance, Power & Agility (Theory and Practical)
- Assessment of Posture and Ergonomics
- Woman Wellness Training Program
- Exercises for Chronic Lifestyle Conditions

Services include

- Sports Medicine
- Advanced Sports Performance
- Sports Nutrition
- Sports Psychology
- Anti-Aging
- Injury Prevention & Management
- Preventive Wellness
- Bio-Mechanics

Course Facilitator

Dr.Dobson Dominic

M.D Sports & Exercise Medicine

Medical Director & HiPer Consultant- S10 Health

S10 Health Sports Medicine & High Performance Centre

No 21, Race Course Road, Guindy, Chennai - 600 032

S10 Health HiPer Centre

No 102, Mahalingapuram Main Road, Nungambakkam, Chennai - 600 034

S10 HiPer
health
S10 HEALTH SPORTS MEDICINE &
HIGH PERFORMANCE CENTRE

ROBOREHAB

THE ROBOTIC THERAPY



K. ANAND BABU MPT
ASSOCIATE PROFESSOR
SVCOPT



Robotic Therapy, the word used in the field of physiotherapy is quite common for the past two decades. But in India the Robotic Rehab is still a dream except for corporate health consumers.

WHAT IS ROBOTIC THERAPY? Augmenting rehabilitation through the application of Robotic devices. The Robots are used mainly as Therapeutic aids instead of assisted device. Rehabilitation using robots is the effective adjunctive to the conventional rehabilitation

Well known robot used earlier in the field of physical therapy is CPM machine which reduce the manual effort during mobilization, recently robotics in this field reached enormous development. Various researchers along with bio engineers are still investigating the advancement of robotic therapy.

CONDITIONS IN WHICH ROBOTICS CAN BE USED? Almost all kind of Neuro Rehabilitation is comes under robotics like stroke, spinal cord injury, cerebral palsy and other motor neuron disease, Robotic Therapy also help orthopedic rehabilitation in mobilization and gait training of post surgical conditions.

ADVANCED ROBOTIC DEVICE: robotic devise used for motor rehabilitation include End Effector type and Exo-Skeleton type device to rehabilitate both upper and lower limb device also varies from adult to pediatric needs.

ADVANTAGE: We can start rehab as early as possible in robotic therapy, As we all know early mobilization and timely rehabilitation will prevent all the complications, for eg: conventional rehab for stroke patient is the process from lying to sitting then standing and last gait training, but robotic therapy can initiate gait under controlled circumstance earlier, which prevent major complications like loss of proprioception, decubitus ulcer etc.

DISADVANTAGE: It is the costliest treatment in the field of physiotherapy, Availability of the devices in south India is very few, only some corporate hospitals dealt with robotic therapy. Also some research study proves that Robotic therapy along with manual therapy is effective than Robotic therapy alone.

Finally robotic rehabilitation is currently an adjunct to rather than a replacement for conventional rehabilitation therapy.



Lets wait for the future.....

With best compliments



**VIVEKANANDHA HIGHER SECONDARY SCHOOL,
SELLAPERUMALPET, LAWSPET,
PUDUCHERRY – 605 008.**

Ph: 0413-2254653, 2251244



**VIVEKANANDHA SCHOOL - CBSE
GOPALANKADAI ROAD, IYYANKUTTIPALAYAM,
PUDUCHERRY – 605 009.**

Ph: 0413-2295657, 2295757



**VIVEKANANDHA COLLEGE OF EDUCATION,
SELLAPERUMALPET, LAWSPET,
PUDUCHERRY – 605 008.**

Ph: 0413-2255877, 2257677

With best compliments

MULLIGAN CONCEPT

HANDS-ON WORKSHOP

About the Concept: A concept in manual therapy pioneered by Brian Mulligan. The uniqueness is in delivering the treatment in the functional position and in a pain free way and can be applied throughout the body.

WHY MULLIGAN CONCEPTS

- ▶ Easy to comprehend and apply with instant and long lasting results.
- ▶ A major career boost to the budding physios with this effective treatment tool in clinical practice.
- ▶ Treated in a painfree method and towards painfree functions.



THE FACULTY:

PROF. JIBU GEORGE VARGHESE MPT CMP COMPT MCTA

Has been teaching, practicing, and researching manual therapy for the past 15 years. He is a member of the international Mulligan Concept Teacher Association and has been conducting workshops in India and abroad. His workshops emphasize clinical reasoning and clinical application of the mulligan concept and its various facets of day-to-day clinical scenarios.

<http://bmulligan.com/mcta-teachers/country/india/>

TOPICS COVERED

MODULE I: Introductory and Upper Quarter
MODULE II: Lower Quarter
MODULE III: Advanced Course
Around 200 techniques and it's clinical integration and application

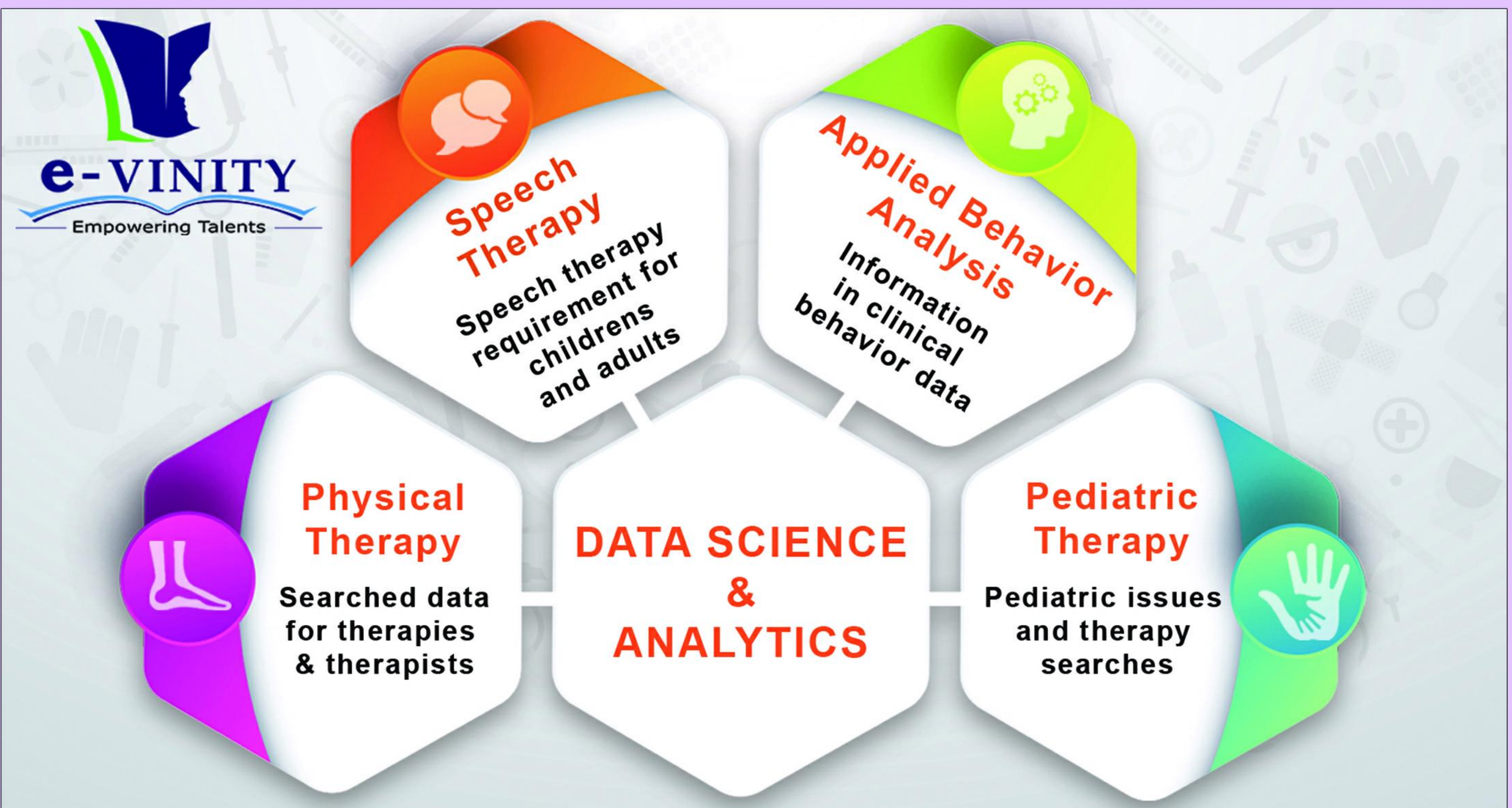
For Details on upcoming Courses, Contact:

MOBILE: 9841199942, 9840332339

EMAIL ID: revival4health@gmail.com

Add this effective & important treatment tool to your skill sets

Internationally valid certificate from Mulligan Concepts



+ 91 89404 00949

+ 91 413 3291001

Data is the Future science & e-Vinity holds an answer to it

#16, Carmel convent campus, vellavari street, muthialpet, puducherry - 605 003.

Group company of



Are you a FIT Physio? -A self-Introspection Guide

Introduction:

Physiotherapy as a profession requires greater level of physical activity and adequate level of fitness. Due to the demands and projection in the society as fitness expert, fitness among the physiotherapist has become a vital point of concern. The multifaceted involvement in both academics and clinical patient care services increases the incidence of work related musculoskeletal and stress induced disorders which has been documented as much as 80 % across the globe and this signifies the level of fitness linearly

Present scenario:

One in six physiotherapists have reported that work related musculoskeletal disorders (MSD) have prompted them to either leave the profession or change the area of specialty which poses organizational setbacks. These personal and organizational impacts prompt the efforts to prevent through safety briefing, identification of potential risk factors and its preventive strategies. According to Passier and Mcphilli the potential risk factor include work in same posture for long period, performing repetitive tasks, transfers, sudden unanticipated change in positions. The percentage of MSD is alarming and the most common affected regions are neck, low back, shoulder, knee and ankle. Studies show that physiotherapy, student populations have an increased prevalence in LBA and decreased level of endurance among the clinicians. Interestingly the strength and the flexibility aspects show no significant change.

Self-Evaluation:

Physical fitness being a part of human functionality relates to health and wellbeing. Health related physical fitness has many components to be measured such as cardio respiratory endurance, muscular strength and endurance, flexibility and body composition and finally self-perception of one's own physical fitness in multi-dimensional phenomena such as physical, emotional, cognitive and social areas.

Common clinical tests:

Flexibility Test	
Upper limb	Shoulder flexibility
Lower limb	Toes touch flexibility
Strength Test	
Upper limb	Push- ups
Lower limb	Wall squats
Endurance	Harvard Step Test
Body composition	BMI

It may be noted that all the above tests doesn't require any instrumentation. The correlation between the test for strength, flexibility and body composition can give a significant idea about the level of physical fitness and the body type.

Reparative measures:

Though the association between the self-perceived and measured physical fitness were inconclusive in researches, Physiotherapists themselves will be able to improve and maintain their physical condition with or without the support of organization.

The potential preventive strategies can be grouped as

- iii) Work load and Work allocation
- iv) Work Practices
- v) Environment and Equipment
- vi) Education and Training

Conclusion:

The above said strategies can bring about physical, social, emotional and cognitively fit Physios.
The three main areas for implementing are:

1) Curriculum Based (For student Population)

Includes moderate to high intensity physical activity at all-time bound levels of education.

2) Organizational Based (For working population)

Regular screening to prevent MSD injuries. Inclusion of mild to moderate intensity of physical activities in the form of recreational sports. Adopting a mental reconditioning to avoid stress at work spot through yoga asanas, pranayama practices, Tai chi and other martial arts.


3) Individual/self-based:

Adopting healthy life style, encouraging de-stressing activities like communal dining, get together and enhancing interpersonal relationships

A holistic approach with all the above mentioned strategies make the physiotherapists physically and emotionally fit to perform efficiently in bringing up a balanced society.

Authors:

Mr.Mohanakrishnan, Phd.,
Mrs.Banumathi Mohanakrishnan, MPT.,
Mrs.R.Salaja, BPT.,DSM.,DSP.,PGDHSC.,MHSC.,



Mob : 9095603000
9003492097

Anandha's
Slum & Fit
Fitness, Weight Loss and Rehabilitation Center

With best compliments from



A to Z MOBILE ACCESSORIES

NO 117, KANDAPPAMUDALIAR STREET,
ANNA THIDAL BACK SIDE, PUDUCHERRY - 605 001.
PH : 0413-2227249
EMAIL: atozmobileaccessory@gmail.com

PANELS/ BATTERY/ CHARGERS/ EAR PHONE/ POUCHES

WE HAVE SUPERIOR QUALITY ACCESSORIES, SCREEN GUARDS, BACK COVERS, FANCY COVERS, FLIP COVERS.

FOR AL MOBILE BRANDS FROM APPLE i PHONE, BLACKBERRY, HTC, SONY, SAMSUNG, NOKIA, HUWAI, LENOVO, MICROMAX, KARBON, LAVA, INTEX, REDMI, PHILIPS, GIONEE, OPPO, VIVO, ACER, COOLPAD AND MANY MORE LIKE PENDRIVE AND MEMORY CARD.

OUR SPECIALITY - HIGH QUALITY

PRODUCTS IN VERY REASONABLE PRICE

WE GUARANTEE- 100% PRODUCT SATISFACTION

*ONCE YOU STEP-IN, FOR SURE YOU WILL
MAKE OTHERS TO STEP-IN*

COME FOR ALL YOUR MOBILE ACCESSORY NEEDS

WE HAVE NO BRANCHES



INTEGRATED BIO-MEDICS & TECHNOLOGIES

(A Team of Bio-Medical Engineers)

No.3, 2nd Floor, Bharathiar Road (Adjacent Building to State Bank of Patiala),
Pappanaickenpalayam, COIMBATORE – 641 037. TAMILNADU, INDIA.

Phone: 91-422 – 4388785, 4388784. Mobile: (0) 9843218998, 9363104498.

E-mail: ibmtcbe@yahoo.co.in

web: www.ibmtindia.com

ELECTROTHERAPY EQUIPMENT



EXERCISE THERAPY EQUIPMENT
OCCUPATIONAL THERAPY EQUIPMENT
GYMMING ITEMS

A COMPLETE SOLUTION FOR PHYSIOTHERAPY EQUIPMENT

Also Contact for: Ortho Support Products, Surgical Items, Medical Equipment - Repair & Service.

BODY STABILITY SLINGS

(Simple Twisting Movements – Superior Core Strength)



M. Paul Raj MPT
Assistant Professor
SVCOPJ

Never mind where motion starts, it waves upward and downward to contiguous links of the chain. Thus, feeble or unbending core muscles can damage how fit your arms and legs function. And that gradually weaken the power from many of the moves you make. Core stability training has come in a number of appearances over the years, rendering to whatsoever modality happens to be the fashion of the moment. Maximum Swiss ball programmes, Pilates and other core exercises bring useful benefits in both physical preparation and injury management. This writing presents some important research done in recent times which aid us to gain a much apparent practical understanding of how the low back and pelvis work, and therefore what classes of exercise are most likely to have a optimistic impact on core strength and stability. In this article, we address the anatomical concept of 'myofascial slings'.

Is it difficult to understand the concept of Myofascial slings?

It is not so difficult to understand the concept of Myofascial slings. Myofascial slings can be otherwise known as the 'Anatomy slings and relate very closely to superficial muscle activity. The thought of myofascial slings arises out of the work done by Vleeming and in additional to the sacro-iliac joint (SIJ) steadiness. The sacro-iliac joints motion is very much essential and desirable, because they need to act as shock absorbers between lower extremities and the spinal column, and also as a method of providing body positioning awareness for coordinated movement and control between the trunk and lower limbs.

Anatomy slings aren't comprised by only one type of tissue; some control comes through the natural architecture of the lower back and pelvis, but more is conceivable by using the nearby muscle, ligament and other connective tissue all working together to provide stability and mobility of the joint (Vleeming et al 1993). This is important to influence the effectiveness of the joint stability and mobility through exercise and retraining after injury. There are three muscle systems or 'slings' that help to stabilize the pelvic girdle, they are anterior oblique, the posterior oblique and posterior longitudinal.

Is it easy to exercise the Myofascial slings?

Of course, with close attention it is too easy to exercise the good technique; the simple twisting movement is a good way of exercise the myofascial slings. This exercise was originally developed at the Australian Institute of Sport in Canberra. Fix the resistance bands firmly to the stick. An appropriate level of resistance (theraband strength and length) should allow you to perform 3 sets of 10 reps each direction (band at left, then band at right) without any difficulty.

To precede the good technique looks out the following points:

1. The exercise is performed standing up.
2. Keep the front of thigh (quadriceps) and buttock (gluteus maximus) muscles tight which can be achieved by bending slightly at knee and hip. It helps to create a chain of stability and tension through the posterior oblique sling.
3. Adopt a slightly forward leaning position with a gentle forward pelvic tilt. This activates the deep short muscles of the lower back (part of the posterior longitudinal sling).
4. Keep the stick firm on your shoulders to help secure the stability of the posterior oblique sling.
5. Maintain a slight arch in the lower back (neutral position). The upper stomach (rectus abdominis) muscle must be statically contracted to provide a stable base for the obliques to work from. It is also important to activate the lower stomach muscle (the transversus abdominis) in a 'hollowing' action.
6. Keep looking straight ahead; there is trunk rotation against resistance. This activates the side stomach muscles (part of the anterior oblique sling). Don't rotate your head and pelvis, just the trunk. If you have trouble achieving this, sit on the back of a chair.

If u are trained with basics, try the below variation...

7. Increase the range of hip flexion by place one foot on a step.
8. Reduce the breadth of the base of support by adopting a lunge position.

Use this information to determine the appropriate level for you.

Level 1: For beginners; those new to the exercise

- Use a single band. Rotate through 10 degrees to 10 degrees each direction (complete curve of 20 degrees). Perform 3 sets of 10 reps each direction (band at left, then band at right).

Level 2: For individuals comfortable with beginning (Level 1)

- Use two bands, one either side of the stick. Rotate through 20 degrees to 20 degrees each direction.

Level 3: For regular exercisers looking to step things up

- Double up number of bands or more and/or use harder bands depending on your rotation strength and then lengthen the range of rotation up to 45 degrees to 45 degrees.



