

# PHYSIO VIVID

2025  
MAGAZINE

Volume 8\_Issue 1

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<https://svcopt.ac.in/>  
[vividsvcopt@gmail.com](mailto:vividsvcopt@gmail.com)

**SALT**  
THERAPY

**DYNAMIC**  
SCAFFOLDING SYSTEM

PRISM ADAPTATION  
**THERAPY**

**LEOPARD**  
SYNDROME



Reg No. L56748



9629237774

A ROBOTIC PHYSIOTHERAPY & VR REHAB CENTRE

DR. A. VASANTHARAJ., PT MPT (Neuro), MIAP., MIFNR.,

EL-ROI PHYSIO CARE elroiphysiocare elroiphysiocare@gmail.com

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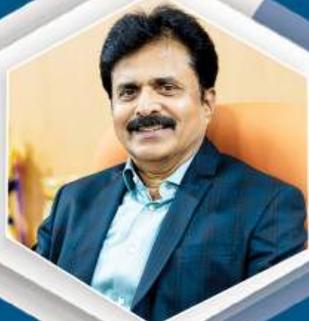
### BODY-WEIGHT ASSISTED GAIT TRAINER

*Walk with Confidence. Train with Safety.*

Don't let weakness or fear of falling hold back gait training. The body-weight supported treadmill system creates a safe, controlled environment to practice walking, enhance motor learning, and rebuild lower limb strength—step by step.

No. 5, Vaanidhasan Street, Venkata Nagar, Puducherry - 605 011, India

## From Chairman's Desk



I'm elated and overwhelmed to ignite the journey of 8th annual physio's VIVID magazine 2025. This creative hub spotlighting the faculty and students voices, academic breakthroughs and clinical tips.

I intend that this physio vivid magazine act as a catalyst to inspire and energize the passionate minds of all physiotherapy students. I have no doubts that vivid physio will keep stimulating young minds, stimulating intellectual curiosity and make a significant contribution to each reader's professional development. Let this vivid serve as a springboard for more success and a more promising future in the physiotherapy field.

It gives me a great pleasure to congratulate the principal and the dedicated faculty and students of Sri Venkateshwaraa College of Physiotherapy for their inspiring efforts and innovative initiatives that have significantly enhanced the institution's reputation and impact.

**Shri. B. Ramachandhiran**  
Chairman, SVGI

## Greetings

I am truly delighted to see the launch of Physio Vivid Magazine 2025, a platform designed to highlight the creativity, knowledge, enthusiasm, dedication and innovative spirit of our physiotherapy students. This magazine is more than just a set of articles, it represents your dedication, curiosity, and hard work within the field. I am confident that Physio Vivid will motivate all students to look beyond their textbooks, share their ideas, and gain confidence in their academic and creative expressions.

I would like to congratulate the efforts of entire team and all contributors for guiding this initiative and making this vision a reality. May this magazine continue to inspire each of you to pursue excellence and make meaningful contributions to the advancement of our profession. Wishing everyone a successful and impactful journey of growth and learning.

**Smt. Radha Ramachandiran**  
Founder Trustee, SVGI



## From Founder Trustee' Desk

## From Managing Director's Desk



It is with great enthusiasm that I received the news of the finalized scheduling process for VIVID 2025 brings a sense of optimism and anticipation. It is a privilege to recognize the editorial crew for their earnest dedication and invaluable role in supporting the development of physiotherapy field. I finally believe that this publication will mark a significant milestone in the pursuit of academic and clinical excellence. More than just a medium for knowledge dissemination, it serves as a bridge connecting physiotherapy professionals for mutual growth and collaboration.

This publication aligns with our core mission of advancing public health through physiotherapy. I invite readers to immerse themselves in the sights presented and join us in this purposeful journey. I extend my sincere gratitude to the dedicated students whose tireless efforts have brought this creative initiative to life.

**Shri. R. Rajiv Krishna,**  
Managing Director, SVGI

Greetings

It is an honor to extend my warmest welcome as SVCOPT presents the VIVID physio magazine for 2025. This edition reflects the dedication, knowledge and creative spirit that continue the shape the ever-evolving field of physiotherapy. This magazine continues to serve as valuable platform for both information and inspiration, featuring cutting-edge research, practical clinical perceptives and impactful stories that reflects the vital contribution of physiotherapy to human health and wellness.