K.Ashokkumar, MPT(Neuro)

Certified in Sensory Integration (USA)
Consultant Physiotherapist

+91 999 488 2002

Email : ashokmpt10@gmail.com



Swastik

Physiotherapy & Child Development Centre



No.27, Buddhar Street, Thanthai Periyar Nagar, Tharamani, Chennai - 113

Services Offered

Physiotherapy
Occupational therapy
Speech therapy
Special Education
Handwriting Remediation
Training on Self Care
Training Programmes

Approaches used:

☀ Neurodevelopmental therapy

☀ Sensory Integration

RELIABLE MEDICALS

Reliable Medical is always reliable with service motive

New Address: 41, Thiagaraja St, Puducherry-1.
(Opp. Perumal Koil) Near Ajantha Signal.
Ph: 0413-2334414, 93454 44480
reliablemedical2009@gmail.com

**Discount
15%**

On Medicines

Free weight /
Sugar / Blood
Pressure
check up

**Discount
5%**

On Food Product

For Free Home Delivery

Whats app order 93454 44480

Working time: 8.15am to 10.45 pm

Sunday Working day

Credit card and debit card accepted

Ever during door delivery

We deal with:

Allopathy Medicines, Food & Cosmetics, Ayurvedic Medicines,
Spirulina & Makkal Tv and Rich TV famous \Dr.K.Anbuganapathy's
Siddha products

With Best Compliments from

A.S.Sharif

9791867867

sheicksharif@gmail.com



kids 2 Kings Trust (k2K)

(An Educational and Social Trust)

137, M G Road, Muthialpet,

Pondicherry- 605 003

With best compliments from

STERICLEAN

PLOT.NO.2,RAJARAJESWARI STREET,SHANMUGAM
NAGAR,MUTHUPILLAIPALAYAM,REDDIARPALAYAM POST,PUDUCHERRY-605010

(Surgical items, Ortho Rehabilitation Aids, Hospital Furniture, ortho implants,
General instruments & Hygiene products)



Authorised distributors for STAAN, SMPL, SENI, Dr Sabharwal Manufacturing Lab,
Goldwin Medicare, TYNOR.



Pain & Stroke Rehab Centre

Where paralysis is not a valid reason to stay indoors anymore

www.pain-stroke.com

6/32 Hindi Prachar Sabha St, T.Nagar, Chennai 600017

LATEST TRENDS IN SPORTS MEDICINE

– An exclusive interview



Dr Saseendar is an Internationally trained Arthroscopy and Sports Surgeon. He currently serves as Consultant Arthroscopy and Sports Surgeon at Chettinad Health City. He is the Founder and Chairman of CARE Sports Injury (www.caresportsinjury.com), a one-stop centre for all Sports Medicine problems. The following is an excerpt of an interview with him.

Dr S Saseendar, MS(Ortho), DNB(Ortho), Dip SICOT(Belg), MNAMS, Fellow of the International Society of Orthopaedic Centres (US, Swiss, UK), Fellow of Arthroscopy and Sports Surgery (NUH, Singapore) Founder and Chairman, CARE Sports Injury (www.caresportsinjury.com) Consultant Arthroscopy and Sports Surgeon, Chettinad Health City, Chennai

Patellofemoral pain (PFP) is the most common knee problem in the athlete. Has there been any scientific breakthrough in the management of PFP?

It has been found that individuals with PFP have delayed onset in activity of the vastus medialis obliquus (VMO) in relation to the vastus lateralis. The Mc Connell multimodal physiotherapy regimen, consisting of retraining the VMO, stretching, mobilisation, massage, general conditioning, taping/ bracing, foot orthoses, balance training and hip muscle training, has been proven beyond doubt to relieve anterior knee pain.

Can I play active sports with an ACL tear?

A person with ACL tear should not take part in active sports. Continuing sports can cause more damage to the knee and the cartilage. An arthroscopic (key-hole surgery) ACL reconstruction followed by a scientifically proven rehabilitation protocol is needed before he can take part in active sports.

Why are women so highly susceptible to ACL injury compared to men?

Women are at least 3 times more likely than men to have ACL injury. The reasons include the effect of hormones on ligament strength and stiffness, differences in neuromuscular control, lower limb biomechanics, ligament strength and fatigue. Improving neuromuscular control has been proven to dramatically lower the risk of ACL injury in females.

Is it scientifically possible to reduce the risk of ACL injury in sportsmen?

Sport-specific training and programs to improve neuromuscular control have been found to bring down the risk of ACL injury by 87%.

Can I return to sports after ACL reconstruction?

Arthroscopic ACL reconstruction has been proven to result in a significant gain of > 5 Quality-Adjusted Life Years (QALYs). Patients with higher baseline function, younger age and lower BMI had better outcomes and chances of return to pre-injury level of sports. A team work by the Sports Surgeon, the Sports Physiotherapist, the Sports Psychologist and the Sports Nutritionist can do magic in bringing the athlete back to active sports.

What is Prehabilitation? How does it help?

Prehab consists of strength training before a surgical procedure. The concept behind Prehab is, “the fitter the patient is before surgery, the quicker they will recover from surgery”. Taking prehab has resulted in better functional outcome scores after surgery.

How can I prevent re-injury of the ankle during active sports?

After an initial ankle injury, neuromuscular control needs to be restored with a training programme using a “balance board”. This has been found to reduce the risk of reinjury to the same level as in healthy ankles.

How useful is Shoulder arthroscopy for recurrent shoulder dislocation?

Evidence based medicine has found tremendous reduction in dislocation rates and improvement in function and return to sports after arthroscopic repair of the Bankart tear. Prolonged physical therapy, without surgically repairing the ligament tear, resulted in lower functional outcomes, degenerative arthritis and lower return to active sports.

What are the current recommendations in the treatment of rotator cuff tears?

RCTs have shown that patients undergoing surgery – arthroscopic rotator cuff repair did better compared to those who underwent physical therapy alone. Early mobilisation is advised after surgical repair for better results.

What is the status of stem-cell treatment for cartilage injuries?

Matrix-induced autologous chondrocyte implantation (MACI) and Bone-marrow aspirate concentrate (BMAC) are the two latest methods of stem-cell treatment for cartilage defects. The outcomes after these treatment methods have been excellent for medium to large cartilage defects. Latest evidence even supports early weight-bearing by six weeks after stem-cell surgery.



Author's experience: Stem-cell treatment used for the management of severe chondromalacia patella in an African footballer. The cartilage lesion healed and at last follow-up the patient returned to active sports.

Bmac used for patellar desect

What is the future of Sports Medicine?

Sport and physical activity should be part of a healthy lifestyle. Preventing and treating medical problems in active patients is as important as promoting exercise. To do both effectively, primary care doctors need to be educated, and sports medicine must be included in the curriculum at all levels of medical training. There is a lot at stake for physical therapists in the field of Sports Medicine and I encourage the young therapists to venture into this bustling speciality.



Dr Samundeeswari Saseendar, MBBS,
Founder and CEO,
CARE Sports Injury
www.caresportsinjury.com

GET BACK! ON TRACK!!!

Dr S Saseendar, MS(Ortho), DNB(Ortho),
Dip SICOT(Belg), MNAMS, FISOC (US,
Swiss, UK), FASM (Singapore)
Founder and Chairman, CARE Sports
Injury www.caresportsinjury.com



A one-stop centre for all your Sports Prehab, Rehab and Surgical needs by a team of Internationally-trained Surgeons, Physiotherapists, Psychologists and Nutritionists.

Services offered: Sports injury prevention module, Neuromuscular control training, Talent Search and Talent Identification, Arthroscopic (key-hole) surgery for Knee ligament tears (ACL,PCL,MCL, LCL,PLC), Recurrent shoulder dislocations, Frozen shoulder, Joint stiffness, Loose bodies in joint, Wrist, Elbow and Hip injuries
Diagnose it and Treat it at the first shot!

Contact: CARE Sports Injury, 29/1, Flat No:A1 & A2, Ground Floor, G.C Towers, Duraisamy road, T Nagar, Chennai, Tamil Nadu 600017. Whatsapp: 9500366970

With best compliments from

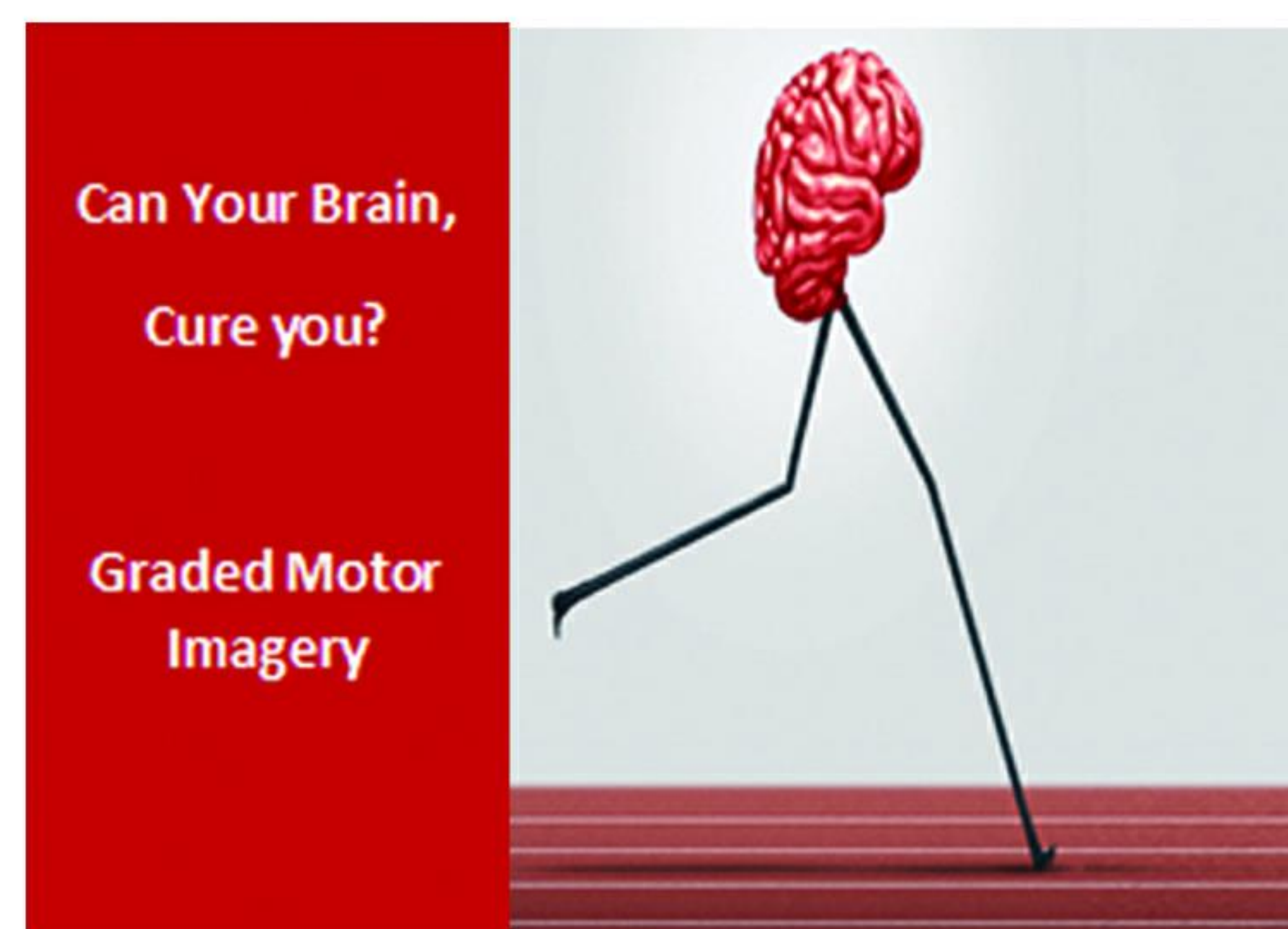
A.RAVINDRAKUMAR

DNA HEALTH CARE

**10, Mahaveer Street, Near Jain Temple
Pondicherry - 605003**

**+ (91)- 413-2915211
+ (91)- 8870009342**

Have a happy life

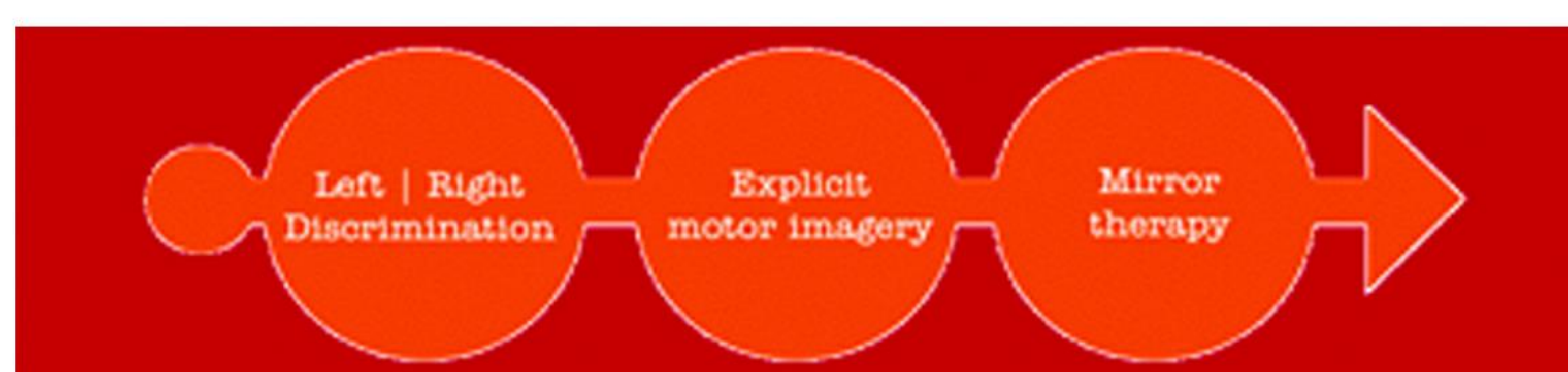


Mrs. Sharmila Devi, MPT
Assistant Professor
SVCOPT

What is Graded Motor Imagery?

Graded Motor Imagery is the most up to date rehabilitation program –based on the latest science and clinical trials to treat many complex pain, and movement problems.

Motor imagery (MI) refers to the internal representation of an action without producing an overt body movement.



The three stages of GMI

Left/right discrimination:



The process of identifying one side of the body as distinct from other, or if a body part is rotating to the left or right.

This exercise activates the pre motor cortex by prompting patients to look at photographs showing the affected limb, and labeling the image as depicting a left or right limb. Chronic pain can cause your brain to confuse the left with the right

Explicit Motor Imagery:



The process of thinking about moving without actually moving.

In this stage, patients are asked to imagine moving the affected area. As well as the pre motor cortex; this exercise causes active motor areas to light up, similarly to how they would with legitimate movement. Your brain thinks it is moving without you having to actually move! Begin with imagining small movement and progress to more complex ones.

Mirror Therapy



Using movements of the stronger body part to “trick our brain” in to thinking that weaker body part is moving.

If you put your left hand behind a mirror and right hand in front, you can trick your brain into believing that the reflection of your right hand in the mirror is your left. You are now exercising your left hand in the brain, particularly if you start to move your right hand.

Clinical trial evidence on

- ***Stroke***
- ***Phantom limb pain***
- ***Complex regional pain syndrome***
- ***Repetition strain injury***
- ***Parkinson’s disease***

Are there any risks in DMI?

There are no specific risks involved in participating in motor imagery. Motor imagery is actually quite easy to do at home, and many people find it a fun and relaxing way of having additional therapy.

FAQ

-G. Prem Kumari, MPT
Assistant Professor, SVCOPT

a) What is dry needling?

Dry needling is a therapeutic technique in which trained physical therapist inserts small, sterile, filament needles into the skin and muscle directly at a myofascial trigger point. This generates a twitch response, helping release muscle tension and pain.

A myofascial trigger point consists of multiple contraction knots, which are related to production and maintenance of pain cycle.

b) Is dry needling similar to acupuncture?

There are many similarities & differences between dry needling & acupuncture. Dry needling are based on scientific neurophysiological & biomechanical principles. Dry needling relieves pain by inactivating trigger points within the muscles but acupuncture the pain theory endorphins and creating balance in the energy levels.

c) Etiology of trigger points?

- Low level muscle contraction
- Cinderella hypothesis / henneman' size / ragged red fibers Uneven intramuscular pressure distribution.
- Direct trauma
- Unaccustomed eccentric contraction
- Muscle contractions in dysfunctional joints
- Maximal or sub maximal repetitive concentric contractions

d) Types of dry needling?

- 1) superficial dry needling
- 2) trigger point dry needling or deep dry needling
- 3) chan gunn's intramuscular dry needling
- 4) Fu's subcutaneous dry needling

e) Frequent using dry needling?

Deep dry needling or trigger point needling inserting the needle directly into the MTrP of the muscle aiming to elicit local twitch response during dynamic needle penetration.

f) Indications of dry needling or how can dry needling help me?

Dry needling used to treat variety of musculoskeletal issues including back pain, neck pain, tightness of muscles, muscle spasm, muscle shortening, movement pattern dysfunction, scar mobilization.

g) Size of dry needling/needle descriptions?

For superficial: pin-prick stimulation we need 13 or 25 mm needle

For deep: 40,50,60,70 mm thickness of 0.25-0.35 mm made up of stainless steel coated with bronze or copper which will give additional static effects. It should be best quality without bend or rusted. It could be injected at certain angles (45°,60°or 90°) depends up on muscle size, orientation, depth and location of trigger points.



h) Example for dry needling

Upper trapezius

Attachment: external occipital protuberance, medial third of superior nuchal line, spinous process of C7, distally attached lateral clavicle and acromion process of scapula.

Function: extends, lateral flexes and contralateral rotates the head and neck at the spinal level. elevates and upwards rotates the scapula.

Innervation: spinal accessory XI and cervical spinal nerve C3 – C4.

Common MTrP causes: Upper crossed syndrome, CS, neck sprain, cervicogenic headache, shoulder impingement, PA shoulder, shoulder instability, carrying heavy weights, whiplash injuries, disc pathology.

Patient position: prone lying with affected arm supported in abduction 90° to release the muscle and easy palpation of upper trapezius MB. Head in neutral.

Palpation: pincer / flat palpation.

Needle size: 40mm / 50mm

Needling procedure: lift the MB cephalad & posterior using non dominant hand and identify the trigger point. Hold the pincer palpation when needle is inserted. Advance needle to the muscle postero-anteriorly. Needle is inserted perpendicular to the skin and directed towards practitioner's finger.

Caution: Do not go perpendicular to the apex of lung, it would cause pneumothorax.

Note : This muscle frequently overlooked in temporal and cervicogenic headaches.

i) How long it will take for the procedure to work?

It takes several visits for positive reaction to take place. It is the beginning to break the pain circle once it is achieved other treatment options can be introduced.

j) How to maintain my progress?

Once the trigger is released, constant regular exercise program combined with good posture can prevent many problems.

k) Awareness:

We have to create the awareness which is relatively new method for treating myofascial pain.

Feel free to inform the doctor about this treatment options . It is all upon us to educate others about this new and innovative treatment for MTrp pain.

Dr. D.Gopi, M.P.T (Neuro)., PGDMT.

Consultant Neuro Physical Therapist.

Vice President,

Pondicherry Association Physiotherapist.



Ph : 0413 - 2358787

97870 00932

99944 78932

GOPI PHYSIOTHERAPY CLINIC

& FITNESS CENTRE A/c

(UNISEX GYM)

No.6, 2nd Cross Street, Govindachetty Thottam

(Near Amalorpavam Hr.Sec.School) Vanarapet,

Puducherry - 605 001. E-mail: gopifitness.physio@gmail.com

MATRIX RHYTHM THERAPY

Matrix Rhythm Therapy , developed by Dr.Ulrich G.ranndoll ,Germany. It is used for variety of medical conditions, LIKE sports injuries, diabetics, low back pain, kidney stones, cellulites, sinus , frozen shoulder, stretch marks, stroke, cerebral palsy, Parkinson's disease etc..