I encourage you to delve into the insightful contribution and emerging methodologies featured in this issue. This magazine offers an opportunity to engage deeply with its content may it inspire fresh thinking, enhance your understanding and promote collaboration as we collectively advance the frontiers of physiotherapy education.

**Smt. Mousmi R**  
Executive Director, SVGI

## From Executive Director's Desk





## From Chief Operating Officer's Desk

With heartfelt gratitude, I present VIVID 2025, an insightful compilation that captures the dynamic pulse of our academic and clinical communities. This edition focuses on the evolving mindset of future physiotherapists, combining thoughtful perspectives with real-world relevance.

VIVID represents a proactive culture where creativity and introspection coexist. It displays the intellectual prowess, variety of skills, and genuine voices of both our mentors and students. Every contribution exhibits a readiness to venture beyond accepted limits.

I applaud the team behind this endeavor for curating such an important publication. May this 8th annual vivid 2025 inspire new directions, foster professional purpose, and strengthen the identity of those influencing the future of physiotherapy.

**Dr. B. Vidhya**  
COO, SVGI

## Greetings

Following the huge success of Physio Vivid 2024, I'm overjoyed to hear about the release of Physio Vivid Magazine 2025. This magazine stands as a vibrant testament to the intellectual curiosity, and unwavering commitment of our physiotherapy students and faculty. Physio Vivid is not merely a collection of articles, it is a canvas of aspirations, and provides its reader with valuable information about current trends in the field of physiotherapy. The capturing spirit of innovation and the dedication to lifelong learning that defines our institution. Each page reflects the collective effort, passion, and dreams of our vibrant academic community, transforming ideas into words that will resonate with readers and inspire future endeavours.

I convey my heartfelt appreciation to the team for their meticulous efforts in curating this edition, ensuring it reflects the diverse and dynamic spirit of our college. I extend my best wishes to all contributors, faculty, and students and hope this edition will serve as an impetus to fuel curiosity, compassion, and competence in your professional journey. May we continue to grow together, celebrating each milestone with the same spirit that Physio Vivid embodies.

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

## From Director's Desk





## From Medical Superintendent's Desk

With great pride and joy, I extend my warmest greetings to all VIVID 2025 readers. VIVID is more than just a magazine; it is a reflection of our vibrant academic community's creativity, talent, and spirit. VIVID is a testament to our students' and faculty's ideas, voices, and visions, which continue to shine both inside and outside of the classroom.

Each page showcases experiences, ideas, accomplishments and emphasizes dedication, teamwork, and the desire to make a significant difference. I congratulate the editorial team on their admirable efforts in compiling such a thoughtful and inspiring edition.

In today's fast-paced world, the ability to express and communicate effectively is critical. Platforms like VIVID encourage our students to think critically, express themselves clearly, and interact meaningfully with their surroundings. I hope VIVID 2025 inspires every reader to keep exploring, expressing, and excelling. Let it serve as a reminder that learning extends beyond the classroom, and that each story shared here contributes to our academic legacy.

Dr. G. JOSEPHRAJ,  
Medical Superintendent, SVMCH & RC

Greetings

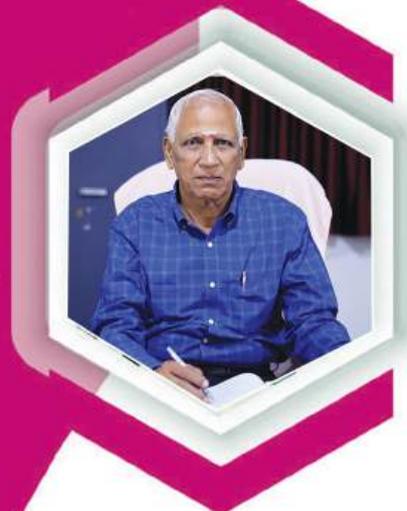
## From Academic Advisor's Desk

It brings me great pleasure to convey my heartfelt greetings to Sri Venkateshwaraa College of Physiotherapy for Physio VIVID magazine 2025 that remains a lively expression of innovation, knowledge, and passion in our medical community. VIVID exemplifies our Students' and Faculty's academic excellence and artistic spirit.