MRT Equipment:

Matrix Rhythm Therapy equipments consists of the control unit and manual applicator. The vibration head (resonator) molded on the logarithmic spiral. When it is applied to the body it generates a harmonic wave pattern that propagates in concentric waves in the body. The resonator is made of hypoallergenic material and is very comfortable on the skin. The materials made by primarily stainless steel, titanium and skin friendly plastics. There are two types of resonators used, one is with magnetic and another is without magnetic. Non magnetic resonator can be used for the patients even with cardiac pacemaker.

When it applied, patients can feel relaxing, pulsating and oscillations make the muscles soft and supple.



Penetrating vibratory massage:

When treatment head applied to the body, it generates a harmonic wave pattern that propagates in concentric waves into the body. When the vibration head is moved it inducing a pump/suction effect in the tissue and setting the matrix fluid into motion. The combined mechanical and magnetic vibration mobilizes the connective tissue, and relax muscular tension. Physiologically it activate the metabolism, accelerate the venous and lymphatic flow, neuromuscular activation. Chemically its accelerate the thixotropic reaction from gel to fluid, reduction of viscosity, regulate the interstitial pH value. Physically its targeted strengtheing of the muscles own resonance, triggering the direct and indirect piezoelectric effects.

Treatment session:

For general population, 2 days interval between each session is must to prevent the muscle soreness, but for sports persons one session per day is advisable.



S. Ramkumar PT,
Tutor, SVCOPT

Supportive article:

"IMPLEMENTATION OF MATRIX RHYTHM THERAPY AND CONVENTIONAL MASSAGE IN YOUNG FEMALES AND COMPARISON OF THEIR ACUTE EFFECTS ON CIRCULATION"

This study conducted by Ferruh Taspinar et.al at Pamukkale University School of Physiotherapy and Rehabilitation, Denizli, Turkey. They concluded that Matrix Rhythm Therapy and Massage both are increased peripheral blood flow in young women. In that Matrix Rhythm Therapy is slightly more effective than the massage.



D	G	W	B	Q	B	U	S	E	B	H	Q	N
S	H	M	A	N	D	I	B	L	E	F	U	T
J	F	A	F	B	R	A	O	R	T	A	E	R
W	S	X	D	I	S	V	I	M	A	L	E	R
I	D	I	G	S	C	I	A	T	I	C	P	M
S	K	L	E	A	E	G	B	O	S	S	E	A
N	I	L	S	Q	R	R	F	U	O	V	D	D
W	D	A	I	C	E	D	K	M	J	F	H	I
D	N	Y	X	D	B	K	A	U	W	D	A	O
Y	E	S	U	Y	R	F	I	N	M	I	R	N
E	Y	N	A	A	U	S	X	R	S	V	A	E
Y	D	D	O	I	M	D	T	E	I	Y	N	H
H	L	A	R	Y	N	X	W	T	V	A	I	P
D	V	B	T	W	T	Y	P	S	L	O	J	S
I	G	A	P	E	T	H	U	M	B	E	M	L

PUZZLE 2

For Key, See Page No



M.D. Vimal,
BPT IYear,
SVCOPT

Identify the correct answer & circle the answer in given puzzle.

1. The internal thoracic artery provides the main blood supply for the _____ bone?
2. The skilled activity is programmed by _____ part of brain?
3. Masseter is a muscle help to protect _____ bone?
4. Which part of the heart is present behind 3rd left intercostals space?
5. The most complex bone of the skull is _____ bone?
6. Piriformis syndrome occurs due to _____ nerve compression?
7. The organ which helps to regulate creatinine in the blood is _____ ?
8. Median nerve injury leads to _____ deformity?
9. Second largest bone in face is _____ bone?
10. The _____ is the organ for production of voice or phonation?

PUZZLE 3

For Key, See Page No

DOWN

1. Wrist drop is caused by injury of.....
2. In ANS the Parasympathetic stimulation of skeletal muscle will leads to vascular
3. Flexion of hip is done by which muscle?
4. Flaccid paralysis is a condition of
5. The circular structure controls the diameter and size of the pupil is
6. Which bone has the BASIN shape ?
7. Combined action of TIBIALIS ANTERIOR AND POSTERIOR muscle is
8. Dancing eyes is also known as
9. Regimental badge area is supplied by..... nerve .

1	9	2	3		5		6		7	8
2				4						
3										
4										
5										

N. DHARANI BPT IYear,
SVCOPT

ACROSS

1. Radiculitis is
2. Papet von schrotter disease is caused by vein thrombosis.
3. Vibration massage facilitate the process of
4. Respiration acidosis are due to decreased alveolar
5. Stagnation of blood and lymph node was reduced by ...

With best compliments

Smart Technologies for Smarter Healthcare



An ISO 9001 : 2008 & ISO 13485 : 2012 Certified Company

Scientific Medical Systems

(Manufacturers of Medical Equipments)

www.physioscientific.com

M-8 (953), 39th Cross Street, (Near RTO Office) Thiruvalluvar Nagar, Thiruvananthapuram, ECR-Road, Chennai-600 041.

Office : +91 - 44 - 2451 77 88, 2451 77 99 Cell : +91 - 98400 22 135, 98416 22 135

E-mail: scientificphysio@gmail.com, info@physioscientific.com, chins@vsnl.net

www.physioscientific.com

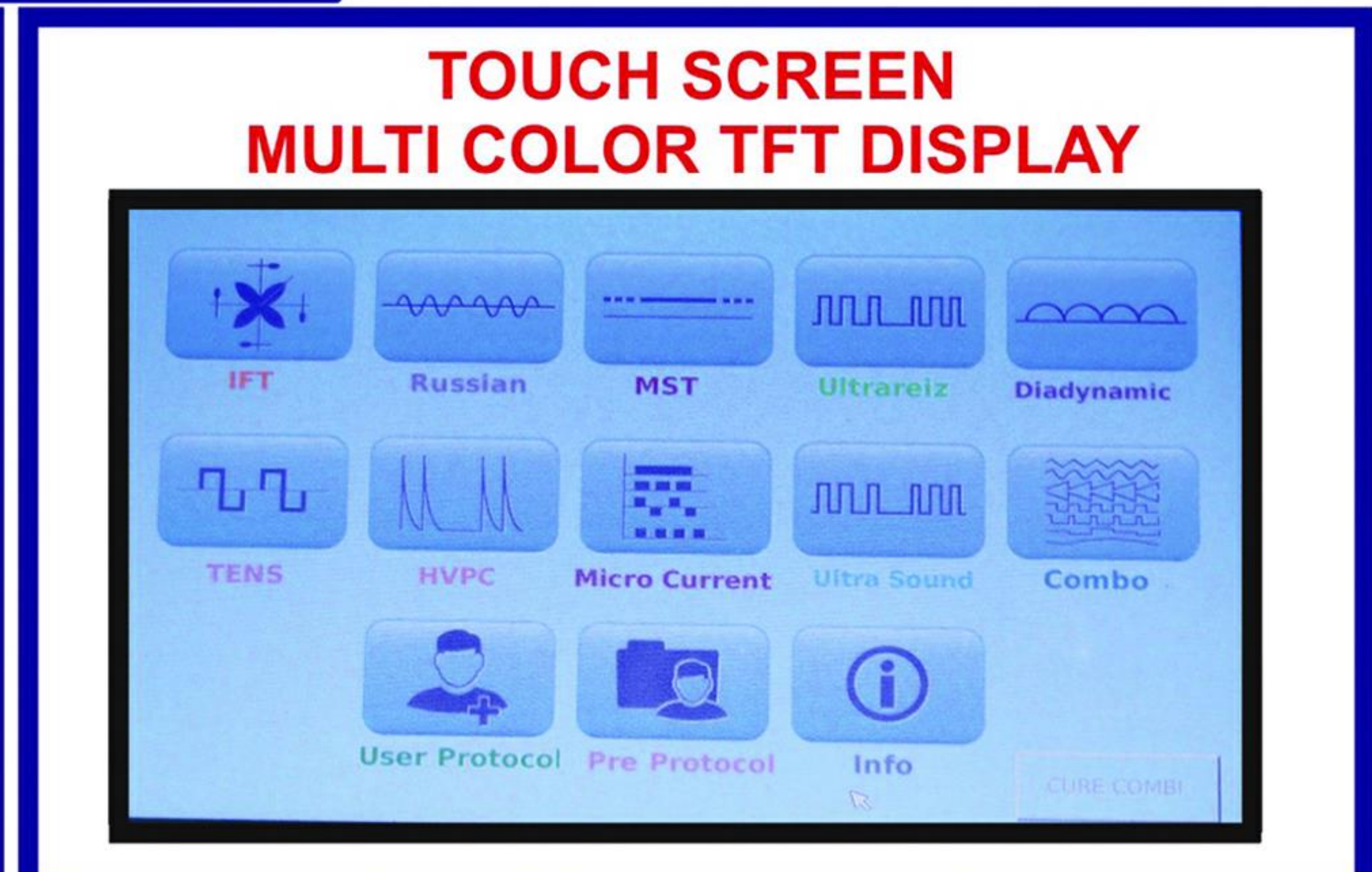
www.scientificmedicalsystems.in

**First Time in
the World**

TOUCH SCREEN WITH WIRELESS MOUSE OPERATION

DIGI - MOBILE - PRO - COMBO

CURE COMBI



IMPORTANT ACCESSORIES:



**STYLUS
PEN STICK**



**WIRELESS
MOUSE**



**PATIENT
INTERRUPT SWICHTH**

FEATURES:

- ★ 7 INCH TOUCH SCREEN MULTI COLOR TFT DISPLAY
- ★ OPERATION WITH WIRELESS MOUSE
- ★ OPERATION WITH TOUCH SCREEN STYLUS PEN STICK
- ★ PATIENT INTERRUPT SWITCH FOR PATIENT SAFETY
- ★ REAL TIME OPERATION
- ★ PAUSE MODE PROVISION
- ★ OVERALL - 196 PREPROGRAMS
- ★ OVERALL - 150 USER MEMORY
- ★ USER MEMORY IDENTIFICATION WITH PATIENT NAME & AGE
- ★ POSITIVE OR NEGATIVE POLARITY SELECTION
- ★ AUTO POLARITY SELECTION
- ★ TIME INDICATION IN SECONDS MODE FOR LAST ONE MINUTE AND AUDIO ALERT WITH BEEP SOUND - DURING THE TIMER COUNT DOWN.
- ★ CLEAR BUTTON TO ERASE THE USER MEMORY .
- ★ INFO MENU TO OBSERVE THE SELECTED PARAMETERS DURING THE TREATMENT PERIOD

- ★ 100% PATIENT ISOLATION
- ★ TREATMENT TIME : 30 MINUTES DEFAULT (1 TO 99 MINUTES ADJUSTABLE)
- ★ SMPS BASED POWER SUPPLY (INPUT AC VOLT : 110 TO 270, FREQ. : 47 TO 63Hz.)
- ★ WEIGHT : 3.5KG.
- ★ HOME SCREEN INFO MENU SHOWS THE TECHNICAL SPECIFICATION & FEATURES OF CURE COMBI.
- ★ IN COMBO MODE INDIVIDUAL STOP & STOP ALL BUTTONS PROVIDED - TO STOP THE TREATMENT .
- ★ IN COMBO MODE PREVIOUS & NEXT BUTTONS PROVIDED TO SCROL THE SELECTED CHANNELS TO INCREASE OR DECREASE THE INTENSITY DURING THE TREATMENT TIME.
- ★ IN COMBO MODE POSSIBLE TO SET DIFFERENT TREATMENT TIME FOR DIFFERENT CHANNELS.

MODES:

- | | | |
|----------------------|------------------|----------------------------------|
| 1. IFT | 5. DIADYNAMIC | 9. ULTRASOUND THERAPY (1 & 3MHz) |
| 2. RUSSIAN CURRENT | 6. TENS | 10. COMBO |
| 3. MST | 7. HVPC | |
| 4. ULTRAREIZ CURRENT | 8. MICRO CURRENT | (LED INDICATORS FOR ALL MODES) |



Hashimoto's disease

Quash your problem faced by Hashimoto's disease by best 6 routine workouts.



A. Monisha,
BPT Interns,
SVCOPT

Hashimoto's disease (hypothyroidism) is an autoimmune disease, where the immune system makes antibodies that destroy thyroid cells and stop stimulating thyroid hormone, which leads to decrease the heart rate; heat production; muscle reflexes and intestinal tract, becomes sluggish.

Who are at risk?

The older population (>35years) are at a high risk of hypothyroidism than the younger population. Women's are three times more likely to be affected by hypothyroidism than mens.

How will you find whether your thyroid gland is underactive?

Symptoms:

The common symptoms you will find in thyroidism are: fatigue, Forgetfulness; Dry skin; Dry hair; Brittle nails; Constipation; Weight gain; Muscle cramps; Depression; Decreased menstrual flow; Swelling in the front of the neck (goiter), limbs; Frequent muscle and joint pain.

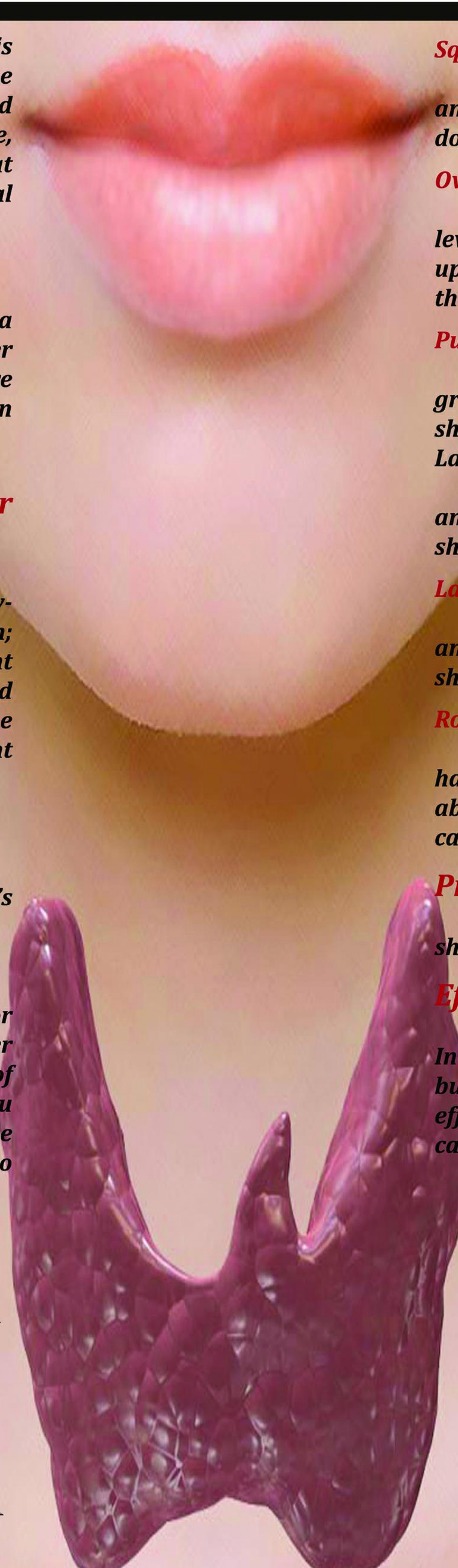
Next ?

Put workouts on your to do list.

Consult a physician before starting an ex's programme.

One-legged dead lift:

Stand in one leg by holding something for balance and not for support and the other hand should be kept relaxed in front of thigh. Push your hips back as far as you can, until your hand touches the ground. The back should not curve. Then come back to normal.



Squats:

Stand up straight and then bend your hips and knees like you're in a sitting position. Go down all the way.

Overhead press or similar vertical push move:

Raise a pair of dumbbells to your shoulder level as facing forward. Then lift the dumbbells up until your elbows are straight. Then lower them back to your shoulder level.

Push-up or similar horizontal push move:

Keep both hands on the floor close to the ground. Bend your elbows and shoulder width should be apart.

Lat pull-down or similar vertical pull move:

Grab a pull-down bar with an overhand grip and pull it down to your collar bone. Your back should be straight.

Lat pull-down or similar vertical pull move:

Grab a pull-down bar with an overhand grip and pull it down to your collar bone. Your back should be straight.

Rowing or similar horizontal pull move:

Sit on bench in a rowing machine. Hold the handle attached to the cable and lean back about 10-15 degrees. Pull it and release the cable.

Protocol:

15 repetition. As progress, your eventual goal should be 3 sets of 15-20 repetition.

Effects of ex's:

Helps to alleviate all the symptoms; Increases metabolic activity, which helps to burn calories and reduce weight; Counter the effects of your sluggish metabolism.; Increase cardiac fitness; Protect your joints; Build muscle.



Snoring? A help to your harried partners!

Lingual and suprahyoid muscle strengthening as a solution.



-Abinaya Velumani
BPT Interns
SVOPT



How do you know that you are at risk?

Various risk factors also have been identified such as:

- Excess body weight: fat deposits around the upper airway and obstructs breathing.
- Neck circumference: people with thicker neck may have narrower airways.
- Narrowed airways: tonsils, adenoids enlarge and block the airway
- Older adults
- Family history
- Nasal congestion
- Use of alcohol, sedatives: these substances relax the muscles in your throat
- Smoking: increased amount of inflammation and fluid retention in the upper airway

What can you do to manage this problem?

There are varieties of treatment methods and approaches for obstructive sleep apnea widely used and studied. Choice of treatment methods depends on the severity of the disease. Lingual and suprahyoid muscle strengthening can show beautiful improvements for the patients with mild to moderate OSA:

TONGUE EXTENSION:

- Protrude tongue between lips
- Stick out the tongue
- Hold the tongue steady and straight for 3 to 5 seconds
- Relax and repeat 5 times.

BLOW OUT:

- Close your mouth and inhale gently through your nose
- Press your lips together to form resistance and exhale by blowing the air out from your mouth, try to maintain the blowing out action for 5 seconds
- Tighten your abdomen while exhaling
- Relax and repeat 5 times

TONGUE RETRACTION:

- Retract tongue, touching the back of your tongue to the roof of your mouth
- Hold the position for 1 to 3 seconds
- Relax and repeat for 5 times

TONGUE SLIDE:

- Place the tip of your tongue against the roof of your mouth
- Slide it backward
- Repeat it for 10 times.

JAW OPENING:

- Open your jaw to the maximum, until you feel the stretch
- Hold the position for 10 seconds
- Relax and repeat it for 5 times

In this robotic world everyone expects night time just to have a nice sleep. Sleeping time should be a happy, peaceful and resting time for everybody. But for some, it becomes a miserable period with insomnia because of their bed partner. There are even some couples that choose to have separate bedrooms. What can make your partner misery during this time? Yes, your **LOUD SNORE!**

Snore is known as a symptom of obstructive sleep apnea (OSA). It is a sleep related breathing disorder, caused by a complete or partial obstruction of the upper airway due to the relaxation of throat muscles. The problem affects 4 percent of men and 2 percent of women in the world. The other associated symptoms of OSAS are breathing cessation, abrupt awakening with shortness of breath, sore throat and dry mouth.

3 main warning signs to be identified in OSA:

- Loud, persistent snoring
- Pauses in breathing, accompanied with gasping episodes when sleeping
- Excessive sleepiness during waking hours.