In an era where scientific innovations must coexist with human compassion, opportunities like these promote holistic development by encouraging critical thinking, artistic expression and professional advancement.

I applaud the hard work and passion of everyone who contributed to this publication. May this VIVID spark new ideas, foster creativity and serve as a source of inspiration for all budding physiotherapists. I wholeheartedly wish VIVID a great success on its road to enlightenment and excellence.

Dr. R. Venguattaramane  
Academic advisor, SSCOPT



## From Principal's Desk



With great pride and joy, I extend my warmest greetings to all VIVID 2025 readers. VIVID is more than just a magazine; it is a reflection of our vibrant academic community's creativity, talent, and spirit. VIVID is a testament to our students' and faculty's ideas, voices, and visions, which continue to shine both inside and outside of the classroom.

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**Dr. Prof. Jeyanthi. S**  
Principal, SVCOPT

Greetings

## From Editor's Desk

It is a true honour to present the Vivid 2025 edition, a vibrant mosaic of ideas, talents, and accomplishments that capture the essence of our institution.

As we turn the pages, we remember the stories that shaped us and highlights our community's creativity, innovation, and unwavering pursuit of excellence.

As editors, our journey to create this edition has been both enriching and inspiring. We have seen creativity in its purest form, from thoughtful reflections to bold expressions. May Vivid 2025 serve as a mirror of our shared spirit and a window to the boundless potential that lies ahead.

**S. Ramkumar**  
Senior Assistant Professor, SVCOPT



# THE TEAM



Lakshna . G.B



Santhiya. P



AjithKumar. A



Subapradha. J

## the student editorial board

### Editing and design Team



Priyanka.N



Guruabarana.M



Rajalakshmi.R



Aishwarya.T



Augista A



Subashini.A



Muetha.A



Sri Gajalakshmi.S

### Achievement Team

### Greetings



Zainab begam. R



Rithika.S



Kumudhini.S

### Marketing Team



Sabari Giri.L



Santhosh.K



Keerthivasan. R



Thevi priya.S



Mani kandan.S



Pratheep.M



Pavithra.G



Swetha. k

### Digital support



**Datchanamoorthi. E**

Graphic designer & Web Developer  
SVG I

# COLLEGE TOPPERS



V. Swetha

**PG 1<sup>st</sup> Rank**



M. Vasanthra

**PG 2<sup>nd</sup> Rank**



N. Mohamed Thoufeeq

**PG 3<sup>rd</sup> Rank**



M. Arshiya Hussain

**UG 1<sup>st</sup> Rank**



S. Kumudhini

**UG 2<sup>nd</sup> Rank**



K. Swetha

**UG 3<sup>rd</sup> Rank**



**MPT Second Year**



**MPT First Year**



**Batch (2021-25)**



**Batch (2022-26)**



**Batch (2023-27)**



**Batch (2024-28)**



**Batch (2020-24)**

# Graduation-day 2025

## GRADUATION-DAY 2025



**7th Graduation - MPT (2022-2024) 8th Batch**



**8th Graduation - BPT (2019 - 2023) 10th Batch**

# Accomplishment 2024-25

## FACULTY ACCOLADE



**Dr.Jeyanthi.S** received "Light of Education Award" in Physio Beast Conference, Nehru Group of Institution, Coimbatore



**Dr.Malarvizhi.M (PT)**- Second Position, Paper Presentation, Sri Venkateshwara University, Chennai



**Dr.Philomina.J (PT)**- First Position, Paper presentation, Physio Beast Conference, Nehru Group of Institution, Coimbatore

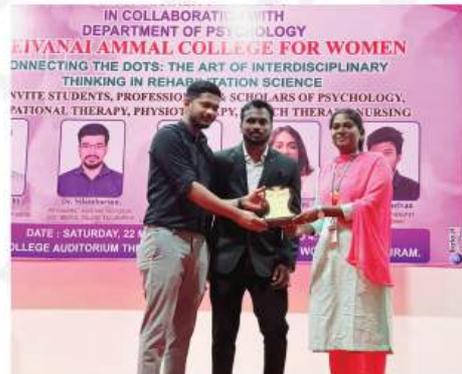


**Dr.Jeyanthi.S**-First Position, Paper presentation, Research Day, SVGI

## FACULTY ACHIEVEMENTS



**Dr.Jeyanthi.S**-First Position in Paper Presentation, Sri Venkateshwara University, Chennai



**Dr.Kirthiga.A (PT)**- First Position, Paper presentation, Rehab Conclave Conference, Villupuram



**Dr.Kirthiga.A (PT)**- Second Position, Paper presentation, Physio Beast Conference, Nehru Group of Institution, Coimbatore