Treatment for BPPV

-Ranjani, SVCOPT
2010

BPPV is characterised by brief periods of vertigo triggered by a change in the position of a person head relative to gravity .it is caused by abnormal mechanical stimulation of one or more of the semicircular canals within the inner ear. Main symptoms is vertigo induced by a change in head position with respect to gravity,dizziness, imbalance, difficulty concentration, and nausea.

POSTERIOR CANAL BPPV:

1)Epley maneuver/ canalith repositioning procedure/ modified liberatory maneuver: The patient is placed in the upright position with the head turned 45 degrees. The patient is rapidly laid back in a supine head-hanging position, which is maintained for a period of 1 to 2 minutes. Next, the head is turned 90 degrees, to the right. Thus, the patient's head is nearly in the facedown position. This position is held for 30 to 60 seconds. Then the patient is asked to rest the chin on the shoulder and sit up slowly.

2) Semont maneuver: The patient is seated in the upright position; then the patient's head is turned 45 degrees toward the unaffected side, and then is rapidly moved to the side-lying position. Nystagmus and vertigo may be observed. This position is held for 1 to 3 minutes. The patient is rapidly moved to the opposite side-lying position without pausing in the sitting position and without changing the head position relative to the shoulder. Gradually the patient resumes the upright sitting position.

HORIZONTAL CANAL BPPV:

1) Lempert maneuver: The patient is in supine position; the patient's head is turned 90 degrees slowly toward the unaffected side. The head is held in this position, and the body is turned to lateral decubitus. Then, the head is turned to the facedown position and the body is moved to the ventral decubitus. Later the patient's head is turned 90 degrees, and the body is placed on lateral decubitus. Gradually, the patient resumes the supine position.

2) Gufoni maneuver: The Patient is seated in upright position and quickly brought to the unaffected sidelying position.The head is quickly turned 45° downward. Patient is returned to the sitting position.

3) Vannucchi asprella liberatory maneuver: The patient lies in supine position; head is briskly turned 90° towards healthy side; while keeping head turned, the patient is returned to seated upright position, and the head is slowly brought back in axis with body; then the patient is returned to supine position.

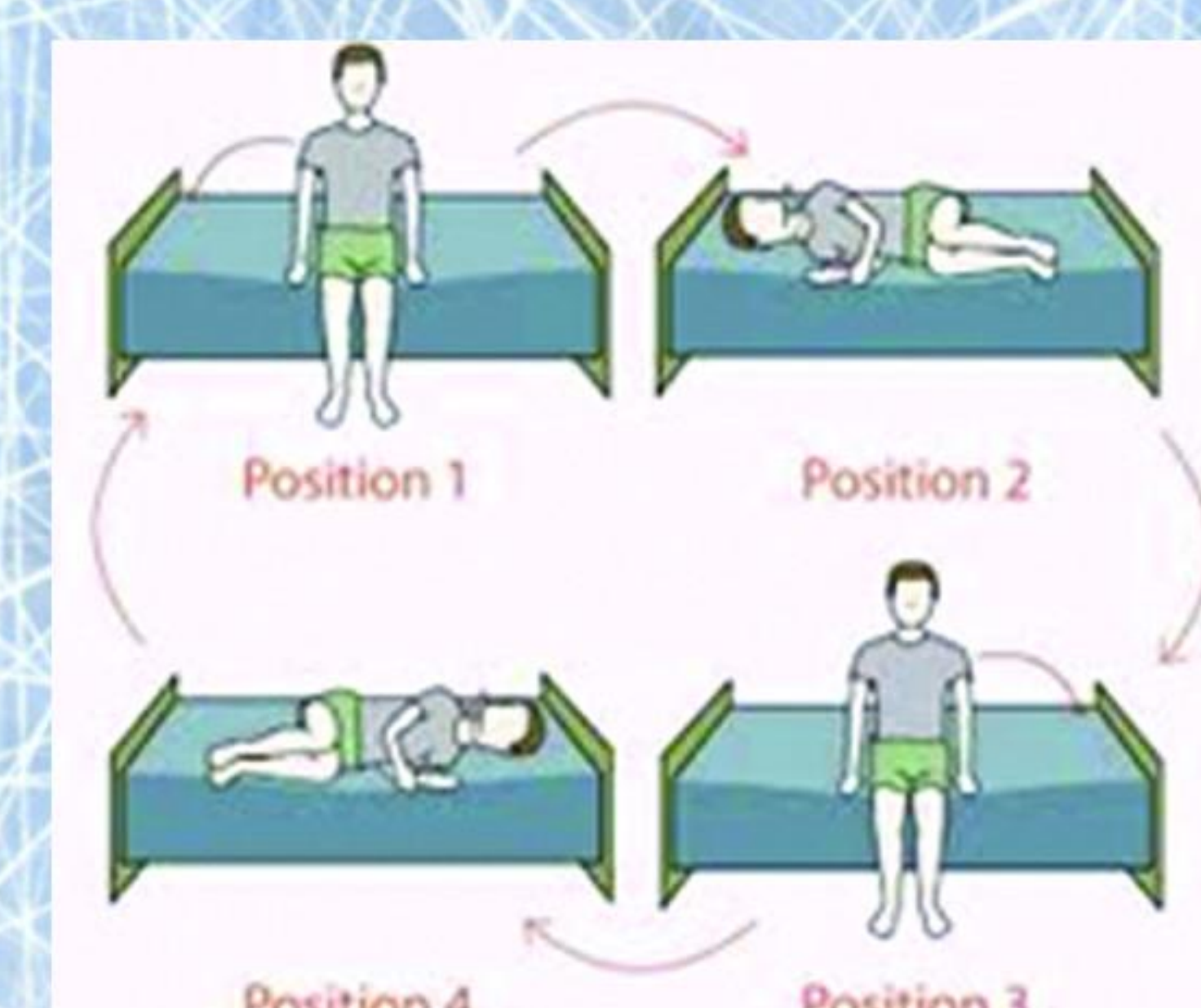
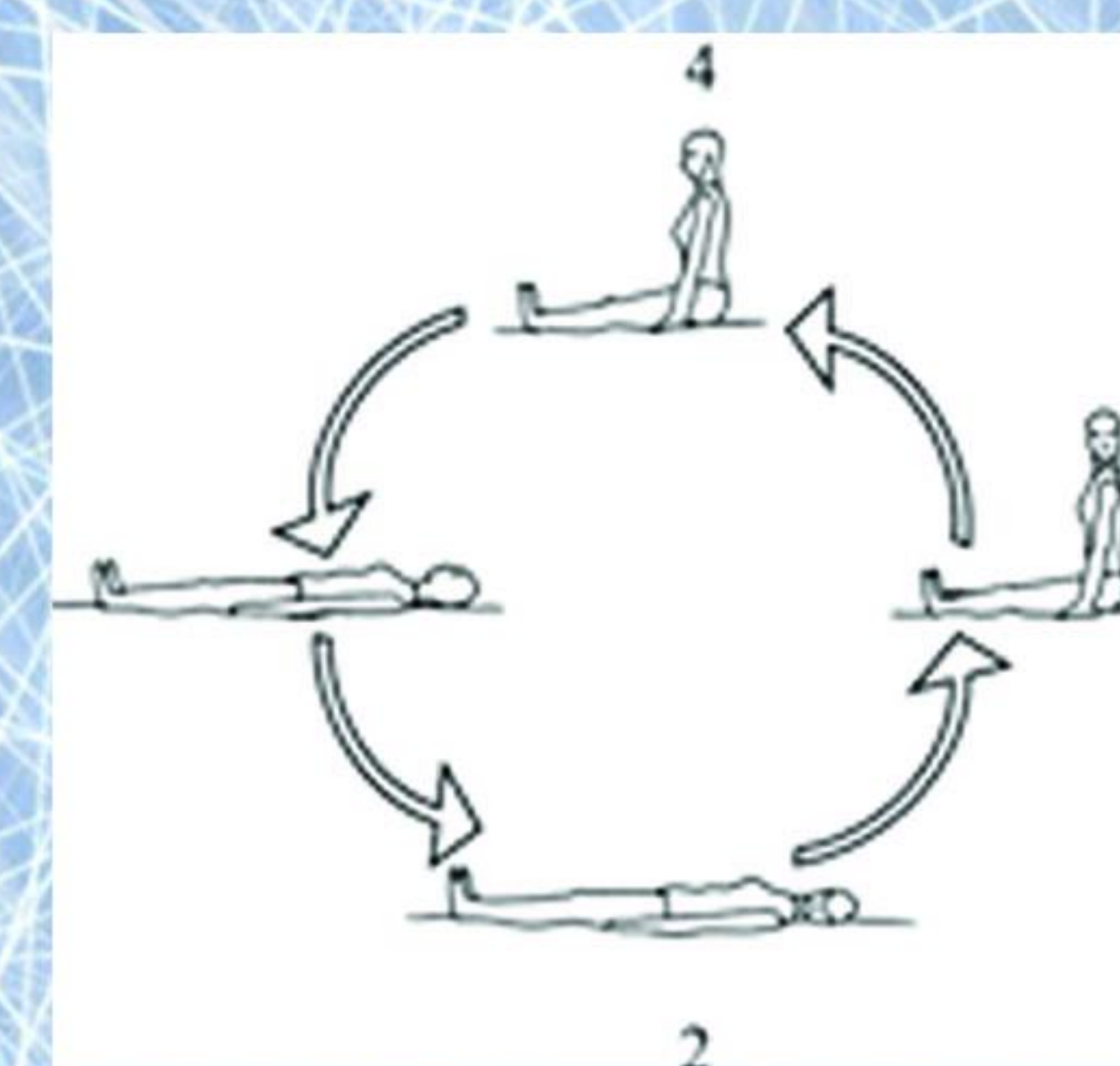
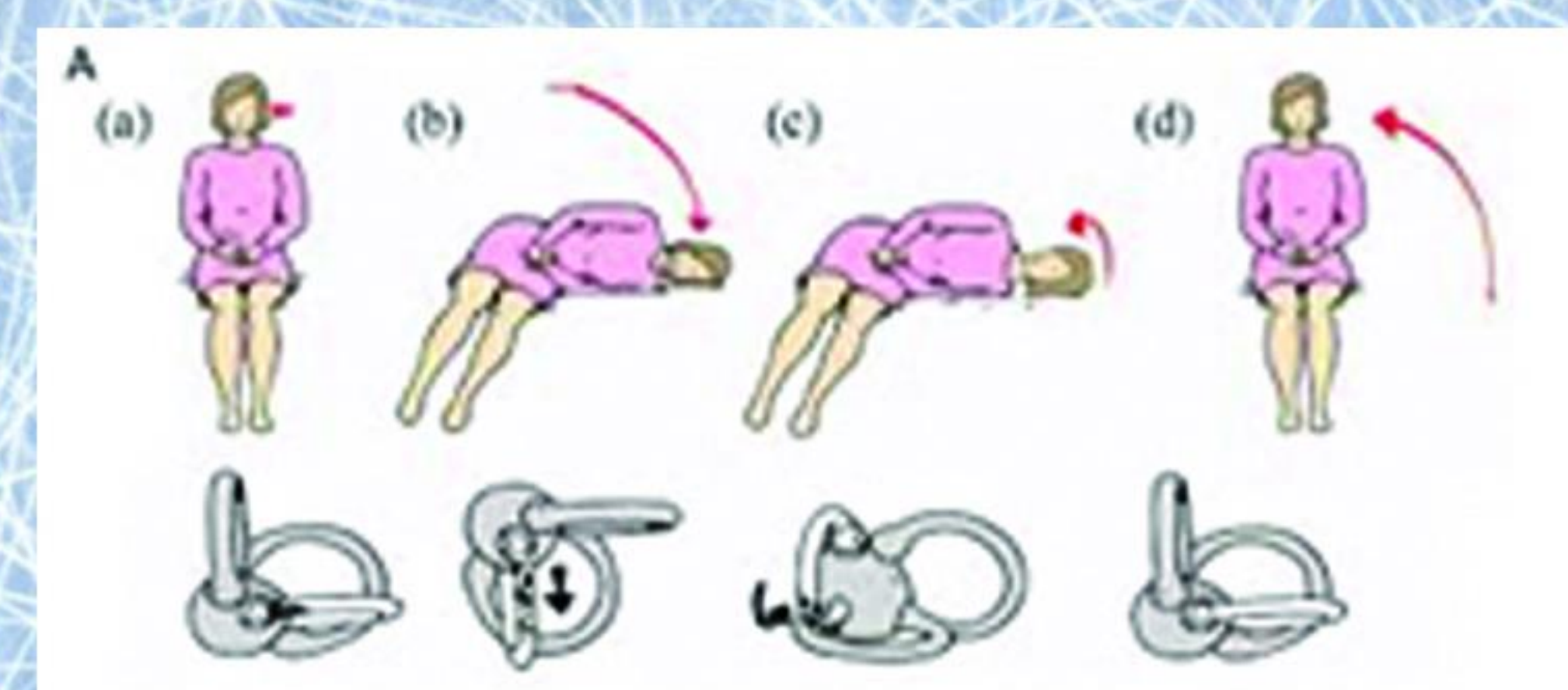
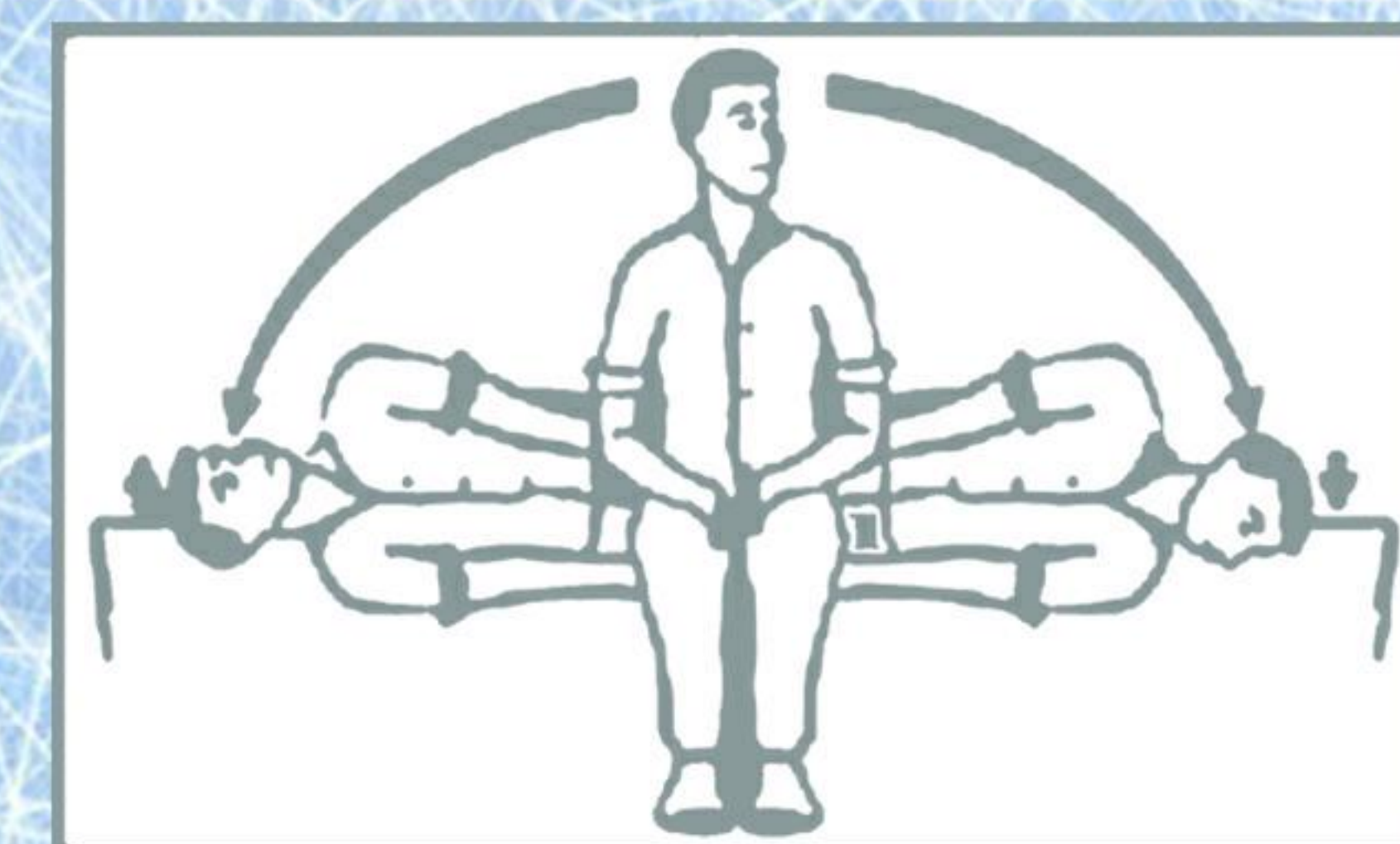
ANTERIOR CANAL BPPV:

- 1) Reverse epley maneuver
- 2) Reverse semont maneuver
- 3) Deep head hanging manoeuvre: In this manoeuvre the patient lies supine with 30 degrees of neck extension. The patient then puts his chin to his chest before sitting up.

SELF TREATMENT FOR BPPV:

Start sitting upright. Then move into the side-lying position with the head angled upward about halfway. Stay in the side-lying position for 30 seconds, or until the dizziness subsides. Then go back to the sitting upright & Stay there for 30 seconds. Then turn to the opposite side (repeat position 1-3). These sets of exercises should be performed three times a day for two weeks. For each set, the exercise should be done five times.

Conclusion : All treatment approaches are effective in reducing symptoms and improving independence level but combined approaches can give better result. Epleys maneuver should be applied 3 times in our session along with brandt daroff exercise (Devangi S. Desai at el).



ADVANCED CHEST PHYSIOTHERAPY TECHNIQUES IN NEONATAL ICU

Various manual techniques are used in the neonatal settings to mobilize secretions, enhance mucociliary clearance. In accordance to uniqueness of infant anatomy and physiology, advanced chest physiotherapy should be applied in clinical practice along with the conventional clinical practice to promote secretion clearance, optimize oxygenation, improve lung volume, prevent respiratory complications



1. PROLONGED SLOW EXPIRATORY TECHNIQUE (PSET)
Place the hypothenar region of one hand on the thorax, precisely below the supra-sternal notch, and the hypothenar region of the other hand on the abdomen, under the umbilical scar. The therapist visually identifies the inspiratory and expiratory phases by observing the thorax movement and at the end of the expiratory phase apply compression with both hands. Move the hand on the thorax in the cranial-caudal direction while the hand on the abdomen moves in the caudal-cranial direction.

2. EXPIRATORY FLOW INCREASED TECHNIQUE (EFIT)

This technique consists in a synchronized thoracic-abdominal compression of the infant's chest. The infant is lying on its back. The physiotherapist applies pressure with his two hands; one hand should be on the thorax beneath the neck; the other one on the abdominal belt. Therapist performs dynamic compressions that generate an increase in the expiratory airflow inside the infant's bronchial tree in order to remove sputum.



3. LUNG SQUEEZING TECHNIQUE

The infant should be in supine position, and without body tilt, for a total of 10 minutes. Use both hands to perform the squeeze on one hemi thorax at one time. Place one hand on the postero lateral aspect of the hemi thorax and the other hand covered the anterior chest extending from the lower ribs to above the clavicle of the infant.

4. VOJTA METHOD

The starting position for performing the first phase of reflex rolling is the asymmetric supine position, with the limbs freely lying on the resting surface. A digito-pressure will exert on the chest area, where the mammillary line crosses the insertion of the diaphragm, either at the level of the 6th rib, or between the 5th and the 6th or between the 6th and the 7th.



Conclusion

These techniques can be helpful in clinical practice to prevent pulmonary complications mortality rate

This is to create awareness among the health professionals to use these advanced techniques in the neonatal intensive care therapy in order to prevent mortality rate due to respiratory complications and to promote the pulmonary outcomes.

Hurry!!

Get ready!!

To rejuvenate your mind cherish with joy. We SVCPTians are wave with bang. Yes, it is. A flair 16 (intercollege Physio fest) is going to happen by the end of this September with 2 days of seminar, Quiz and great events. Make your dates free for the rocking fest. We invite students, interns, faculties of Physiotherapy colleges and working therapist for your esteemed presence.

By
Students & Faculties
Sri Venkateshwaraa College of
Physiotherapy



Pregnancy related urinary incontinence

Urinary incontinence is the inability of the bladder to control urine due to the weakness of urinary sphincter. And women are the commonest victim of this problem during and after pregnancy. Rushing to the toilet or leaking while coughing, laughing, sneezing and weight lifting can be the symptoms. With this article, we shall try to understand its causes and the treatment without drugs and surgery.

Pregnancy related urinary incontinence is a common problem in worldwide population. The condition affects one out of three women during and after their pregnancy. Many of them experienced urinary incontinence at some point from the first through the third trimester, and 63 percent of them suffer with stress incontinence.

The main cause of this incontinence is the hormonal change. Hormones make the pelvic floor muscles to stretch. The increased level of progesterone during pregnancy relaxes some of the muscles in our body. The hormone relaxin gets to its peak at 10 to 14 weeks of pregnancy and causes the ligaments flaccid. This can lead to weakness of sphincter muscles that control the release of urine from bladder. Then after delivery, weakness of the pelvic floor muscles also occurs, and it leads to overactive bladder.

Pregnancy related incontinence can be treated through exercises that improve the symptoms: Kegel exercises:

o Identification of the pelvic floor muscles:

Sit relax on the toilet and start urinating. Then stop the flow of urination in mid-stream. The muscles that you use to stop the flow are the kegel muscles.

o Method:

Tighten the kegel muscles, hold the contraction for five seconds, and then relax for five seconds. It can be tried for 4-5 times in a row. The holding and relaxing time can be increased progressively and the exercise can be done at any comfortable position, at any time.

- Kegel on the stability ball

o Sit on a stability ball.

o Lean slightly forward to feel the pelvic floor muscles on the ball and then perform the kegel exercises.

- The squeeze:

Lie on the back with the arms at sides and knees bent. Place a rolled-up towel between the knees. Then the towel should be squeezed by lifting the hips up slightly. Hold for 10 seconds, and then relax.

- Pelvic bridging :

The patient lies on the back, with arms at side and knees bent together. She is then asked to lift up her hips towards the ceiling with the toes on the ground. Hold the position for 10 seconds and then relax. Kegel exercises can be performed as a progression.

- G.Eswary,
2nd Year BPT,
SVCOPT



UNIQUE ROLE OF PHYSIOTHERAPIST IN TOBACCO CESSATION

Background:

Tobacco usage constitutes one of the greatest threat to the world. In India about 35% of total population are tobacco users(in any form) and stands number one in using smokeless tobacco.

Introduction:

The role of physiotherapist includes assessment and intervention which are designed to promote not only maximum physical function but also wellness and quality of life of the clients. Studies have demonstrated that current smokers have 44% fewer years of healthy life than individuals who never use tobacco. So, Tobacco cessation counseling should be consistent with the role of our profession to promote wellness, improve immediate health, and prevent secondary complications of chronic disease and in addition, studies have shown that when smoking cessation intervention are administrated from two or more health providers, patients are likely to make quit attempt.

Why physiotherapist?

The myriad effects of smoking on cardiopulmonary, vascular, musculoskeletal, neuromuscular, and integumentary impairments clearly indicate an essential obligation for physiotherapists to play a greater role in tobacco cessation in order to enhance treatment outcomes and advance prevention. As the physiotherapist are in special position to promote the health, they have potential to reduce the tobacco use among their clients significantly. Physiotherapists normally have frequent follow-up visits with their patients over an extended period of time to carry out their routine therapy exercises which are mostly personalized. It can help to built rapport between the clients and therapy centre which are ideal setting for the tobacco cessation intervention.

What can be done?

- Incorporate tobacco assessment within the regular physiotherapy session.
- Physiotherapist can use tobacco usage questionnaire to identify the tobacco use.
- Know about the Brief interventions:

Brief Interventions are practices aimed at investigating a potential problem in a short interaction and motivating an individual to begin to do something about it.

The 5 A's method for brief interventions has substantial research support for its utility in helping tobacco users across a variety of settings and can be incorporated with motivational strategies in a step-by-step process.

The 5A's:

The 5 A's approach is a brief, goal-directed way to effectively address tobacco use with patients with the goal of meeting tobacco users' needs in terms of readiness to quit. Altogether, the 5 A's may take 1 to 5 minutes, depending on a provider's clinical setting and roles.

1. Ask: About tobacco use every time
2. Ask: About tobacco use every time
3. Assess: Determine willingness to make a quit attempt
4. Assist: Provide help to move the individual toward a successful quit attempt
5. Arrange: Follow-up contact.

What actually physiotherapy can do?

Physical exercise and other physiotherapy interventions reduces the oxidative stress, enhances the peripheral blood flow, reduces the incidence of cardiovascular diseases among the smokers and helps to stimulate endorphin release which can help mitigate symptoms of nicotine withdrawal. In addition, studies have stated that physical exercise along with nicotine replacement therapy enhances the success rate in quitting.

Conclusion:

Physiotherapists can help their patients with smoking cessation even if they are not comfortable with counseling their patients. Physiotherapists can screen their patients and provide them with smoking cessation intervention to overcome the tobacco use.



-A. Anandaselvasankar
2010-2014, SVCOPT

Best compliments from

SIMHA HEARING AIDS AND SPEECH THERAPY CENTRE

(An ISO 9001: 2015 Certified centre)

352. First Floor, Vijaya Complex (Near Arichandra Textiles)
Villianur Main Road, Nellithope, PUDUCHERRY- 605008

HEARING ASSESSMENT AND HEARING AIDS ARE DONE BY PROFESSIONAL AUDIOLOGISTS
Authorized Centre for SIEMENS, PHONAK, BERNAFON AND OTICON HEARING AIDS

Audiological services

Pure Tone Audiometry
Impedance Audiometry
Brainstem Evoked Response Audiometry (BERA)
Oto Acoustic Emission (OAE)
Vestibular Evoked Myogenic Potentials (VEMP)
Speech Audiometry
Digital Hearing Aids Fitting and Programming

Speech Therapy Services

Children with speech delay
Autism
Stammering in Adults and Children
Voice problems in Adults and Children
Speech Problems due to Neurological problems
Learning Disability
Pronunciation problem

BRANCHES : MG ROAD, PUDUCHERRY : 0413-2228580 CUDDALORE : 04142-221615 / VILLUPURAM : 04146- 222525



A.G.PADMAVATI'S HOSPITAL LTD.,
(A Centre for interventional cardiology & Cardiac Surgery)

Rs. 127/1A, Villianur Main Road,
Arumparthapuram, Puducherry - 605 110.
PH : 0413-2295500, 2292229, Fax : 0413-2291144
E-mail : padmavatihospital@dataone.in

Dr. G. ELANGO VAN
M.D., (Gen.Med.) D.M., (Card)
Chairman cum Managing Director
Senior Consultant Cardiologist
and Interventional Cardiologist
Dr. SUMATHI ELANGO VAN
M.D., D.M., (Card)
Consultant Cardiologist
Cardiologist LIC of India.



Chief.Dr.NALLAM, V.MS
(Oncology- Paris)
Physician & Surgeon
86, Eswaran Koil Street,
Pondicherry- 605 001
Contact: 0413-2338100
0413-2335463

SRI VIJAYA MEDICALS

No. 11/30 & 352,
Villianur Main Rd,
Nellitope, Puducherry
Pin-605005
Contact:0413 220 5902

INDICA COMPUTERS

306, Kosakadai Street, Pondicherry-605001.
e-mail: info@indicacomputers.com
Tel.: 0413-4201881, 2222242

Cawthorne and cooksey exercise on balance improvement

The balance exercises were first suggested by sir Terence Cawthorne and F S cooksey for people who had undergone surgery for destroyed balance organ.

The cawthorne and cookey exercise ("CC" exercise) are used to encourage and hasten restoration of balance and also eventually to reduce occurrence of vertigo.



R.Sivasundari
BPT Interns
SVCOPT

What type of problem can be treated by this exercise?

The cawthorne and cooksey exercise was one of the first general interventions for vestibular problems. The exercise have been particularly helpful for the dizziness that often follows concussion and post-operative labyrinth for meiere's disease or otosclerosis. They can also be used whenever there is giddiness as the result of partial or complete loss of function of the inner ear.

Advantage and disadvantage of "CC" exercise

The major advantage of the "CC" exercise is that they are very cost effective. The main disadvantage of CC exercise is that they don't work for BPPV, which is the most common type of dizziness.

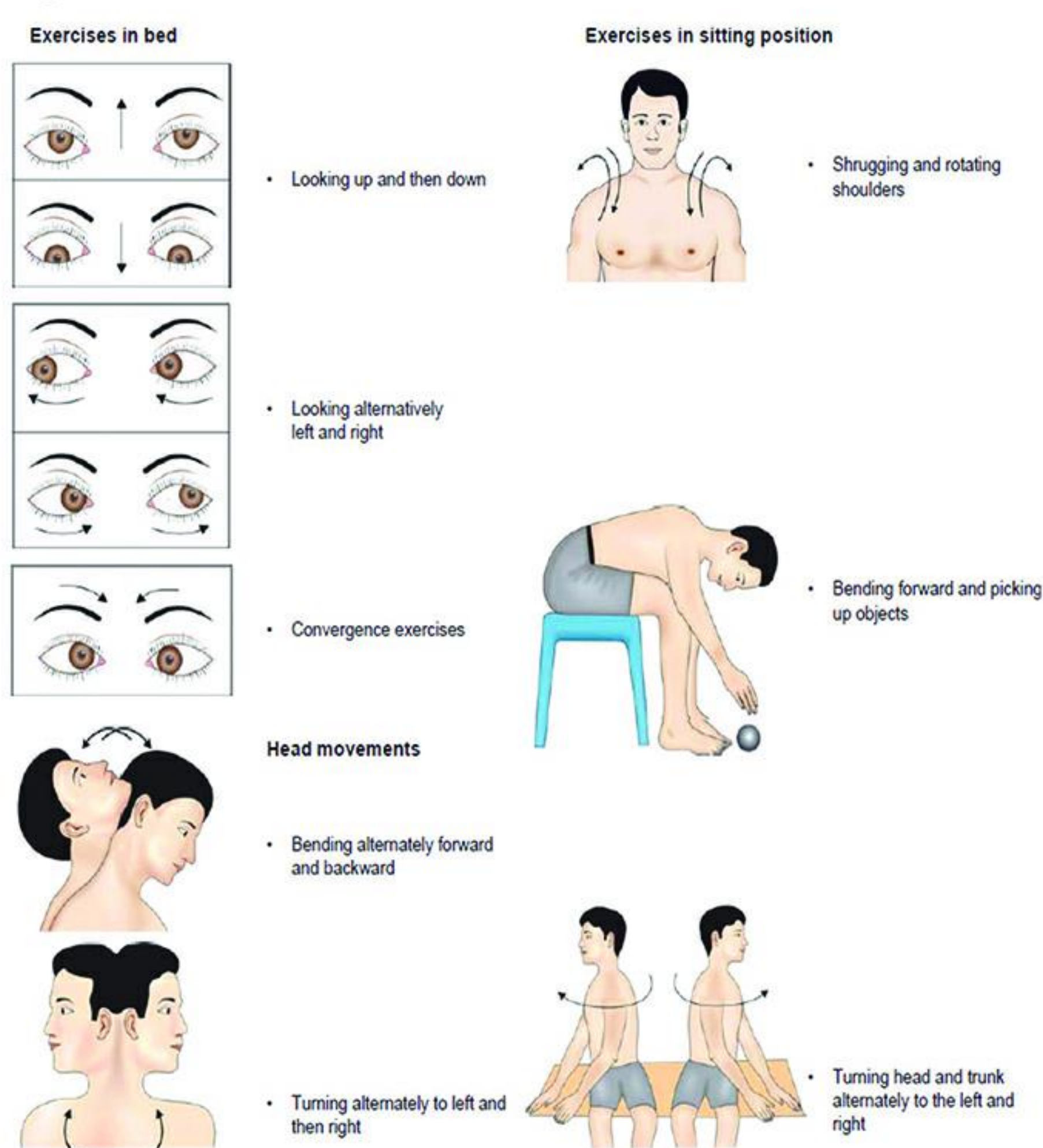
What is the intention of "CC" exercise?

1. Relaxing the neck and shoulder muscles.
2. Training the eyes to move independently of the head.
3. Practice balancing under every day conditions with special attention to the eyes, muscles and joint senses helping balance.
4. Generally encourage the restoration of self-confidence and easy spontaneous movement.
5. Retrain and rehabilitate the inner ear by repetitively performing head movements, with less dizziness being provoked by movement.
6. Facilitate moving about naturally in daylight and in the dark.

Ethics of "CC" exercise

The balance parts of the two ears compliment each other by sending equal impulses to the brain. There are essential for the maintenance of equilibrium of the head and body.

The purpose of these exercise is to build a tolerance mechanism in the brain, which compensates for the unequal balances of two ears. The exercise stimulate the development of this tolerance mechanism and more diligently and regularly which they are performed sooner the vertigo will disappear.



Cawthorne and cooksey exercises are simple, inexpensive and beneficial form of habituation exercise used to improve balance and vertigo symptoms in a home based treatment program.

Cawthorne Cooksey exercises

IN LYING - At first the eye movements are to be done slowly and then quickly. Looking up and down, side to side, and then focusing on finger moving from 3 feet to 1 feet away from the face. Head movements to be started slowly and then progressed to quick movements. The head movements are Bending forwards and backwards, turning from side to side. This movements are done with eye opened initially followed by eyes closed

IN SITTING - Initially do the lying exercises and then do the Shoulder shrugging and circling, bending forward and picking up objects from the ground.

IN STANDNG - Do the exercises which is given above. Then arise from sitting to standing position with eyes open and with eyes closed, throwing a small ball from hand to hand (above eye level), throwing ball from hand to hand (under knee), changing from sitting to standing and turning round in between.

MOVING ABOUT - In this, circle around a centre person who will throw a ball back and forth, walk across room with eyes open and then closed, walk up and down slope with eyes open and then closed, walk up and down steps with eyes open and then closed, any game involving stooping or stretching and aiming such as skittles, bowls, or basket ball, and then rolling on floor/mat with eyes closed.

Each exercise should be done about 5 times with 2 repeats
5 - 10 minute sessions (including rests)
3 - 4 sessions per day.

EXERCISE CAN WORN OFF DYSPHAGIA

-A Physical Therapy Solution

-S.DEEPIKA SHRISTHUDHI, BPT INTERNS



To know about Dysphagia,

Dysphagia is a medical term for the symptom of difficulty in swallowing. Swallowing disorders can occur in all age groups however, swallowing problems are a common complaint among older individuals. Dysphagia can also occur in children as a result of a developmental or learning disability.

Dysphagia occurs as a most common neglected symptom in people with certain types of stroke, spinal cord injuries, traumatic brain injuries, parkinson's disease, multiple sclerosis, myasthenia gravis, motor neuron disease, gastro-oesophageal reflux disease and so on. These disorders may affect the oral preparatory, oral propulsive, pharyngeal or oesophageal phases of swallowing.

Oropharyngeal dysphagia usually leads to coughing, choking, unexplained weight loss, difficulty to control food or saliva in the mouth, nasal regurgitation, wet voice after swallowing. Whereas, the oesophageal dysphagia usually leads to inability to swallow solid foods.

What happens if neglected?

Sufferers are usually unaware of their dysphagia and in such cases, lack of symptom does not exclude an underlying disease. Dysphagia if goes undiagnosed or untreated, can be rapidly progressive and can lead to a number of problems such as pulmonary aspiration, malnutrition, dehydration and reduced quality of life.

Exercises which could help in dysphagia:

There are a few exercises available which can be done easily to overcome dysphagia:

SUPRAGLOTTIC SWALLOWING MANEUVER:

Initially, take a deep breath and hold it. Keep holding it until you swallow. Clear your throat immediately after swallowing and before breathing. This helps to close the airway at the vocal fold level before and during the swallow to clear the residue after swallow.

EFFORTFUL SWALLOWING MANEUVER:

Swallow normally but squeeze the food very hard with your tongue and throat muscles throughout the swallow. Excess effort should be clearly visible in your neck during the swallow. This increase the tongue base retraction and pressure during the pharyngeal phase of swallow and reduce the amount of food residue in the valleculae of throat.

TONGUE- HOLD EXERCISE:

Protrude your tongue slightly from your mouth. Keeping your mouth moist is helpful for this exercise. Hold your tongue gently with your teeth. Swallow while keeping your tongue protruded. This exercises improves the range of motion of the throat muscles and enlarges the tongue base.

MENDELSON MANEUVER:

Swallow normally. Feel the larynx [voice box] lift during the swallow. On the next swallow, feel your larynx elevating, and hold it up with your neck muscles. do not try to lift the larynx early. Let the larynx lift normally and then hold it up so that it does not drop for a few secs. This helps to accentuate and prolong laryngeal elevation and thereby increase the extent and duration of cricopharyngeal opening.

SHAKER / HEAD LIFT MANEUVER:

Lie flat on your back with no pillow under your head. Lift your head to look at your toes. Keep your shoulders flat on the floor or bed. Hold this position for a few secs. Later, let your head go back down with control. This helps to strengthen the muscles of neck in order to facilitate opening of the bottom of the throat. [eg. Upper oesophageal sphincter] for food passage.

BREATHHOLD/ VALSALVA MANEUVER:

Take a breath. Bear down and hold your breath. Do not hold the breath with the lips, but in the throat like you do if you are trying to lift something very heavy. This improves the airway closure and prevent aspiration.

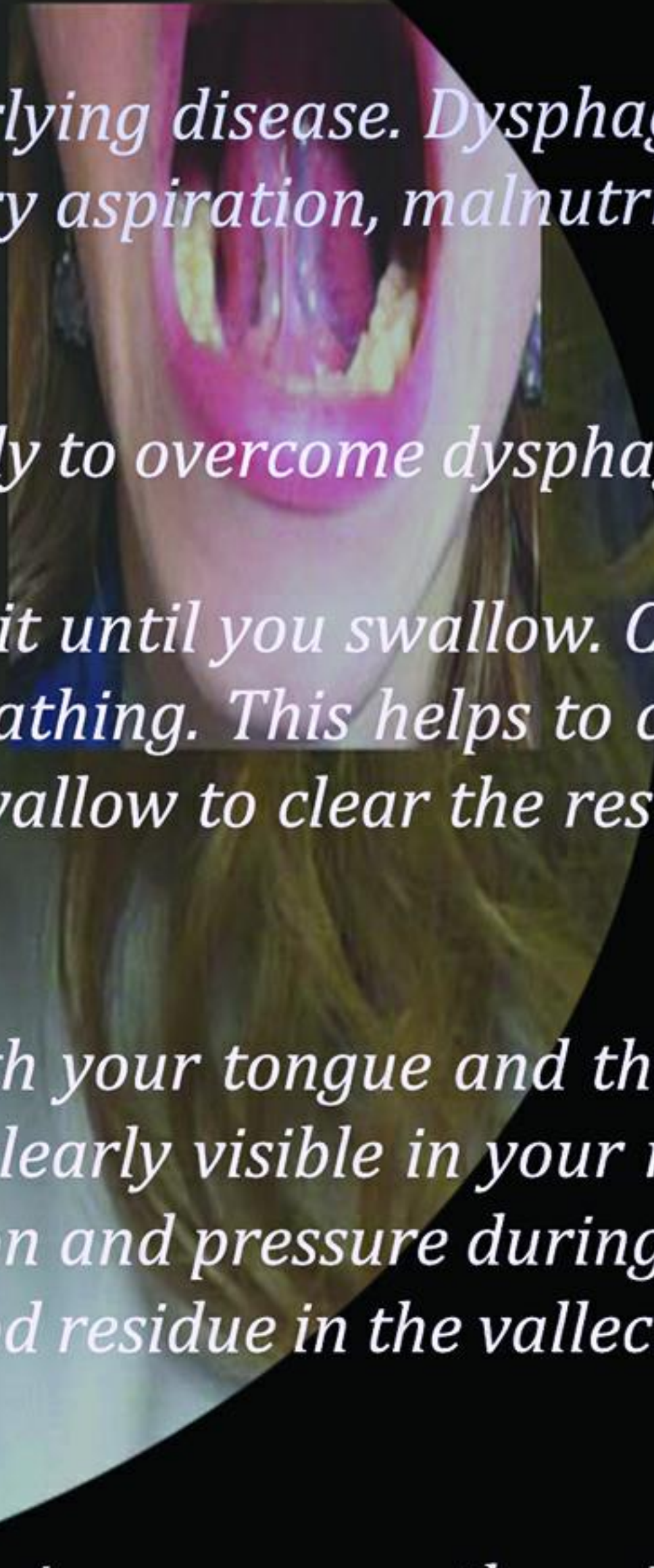
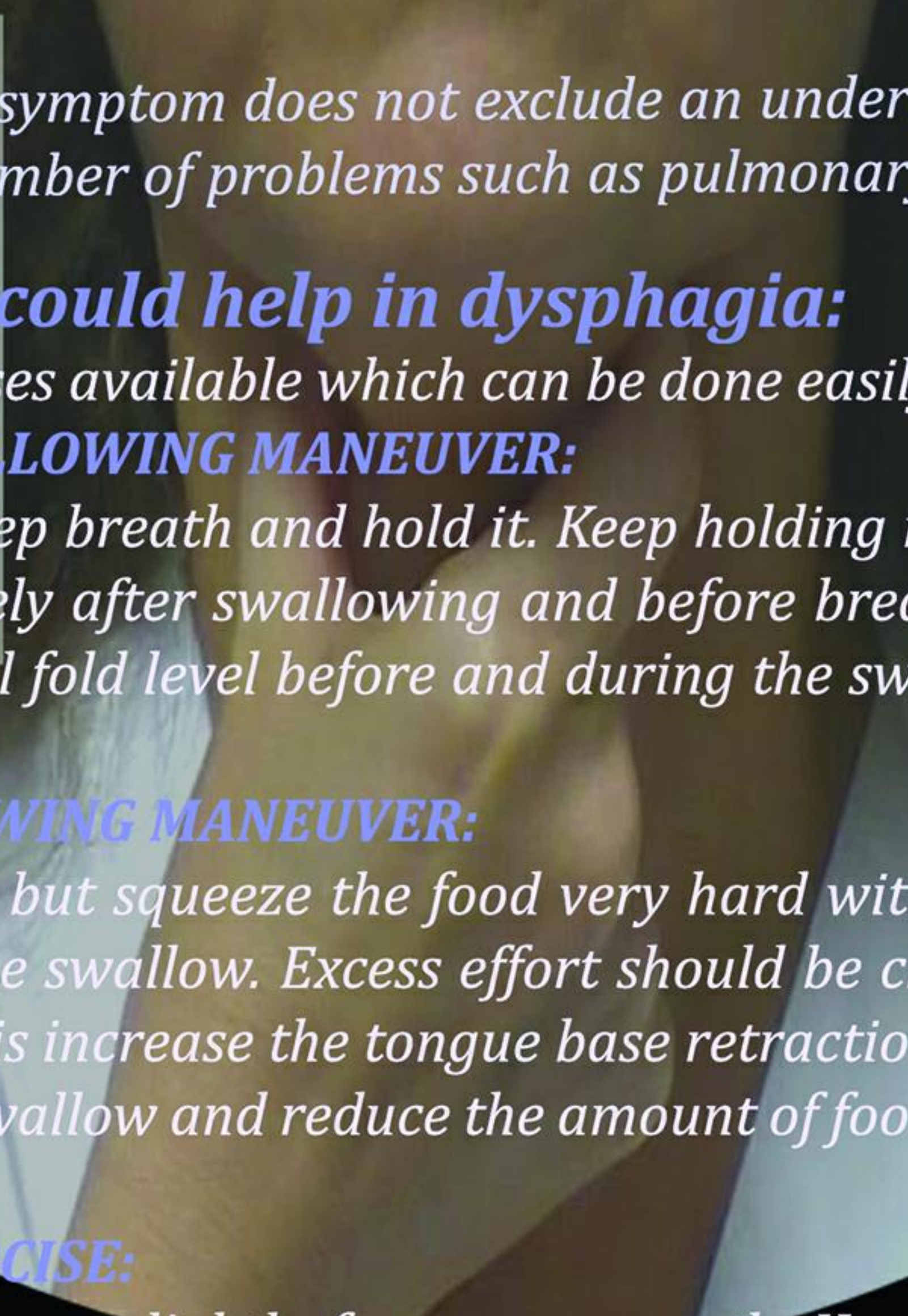
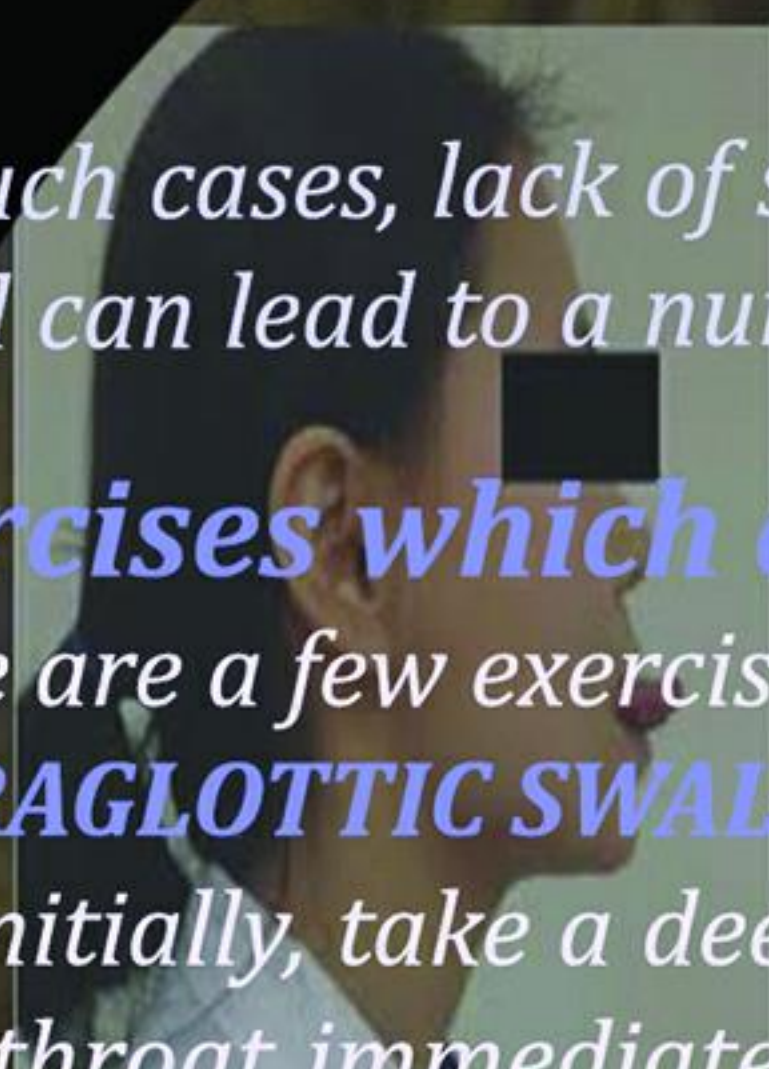
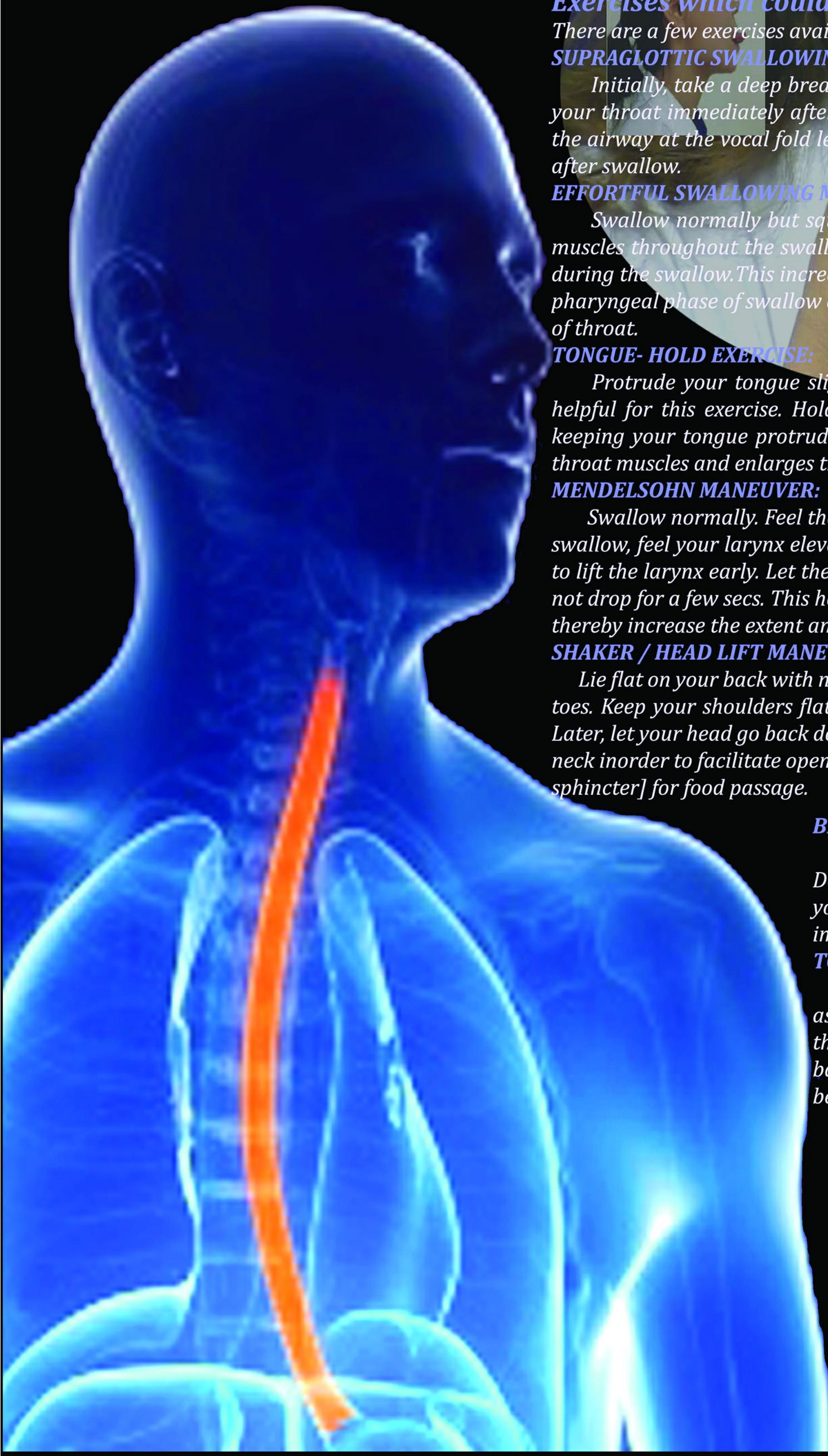
TONGUE BASE RETRACTION EXERCISE:

Pull the back of your tongue as far as you can. Pretend as if you are trying to scratch the back wall of your throat with the back of your tongue. This improves the base of the tongue movement and strengthen in order to better propel the bolus.

CONCLUSION:

The possible treatment should be directed to the underlying disorders. However, many of the disorders that cause dysphagia such as stroke, progressive bulbar palsy are not amenable to pharmacological therapies. In such cases, therapy is individualized based on the structural and functional abnormalities.

A best principle of rehabilitation is that the best therapy for any impaired activity is the activity itself. Thus, the pretreatment evaluation is directed at identifying circumstances for the safe and effective swallowing in the patient.



ISOMETRIC EXERCISE Vs ISOMETRIC EXERCISE USING SWISS BALL TO IMPROVE MUSCLE ENDURANCE

-Ms.Kayathri, BPT

2011-15 batch, SVCOPT

Mechanical neck pain influence of source of pain in the spine or its supporting structures. This occurs when one of the joint in the spine losses its normal joint play. When a joint develops dysfunction its normal range of motion may be affected and it can become painful. Joint dysfunction can lead to muscle imbalance and muscle pain. Excessive physical strain may cause micro-trauma in connective tissues and physiological stress may lead to increased muscular tension. Forward HeadPosture (FHP) is one of the common types of poor head posture seen in patients with neck disorders. It may cause the weakness of deep neck flexors & tightness of posterior neck muscles. Neck sprain & Neck strain occurs as the head is suddenly whipped back (hyper-extended) and violently flung forward (hyper-flexion) a common movement during many vehicle accidents.

HOW IT WORKS:

It might be increase the muscle to stabilize the neck for maintain the balance on the swiss ball compared with traditional exercise. It can make the exercise easier. Due to this exercise we may get optimal postural re-education and conditioning requires training in proper form when exercising with a swiss ball. Advantage of these form of exercises is that will reduce and prevent neck injury by allowing the proper alignment of the spine.

TOOLS:

Sphygmomanometer can be used to measure the muscle endurance as pre & post training. The muscle endurance can be calculated by Performance Index.

CALCULATION OF PERFORMANCE INDEX BY SPHYGMOMANOMETER:

Sphygmomanometer can be used to measure the muscle endurance. The uninflated pressure cuff is placed behind the neck so that it abrupt the occiput and is inflated to a suitable baseline pressure of 20mmHg, a standard pressure sufficient to fill the space between testing surface and the neck but not push the neck into a lordosis.

The device provides the feedback to perform the required 5stages of the test. The movement is performed slowly & gently as the nodding action. This teste the activation and endurance of the cervical muscles in progressive inner range positions as the subject attempts to sequentially target five 2mmHg progressive pressure increases from the baseline of 20mmHg to a maximum of 30mmHg as well as to maintain isometric contraction at the progressive pressure as an endurance task.

Performance was scored via the pressure level that the subject was able to achieve (activation score) and hold for 10 repetitions of 10 secs duration. A performance index was calculated based on the number of times the subject could hold the pressure level achieved for 10 secs.

IMPACT OF ACL INJURY ON CONTRALATERAL LIMB

Ms. Manjula, Physiotherapist

INTRODUCTION:

Proprioception is the cumulative neural input to the CNS from mechanoreceptors in the joint capsule, ligaments, muscles, tendons and skin. There is loss of both stability and proprioception in the knee following an injury to the anterior cruciate ligament (ACL) The afferent nerves are responsible for proprioception arise from the ligaments, capsules surrounding muscles and skin activating muscle contraction, which help to stabilize the joint The efferent response of muscles "transforming neural information into physical energy" is termed as neuromuscular control. It is influenced by proprioceptive, kinesthetic, visual and vestibular information as well as cortical and spinal motor commands, via feed-forward mechanism; feedback mechanism. Injuries, including ACL tears, are likely to disrupt this process.

The altered afferent information from the peri-articular receptors in the injured limb affected the functioning of the muscle spindles in the contralateral limb, thereby altering the sense of stability in the contralateral limb.

NEED OF CONTRALATERAL LIMB TRAINING:

Proprioceptive training of an ACL-injured limb has been seen to improve stability, even though the reflex arc and the mechanical stability are lost. This is probably as a result of the effect on the supracortical processing of the feedback impulses. Similarly, it may be possible for proprioceptive training in the opposite limb to improve the stability in the affected limb.

HOW IT WORKS-OUT..?

Spinal motor neuron receives afferent information from both ipsilateral and contralateral limbs. In the cerebral motor cortex cross-connections between contralateral limbs contribute to concurrent learned responses. This phenomenon has been exploited in the rehabilitation of patients with a head injury, in whom training the opposite limb to improve the function in the weaker limbs.

According to this bilateral hypothesis, adaptations occur in motor areas that are typically involved in the control of the trained limb but are accessible to the untrained limb during task execution & According to which bilateral motor activity generated during unilateral training induces adaptations in the 'untrained' hemisphere that contribute to improved performance with the untrained limb.

There is an evidence based studies on contralateral effects of unilateral strength training. They identified two classes of central mechanism. One involves a spillover to the control system for the contralateral limb, and other involves adaptations in the control system for the trained limb that can be assessed by the untrained limb. Cortical, sub-cortical and spinal levels are all likely to be involved in the "transfer," and none can be excluded with current data.

Since that the Perturbation training on the ACL deficient knee along with the contralateral knee joint improve the Mechanical Stability in ACL deficient knee and also improve the Postural Stability, hence it reduces the risk of fall & re-occurrence of the injury.

Postural Sway Measured by Lord's Sway Meter:

Postural sway measured in Lord's Sway meter. Postural control involves controlling body's position in space for dual purpose of stability and orientation. Postural stability or balance is defined as the ability to maintain the projected center of motion

Sherrington found that sway measurement obtained with sway meter are strongly correlated with measurements obtained from a force plate i.e.) with movement of center of pressure.

Construction of Lord's Sway meter:

- The sway meter was constructed with a 40cm rod attached to a belt
- A pen was attached at the end of the rod to measure the Postural Sway
- The belt was fit at the level of ASIS.
- Sway meter was placed posterior to the patients in order to avoid the influence of vision.
- Graph Sheet was placed behind the patient. The graph sheet was leveled in such a way that, the rod of sway meter was maintained in horizontal position, when starting the measurement. Graph sheet was secured to prevent the displacement during the measurement.
- Subjects were asked to stand on the sheet of paper with foot prints. The foot prints were constantly used for all individuals. It was measured such that the distance between the feet was around 3 inches.

Procedure:

- ☒ The subjects were asked to remove their footwear and stand on the foot prints. The patients were instructed to keep their hands by their sides and to stand as till as possible.
- ☒ Duration of each trail 30 seconds.
- ☒ During each trail the subject was not given any feedback.
- ☒ 5-10 sec rest period after each trail but he/she was not allowed to move the feet away from the foot markings (duration 6-7 minutes).
- ☒ Totally six trails, first three with eyes opened next three with eyes closed.
- ☒ The measurements are taken in centimeter (cm)



Advantages:

- Self constructed clinical tool for measuring a sway all four directions. (Anterior sway, Posterior sway, Right sway & Left sway)
- Less expensive
- Easily Portable

Disadvantages:

- Time consuming
- Not applicable to cognitive issue patients in terms of understanding the procedure

Mr. NAGARAJ

9751442748

JAYAM OFFSET PRINTERS

NO.10 NORTH STREET,
NEW SARAM,
PONDICHERRY-605 013

Sinusitis and Physiotherapy



G. Subalakshmi
BPT Interns, SVCOPT

Why do people have sinuses?

Sinuses are air filled sacs lined by mucous membrane. It helps to humidify the air we breathe in and enhance our voice.

Sinusitis means?

Sinusitis is an inflammatory process or infection involving sinus cavities caused by virus, bacteria, fungus, allergy or an autoimmune reaction. Even a small change in cavity can cause us to alter or stop many of our daily activities.

However, physiologically mucocilliary transport system becomes impaired. It causes stagnation of secretions and epithelial damage followed by decreased oxygen tension and subsequent growth of virus and bacteria.

Who are affected?

Infants and adolescents are affected because ethmoid, sphenoid and maxillary sinuses are tiny and cause problems. 4 to 7 years of age groups are affected by frontal sinus.

Chronic sinusitis affects approximately 12.5% of people and women are affected more than men.

We can find sinusitis by symptoms such as;

Nasal blockage, headache, fever and fatigue, mucopurulent rhinorrhoea, nasal congestion, facial pain and pressure, decrease sense of smell.

Do you know how to clear the mucous filled sacs?

Upper neck mobilization

Mobilization should be done to the first three vertebrae to promote congestion which will increase the mucous secretion.

Pressure points

The tip of the index finger should be used to apply the pressure and the pressure is gradually increased and released in a gentle rhythmic motion over frontal and maxillary sinuses for 4-5 min.

Other than that, electrotherapy modalities can also be included :

LASER

It destroys microorganism with light activation directly over the sinuses or near the sinuses with 15-20w, continuous mode, spot size 0.4-0.8mm. It will reduce swelling and inflammation and simultaneously it will act on infective and allergic factors.

UST

It makes use of sound waves with therapeutic pulsed ultrasound at 1mhz 2-3 days per weeks for 6 sessions. It has two primary benefits –speeding up the healing process and decreasing pain relieving pressure and reducing swelling. It can be used for both acute and chronic sinusitis.

SWD

The butterfly shaped electrode should be placed on face, the second electrode on cervical or dorsal spine. SWD acts very effectively on sinusitis. By resolving of inflammation as it produces heat deep at the site of inflammation.

Rinoflow therapy

A fairly new option called rinoflow therapy is micronized which is used for endonasotracheal wash of upper respiratory disease to drain the mucous purulent and rusty secretions are present

Nebulization

It can be made of compressive type or ultrasonic type. Physiological saline solution is nebulized, which will have hydrating effect on mucous in the sinuses cavity.

General hints for sinusitis suffers,

Sinusitis could worsens with cold so avoid iced drinks. Drink room temperature fluids. Do your breathing therapy. Rest your tongue gently against the roof of your mouth and breaths deeply through nose for 8 sec and hold it for 5 seconds.

Try to using aromatic oils or sniff. Try to take peppermint or lavender oils provided you from allergens. Avoid things like diary products, spicy or readymade sauces, pickles and preserved foods.



EMMETT

-A New solution for Soft Tissue Problems

R.PRABAKARAN, BPT Intern
SVCOPT



Ross- the founder of EMMETT technique, is a dynamic and unique practitioner with a diverse professional. He is a qualified instructor of massage since 1983 and was a senior instructor of Bowen therapy for 8 years. The EMMETT technique first evolved as a means for Ross to treat sick and distressed animals.

The technique Ross developed is widely recognized as an amazingly gentle, safe and simple to apply muscle release therapy based on an understanding of body's response to safe touch.

EMMETT TECHNIQUE:

The EMMETT technique is a special form of body therapy that involves application of light finger pressure at specific points. These points are in sequence that enable gentle releases treating pain and discomfort, improving muscle action, flexibility and improving homeostasis.

HOW IT WORKS:

In the science of clinical point analysis, it is identified that in any highly complex system there is a specific, critical point at which the smallest input will result in the greatest change, where the least force exerts the greatest effect. An EMMETT therapy session enables the brain's patterning, to alter the state of the muscle to create a corrective change on the muscle action. Muscle tension is then released so the muscle should work as it should.

It is with this understanding the EMMETT technique influences the most complex system known, the human body. It uses the lightest of touches on relevant sensory and muscular receptors to activate a reaction in the brain; this is known as strong sensory response, which triggers the release of a particular muscle contraction to relax. Once, the muscles are reset, then the rest of the body system can work more efficiently.

SYMPTOMS THAT CAN BE TREATED WITH EMMETT THERAPY:

- *Release of tight or painful hamstrings to allow more flexibility.
- *Relief from calf muscle cramps, restless leg syndrome, foot and heel pains such as plantar fasciitis.
- *Hip and back relief, sciatica pain relief.
- *Swelling or edema of the legs can be reduced.
- *Shoulder pain, frozen shoulder, stiff necks can have an increase in range of motion.
- *Pain relief of sufferers of head congestion, sinus and headaches.
- *Increased stability and balance.
- *Carpel tunnel relief.
- *Golfers can improve the grip strength, increase hip flexor mobility to improve their golf swing and hitting distance and hopefully reduce their handicap.
- *Sinus sufferers will appreciate a sinus drain, immediate effects are usually noticeable.
- *Heartburn discomfort can be relieved almost instantly, with lasting results.
- *It is a safe natural pain relief symptom for pregnancy.
- *Fluid retention.
- *Abdominal cramps and bowel discomfort.



Hence, this technique is suitable for a range of ailments and the best results could be provided with arthritis, muscular pain and restrictions, headaches, stress related complaints, sports injuries and the ability to help pregnant women and babies.

IASTM for ITB tightness

IASTM (Instrumented Assisted Soft Tissue Manipulation) is a specialized technique and it is used as a tool to detect and mobilizes the soft tissues to break up adhesions in fascia and lengthens tight musculature.

The overuse of ITB (Ilio Tibial Band) which is attached from a hip muscle to the upper leg (Tibia) results in inflammation and pain of the tendon. Athletes are more prone to this ITB tightness due to repetitive knee flexion and extension.

How to apply IASTM:

Hold the tool and firmly press it into the affected area and moved across the area. Then it should be gently pulled across the tissue to release the tightness. It will make the tissue free and increase the ROM(Range Of Motion).

It should be done twice in a week for 3 weeks. Along with IASTM therapy, ITB stretching should be given in each session which will help to reduce tightness and increase the ROM.

Who can be benefitted?

Athletes are more benefitted and also people having thickenings, ridges, adhesions, nodules and scar tissue are benefitted.



S. Vivek, BPT Intern



With best compliments



Technomed Electronics

Bringing you excellence Since 1981



TECH CPM



SCANNING LASER THERAPY



VACUUM THERAPY



INTERFERENTIAL THERAPY WITH MUSCLE STIMULATOR AND TENS



SHORTWAVE DIATHERMY



CERVICAL AND LUMBAR TRACTION



PORTABLE LASER THERAPY



ULTRASOUND THERAPY

MUSCLE STIMULATOR WITH TENS



FOUR CHANNEL TENS

ELECTROTHERAPY EQUIPMENTS

Plot No 41, Functional Industrial Estate, Perungudi, Chennai - 600 096.
Tel :044 - 24961854 Fax : 044 - 42020060
Email : sales@technomedelectronics.com
Website : www.technomedelectronics.com

SLACK TIME

Sleep is a behavioural state of perceptual disengagement from unresponsiveness to the environment



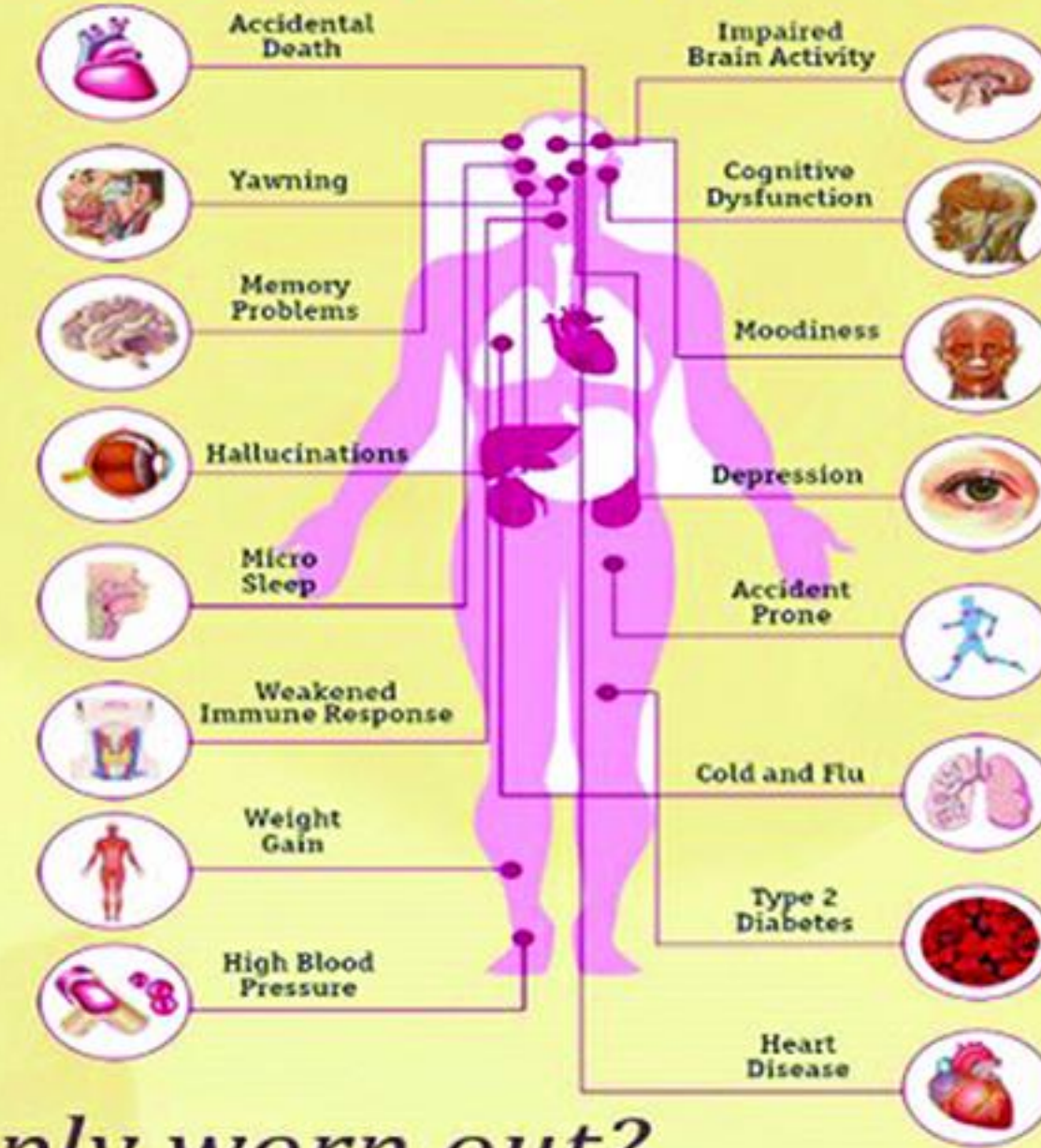
D. Vigneshwari, BPT Intern

Sleep is essential for a person's health and being well throughout the life

IMPORTANCE OF SLEEP

SCARY SIDE EFFECTS OF SLEEP DISTURBANCES

- *Healing damaged cells
- *Boosting your immune system
- *Recovering from the day's activities
- *Recharge your heart and cardiovascular system for the next day



Feeling crabby lately? Or simply worn out? perhaps the solution is better sleep.

Here, I placed some tips for to get a better and good sleep.

TIPS FOR GOOD SLEEP

- Take Medication
- Log off your Gadgets
- Have a Cool Shower
- Relax Your Mind & Body
- Get a Good Pillow
- Follow a Routine
- Exercise Daily
- Limited Dinner
- Use Pillow for Legs
- Placing of Neck in comfort position
- Have a Comfort Bed Room
- Shut the noise around you
- Neglect sleeping pills

Puzzle No. 2

D	G	W	B	Q	B	U	S	E	B	H	Q	N
S	H	M	A	N	D	I	B	L	E	F	U	T
J	F	A	F	B	R	A	O	R	T	A	E	R
W	S	X	D	I	S	V	I	M	A	L	E	R
I	D	I	G	S	C	I	A	T	I	C	P	M
S	K	L	E	A	E	G	B	O	S	S	E	A
N	I	L	S	Q	R	R	F	U	O	V	D	D
W	D	A	I	C	E	D	K	M	J	F	H	I
D	N	Y	X	D	B	K	A	U	W	D	A	O
Y	E	S	U	Y	R	F	I	N	M	I	R	N
E	Y	N	A	A	U	S	X	R	S	V	A	E
Y	D	D	O	I	M	D	T	E	I	Y	N	H
H	L	A	R	Y	N	X	W	T	V	A	I	P
D	V	B	T	W	T	Y	P	S	L	O	J	S
I	G	A	P	E	T	H	U	M	B	E	M	L

1. STERNUM
2. CEREBRUM
3. MANDIBLE
4. AORTA
5. SPHENOID
6. SCIATIC
7. KIDNEY
8. APE THUMB
9. MAXILLA
10. LARYNX

Puzzle No. 3

1	9	2	3	A	T	5	I	N	6	A	7	8	
R	A	D	I	A	T	S	I	N	G	P	A	N	
2	A	X	I	L	L	A	R	Y	V	E	I	N	Y
D	I	L	I	O	I					L		V	S
I	L	A	A	W	S					V		E	T
A	L	T	C	E						I		R	A
L	A	I	U	R						C		S	G
N	R	O	S									I	M
E	Y	N										O	U
3	R	E	S	P	I	R	A	T	I	O	N	N	S
4	V	E	N	T	I	L	L	A	T	I	O		
5	E	F	F	L	E	U	R	A	G	E			

Puzzle No. 1

	C ¹	O	S ¹³	T	E	N		J ²	E	H	O	V	A	H						
			Q		G ³	L	I	A	L		F ¹⁴									
			U								E									
		T ⁴	A	K	A	Y	A	S ¹⁵	U		M									
			R					T			A									
M ⁵	I	L	K	M ¹⁶	A	N		E			L			O ¹⁷						
O			A					A			E			S						
N			N					L			A			T	R ¹⁸					
D			N	O	I	T	A	B	U	T	I	T ⁹		E	H					
A			R								P ⁶	H	O	C	O	M	E	L	I	A
Y			E									L		P	O					
		D ⁷	I	X	H	A	L	L	P ¹⁹	I	K	E		O	B					
			I						A		T			R	A					
			A						R		E			O	S					
B ⁸	A	R	O	P	H	O	B	I	A		E			S	E					
									L					I						
									Y					S						
			R	E	T	E	S	S	A	M ¹⁰										
										P										
			R	E	L	L	I	F	O	L	I	S ¹¹								
			D	E	S	U	L	L	A	C ¹²										



S. Kaviarasan, BPT II year, SVCOPT

BRAHMAMUDRA-AN HOLISTIC APPROACH TO MECHANICAL NECK PAIN

- C.KANNADASAN, Interns, SVCOPT

Mechanical pain is the general term that refers to any type of pain caused by placing abnormal stress and strain on muscles of vertebral column. Typically, mechanical pain results from bad habits, such as poor posture, poorly designed seating, and incorrect bending and lifting motions.

Mechanical neck pain is a common complaint with a prevalence of 60-70% in the general population. Poor postural habits and neck pain are increasingly common among individuals who work predominantly on computer. Studies show that computer employees experienced 30% of neck pain.

Neck flexion forward head posture, scapular retraction, forward stoop posture are some of the faulty postured alignments, resulting in neck pain due to increased cervical muscle activity to support head in forward position and results in increase fatigue. Overtime the muscles and other soft tissues tighten up due to excessive overload required to hold the head in position. The anterior neck muscles become weak from being stretched and neural structures are kept in less than optimal positions. This chronic overload and tightening of soft tissues may eventually result in decreased blood flow and O₂ to the soft tissues, ultimately causing pain.

In such case fault in joint position sense of the cervical joint may be happened. In the view of the disturbance cause to the joint position sense, the individual is subjected to faulted posture in the continuum. The impaired joint position sense can worsen the mall alignment posture stability. Over period of time, their occurs structural changes in the contractile soft tissues around the neck. It becomes utmost necessity on the part of physical therapist to employ and disturb the vicious cycle of pain alter proprioception and mall alignment and pain.

BRAHMAMUDRA:

These exercises with reach to the back ground of yogic principle. It can be suitable in promoting and improving proprioception of neck musculature.

Procedure:

Comfortable sitting position with your spine as erect as possible. Rest your hands on your lap while performing the yoga mudra. Close your eyes and concentrate on with deep breathing. Breathe in for a count of six and turn your head towards the right. Breathe out while bringing your head back to the central position and make the guttural sound AAA.

Slowly turn your head to the left while breathing for 6 counts. Breathe out and bring your head back to the central position making the labial sound UUU.

Slowly lift your chin up as if attempting to look at the sky and breathe in for 6 counts. Breathe out and make the palatal sound EEE while bringing your head back to the central position.

Finally lower your head bringing chin to chest while breathing in for 6 counts. Breathe out and make the labial sound MMM while bringing the head back to the central position. Perform a minimum of 3 to 9 rounds of this practice at each setting.

Discussion:

Along with standard therapeutic approaches, handling brahmamudra to the routine exercise can make the difference in the outcome. The practice of breath along with movement in form of mudras add new dimensions in improving the postural allignments.

Conclusion:

It may be suggested that including brahmamudra along with the standard physiotherapy technology can reduce the incidence of mechanical neck pain and improve neck pain cases because of postal mall alignment due to impaired perception of neck musculature.

Hemophilia

- A Physical Therapy Approach



J. Daisy, BPT Final Year

Hemophilia is a lifelong inherited disorder characterized by severe spontaneous bleeding resulting in chronic painful joint deformities without treatment individuals with hemophilia will die in childhood or early life.

Clinical feature

- *Blood in the urine
- *Blood in the stool
- *Large unexplained bruises
- *Excessive bleed
- *Frequent nosebleeds
- *Pain in the joints
- *Neck pain
- *Extreme sleepiness
- *Vomiting repeatedly
- *Severe headache
- Breathing difficulty

ROLE OF PHYSIOTHERAPY IN HEMOPHILIA

Physiotherapy for the child with hemophilia is aimed at maintaining range of motion and strength in all joints and at preventing or diminishing disability.

PRICE protocol in case of acute bleeding:

PRICE (Protection, rest, ice, compression, elevation) Price is a best treatment for joint bleeds.

Effects;

Reduce the swelling and tissue damage

Prevention of contractures:

- Manual traction and mobilization
- Progressive /dynamic splinting
- Serial casting /drop out casting
- Active ROM exercises (passive ROM is generally contraindicated)

Maintaining strength

- Isometric strengthening exercise initially , then graded progressive exercises
- Exercise in a pool, hot soaks in a tub ,or whirlpool bath. it is easier to move the body in water, good for aerobic conditioning.

Effects;

Functional activity , improve muscle endurance, pain reduction , relaxation , easier for mobilization for joint .

Preventing or diminishing disability

- Gait training
- Proprioceptive training
- Bracing/splints- provides stabilization .

Breathing exercises

- Increase costal expansion
- Increase vital capacity
- Stimulate the intrinsic muscles of respiration and the diaphragm
- Increase range of lateral flexion and trunk rotation.

Electrotherapy

Electrotherapy equipment such as pulsed short wave diathermy and ultrasound are used for the hemophilia individual.

Effects

- Increase the rate of healing power and quality of repair
- Reduce the edema
- Increase the number of white blood cells and fibroblast in the wounds.

Vibromech-c

The New invention



Vibration is the continuous shaking and fast movements in back and forth, side to side direction

Vibromech-c is a device which produces vibration to reduce the obesity.

Design: vibromech-c is a type of asynchronise motor comes under spin motor. it is linear in shape, constructed with permanent magnet which consumes 240 voltages. It produce a torque of 54.6g/cm, output power of 25-75 watts and frequency about 50-60 Hz. Regulating knob is used to regulate the resulting frequency.

Effect: Vibromech-c causes vibrating effect at the tissue level and thereby improving the blood circulation .this provides nutritional supply to the tissues and improves the muscle mass. Moreover it improves the metabolism of the body and thereby it leads to the reduction of fat mass and it also stimulates the joint receptor & henceforth reduces joint pain and stress.

Normal massager vs. Vibromech-c:

When compared with the normal vibrator available commercially, it is low in cost, easy to handle and smaller in size. It can also be used at any part of the body where fat deposition is present. In addition, frequency of vibration can also be adjusted according to various skin sensations in Vibromech-c.

Danger and precautions

- Avoid use in abdominal region of pregnant women
- Anti coagulant therapy
- Severe osteoporosis
- Cancer
- Recent skin infections



R. Chandrasekar
BPT Final Year





A.SANKAR

Cell : 98949 91818

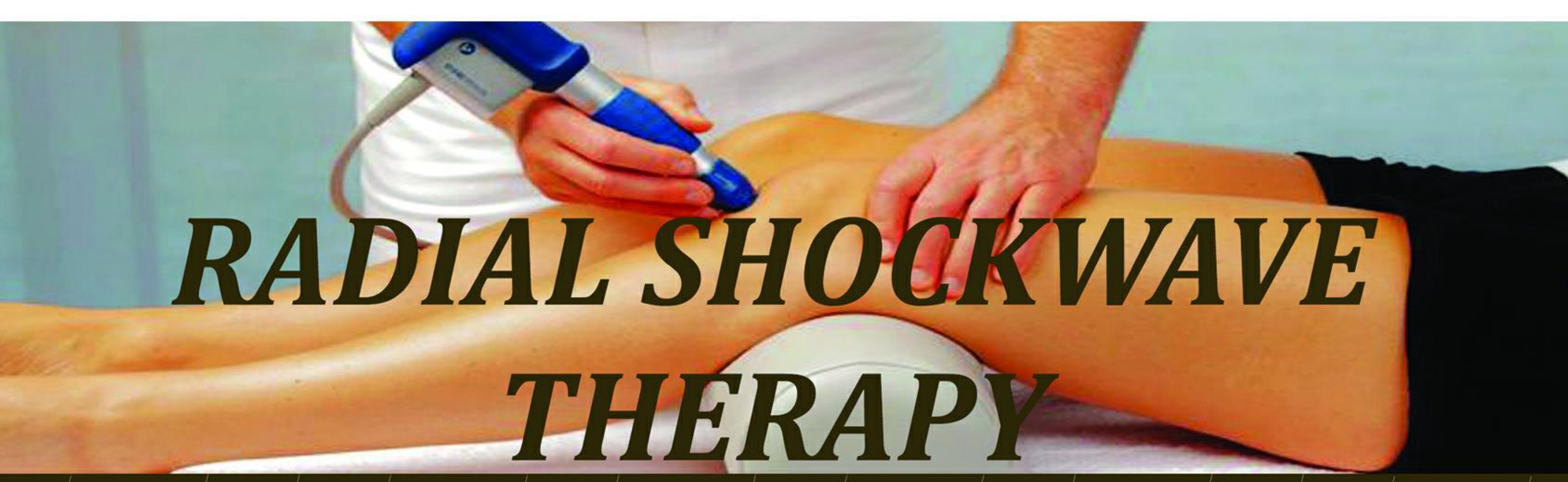
Ph : 0413-2275051

New Indian Book Agencies

Dealers : All kinds of Medical & Nursing Books

**No.117, Kamaraj Salai, Thattanchavady, Puducherry-605 009.
(Opp. Volkswagen Car Show Room)**

Email:newindianbookagencies@gmail.com



RADIAL SHOCKWAVE THERAPY



S. Selvaganapathy
BPT Third Year,
SVCOPT

CONDITIONS THAT IS APPLICABLE FOR THIS TREATMENT:

*Plantar Fasciitis, Achilles Tendinopathy, Shoulder tendonitis, Tibial stress syndrome, Jumper knee / Patella tendonitis, Tennis and Golfers elbow, Heel spurs, Pain in the Groin, Hip, Hamstrings, Wrist and Trigger point.

CONDITIONS NOT APPLICABLE FOR THIS TREATMENT:

* People under 18 years of age, Pregnant women, Patients with blood clotting disorders, Patients taking anti-coagulant medications, Tumors or Infection in affected area, Not directly applied over Lungs and gut, large nerves and blood vessels, the spine and the head.

EVIDENCE:

According to the journal of orthopedic Research (2005), there was a 90% improvement for the treatment of Plantar Fasciitis, and a 77% improvement in treating Tennis elbow with Radial Shockwave Therapy. Obviously there is no guarantee of effectiveness of treatment. However, the medical journals have proven the efficacy and safety of RSWT in the treatment of chronic pain and the conditions causing chronic pain.



Radial shockwave are high energy sound wave transmitted through the skin and spreading outwards into the underlying tissues. It is used to treat the musculoskeletal pathology instead of just offering the systemic relief. It works to increase the metabolic activity around the site of pain by reabsorbing the calcium deposits which is irritative.

ABOUT THE TREATMENT:

The initial phase of treatment gives deep pain which indicates correct targeting of the problem area. This deep pain is followed by numbness or heaviness and in later phase, the pain is reduced. The treatment session is of 10 min duration with 3000 pulses. The patients get rid of pain after 8 – 10 days of initial treatment. After the treatment, the patient feels soreness during night time which is controlled by simple analgesia and icing.

AN EFFECT OF RSWT AS FOLLOWS:

BENEFICIAL EFFECTS: It will increase blood flow and metabolic activities; reduce pain and induce the healing process.

HARMFUL EFFECTS: * Post – treatment pain * Local bruising which is uncommon and minor.

1 Location of the area to be treated
The area to be treated is located using palpation or ultrasound in order to deliver the therapy precisely.

2 Marking the treatment area
The area to be treated is clearly marked to ensure localised treatment.

3 Gel application
Gel is applied to the located area. Gel is necessary to transfer the acoustic waves efficiently and smoothly.

4 Therapy initiation
The Shockwave applicator is gently pushed against the area to be treated and treatment begins.

PUZZLE 1
For Key, See Page no

S. DEEPIKA SHRISTHUDHI
SVCOPT

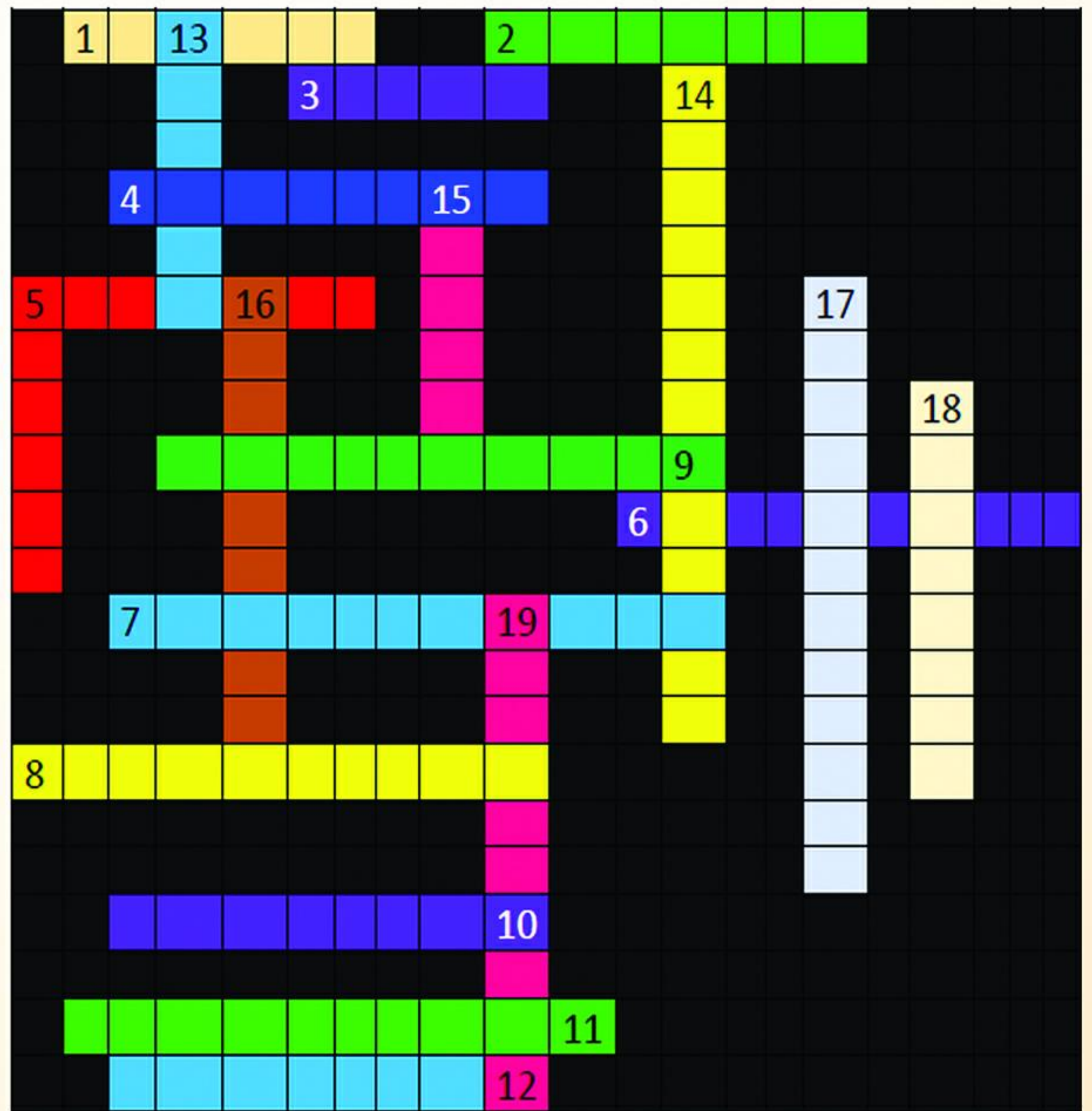
QUESTIONS:

[Left to Right]

1. Other name for temporo mandibular joint dysfunction.
2. Religious people who don't accept blood transfusion.
3. Cells supporting neurons.
4. A giant cell arteritis involving the aorta and its main branches.
5. A fracture found in osteomalacia due to bands of radiolucency.
6. Lack of development of proximal part of limb with the distal part being present.
7. A test used to confirm vertigo.
8. Restricting intake due to fear of becoming obese.

[Right to Left]:

9. Rhythmic nodding tremor of head.
10. Strongest muscle.
11. This disease occurs when agricultural workers inhale nitrogen dioxide.
12. Finger used for self-induced vomiting.



[Up to down]:

5. Which day fever is also called as byssinosis?
13. A very short wheeze which occurs when a closed airway opens suddenly.
14. A triad comprising of disordered eating, amenorrhoea and osteoporosis.
15. Syndrome of stenosis of subclavian artery.
16. Males with Anorexia Nervosa.
17. Ivory lace ribbon stands for?
18. Minimal strength used to elicit muscle contraction.
19. An international multi-sport event conducted for handicapped.

Best Wishes from



The Hotel features 40 luxury and architectural designed rooms with modern amenities.

SERVICE & FACILITIES

- * Complimentary Breakfast
- * Complimentary Wi-Fi
- * Multicuisine Veg Dining
- * 24x7 Room Service
- * On Line Booking
- * Ample Basement Car Parking
- * Travel Assistance

BANQUET HALL

60 to 200 pax Available



ABIRAMI RESIDENCY

No. 92, Anna Salai, Pondicherry-605 001.
+91 -413 - 2229881 to 83
info@abiramiresidency.com
www.abiramiresidency.com

N. Kumaran
94432 60042

Ph : 0413-2222660
0413-2222661

SRI BALAJI ALUMINIUM & HARDWARE

Aluminium Section	Thermocole Sheets	Plastic Doors
Aluminium Ladders	Lamination Particle Board	Pvc Flooring
Aluminium Grill	Zib-Board	Pvc False Ceiling
ACP Fabrication Work		All Fabrication Works

Zib-Board False Ceiling & ALCHO Panel Glazing Work
Other Hardware Materials

Email : sribalajialuminium73@gmail.com

124, Eswaran Koil Street, Pondicherry -605 001.

B. THOMAS B.TECH.,MCSE.,CCNA.

Ph: 9843886613 & 8523976555
Email: thomas_87b@yahoo.co.in

ST COMPUTERS

CHIP LEVEL COMPUTER SERVICE & SPARES

#324, Villianur Main Road, Nellithope, (Near Signal), Puducherry.



Service: Laptop Chip Level Service | Desktop Chip Level Service | Mobile Phone Service | Printer Toner Refilling | Networking Support | Hard Disk Data Recovery
CCTV Camera Installations | Printer Service & Computer A/c | Sales: Laptop | Desktop Computer | Printer | Cash Counting Machine | Lamination Machine | All IT Products



P. Saravanan

Mobile : 9677149762
9629675257

spcharan007@yahoo.com

RIGHT CLINICAL LABORATORY

(COMPUTERISED LAB & E.C.G)

Mani : No.250, Bussy Street,
Puducherry-605 001.
Ph : 0413-2227476

Branch : No.297, M.G.Road,
Muthialpet, Puducherry-3.
Ph : 0413-2237268

rightlabpondy@yahoo.com

Dr. J.T.RAJKUMAR

BPT, PGDMS, PGDY, PGDGC, MBA
PHYSIOTHERAPIST



Cell: 98651 33789

Ph: 0413 - 2252738



Sri Annai Janaki
physiotherapy Clinic

CLINIC:

111, Lawspet Main Road,
Jeeva Colony (Near Selva Vinayagar Koil),
Pakkamudaiyanpet, PUDUCHERRY - 8.

RESI.:

21, Kaviraj Illam,
8th Cross, Tagore Nagar,
PUDUCHERRY - 605 008.

email: trajkumarbpt@rediffmail.com

Rtn. N. Shanmuganathan

Mobile : 94435 00336

AROUL PHARMA

Pharmaceutical Distributors

149, Vellala Street, Pondicherry- 605001.

Phone : 2342055, 4201956

email: aroulpharma@gmail.com



DHEEPAM - தீபம் Artificial Limb Centre

#6, Sebasthiyar Koil Main Street, T.V. Nagar, Muthialpet, (Backside to Bharathidasan Women's College) Puducherry - 605 003.
நெ.6, செபஸ்தியார் கோயில் சாலை, திருவள்ளூர் நகர், முத்தியால்பேட்டை, (பாரதிதாசன் பெண்கள் கல்லூரி பின்புறம்) புதுச்சேரி - 605 003.

Cell : 94432 87835

Mfrs :

Hi-Tech Artificial Limbs, M.C.P/M.C.R. Footwears, Cervical Collars, L.S.Belts, Calipers, Axillary / Elbow Crutches, Walkers, Walking Sticks, Tripod all type of Thermo Plastic Splints and Rehabilitation Aids & Equipments



Strides Shasun

STRIDES SHASUN LIMITED

A1 / B SIPCOT
INDUSTRIAL COMPLEX,
KUDIKAADU VILLAGE,
CUDDALORE-607 005
TAMIL NADU, INDIA

*Tel: + 91 4142-285 400; info@stridesshasun.com
www.stridesshasun.com*

With best compliments



ULTIMATE BIOMED SYSTEMS & SERVICES

SERVING IN HEALTHCARE INDUSTRY SINCE 2001

34, Vasudevapuram, West Mambalam, Chennai - 600 033.

Ph : +91 044 4554 6048, +91 044 2484 6048, +91 98403 46048

✉ muruganubms@gmail.com, info@ultimatebiomed.com www.ultimatebiomed.com



**Intelect®
Advanced Combo**



Wireless Professional 4CH Full



Intelect® Laser Therapy



Rehab with HUBER® 360



Traction Cervical Cum Lumbar



LASER THERAPY



IFT Mini LCD



Tilting Table

Our Other Physiotherapy, Rehab, Occupational, Fitness & Slimming Equipments

- | | | | |
|-----------------------|-------------------------|----------------------|--|
| ✦ Shortwave Diathermy | ✦ TENS | ✦ Treatment Tables | ✦ Treadmills |
| ✦ Shockwave Therapy | ✦ Wax Bath | ✦ Wheel Chairs | ✦ Medical Gym Equipments |
| ✦ Longwave Diathermy | ✦ Combo Unit (IFT + UT) | ✦ Dialysis Table | ✦ Exercise Therapy Units |
| ✦ CPM | ✦ Chest Vibrator | ✦ Manipulation Table | ✦ Compression Therapy Unit |
| ✦ Hydrotherapy Tank | ✦ FES | ✦ Upright Bike | ✦ All Medical Equipments & Accessories |

Our Channel Partners :



Branches : Vijayawada, Warangal, Bhubaneshwar, Pondicherry

Our Branch address :
No.17, Jeevanandam Street, Ashok Nagar, Lawspet,
Pondicherry - 8. Cell : 98416 46048

Your one stop destination for all your Medical Equipment's need Services & Supplies (Imported & Indian Products)

YES, IT'S CHANGED!

My Favourite Pen Is Now **Rorito**



RoritoTM

Write the new

www.roritoworld.com

 /roritoworld