**Dr.Subalakshmi.G(PT)**- Second Position, Paper presentation, Research Day, SVGI

## KEY INITIATIVES



Physical fitness awareness and training Program in Schools



Social Club



FDP 2025

# PHYSIOTHERAPY SERVICES AT NATIONAL LEVEL FOOTBALL



# Prestigious Moment



**Dr.Jeyanthi.S –Presentation at World Physiotherapy Conference-2025, Tokyo,Japan**



**MOU with AIMST University, Malaysia**



**International Conference Flair 24**

## FACULTY ACCOMPLISHMENT



**Dr.Jeyanthi.S,Resource Person, Physio Beast Conference, Nehru Group of Institution, Coimbatore**



**Dr. Paulraj.M(PT), Resource Person,SBV, Pondicherry**



**Dr.Malarvizhi (PT) , Resource Person,SBV University, Pondicherry**



**Dr.Ramkumar.S, Judge, SBV University, Chennai**



**Dr.Jeyanthi.S, Chief Guest, Rehab Conclave Conference, Villupuram**

## STUDENT ACHIEVEMENTS



**First position, Hackathon, Pondicherry**



**First Prize Poster Presentation and second prize in Innovation , SVGI, Pondicherry**



**First Position-Paper presentation, Research Day, SVGI**



**Second Position-Paper Presentation, Research Day, SVGI**



**First Position- Poster presentation, Rehab Conclave Conference, Villupuram**



**First Position – Paper Presentation, R.J. Jalappa College of Physiotherapy, Bangalore.**

# WORKSHOPS & CAMPS

## CAMP



## WORKSHOP

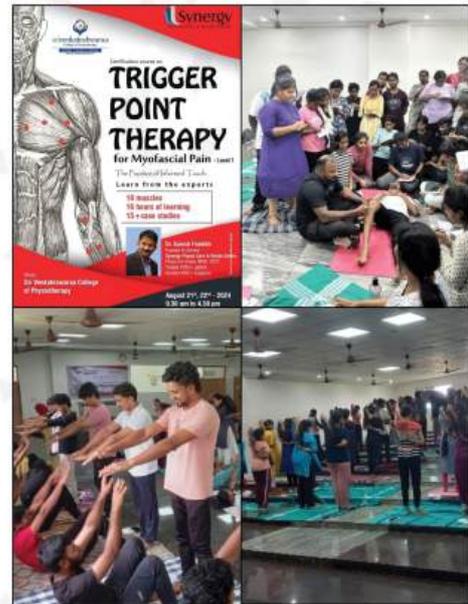


**Workshop (Understanding The Human Movement- The Basic)** by Dr. Ravi Ranganathan, director and founder of Pain & Stroke Rehab Centre, Chennai.

**Workshop (Antenatal Care and Labour Management)** by Dr. Kushboo Thakkar, founder of Sakhi's Women's Health Care, Surat, Gujarat



**Workshop 'Assessing and treating Neuropathodynamics using Neurodynamic techniques'** by Dr. Ashokan Arumugan, MPT. PhD, Associate Professor, Sharjah University, Sharjah, UAE.



**Workshop (Trigger Point Therapy)** by Dr. Suresh Franklin, founder & director of synergy physio care and rehab centre.



## Professional Grooming Program

# Accomplishment 2024-25



2nd Position -Mime, ICPER



Agon-2025



3rd Position in Paper Presentation at SBV Pondicherry.



Solo Singing 2nd Prize (Agon-2025)



2nd prize in poster presentation in Physio Beast Conference, Nehru Group of Institution, Coimbatore



1st Prize in Innovation , SVGI, Pondicherry



1st Prize in paper presentation , Sri Venkateshwaraa University, Chennai



1st prize in poster presentation & face painting in SBV, Chennai

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# - NOT JUST A TREND, IT'S A REVOLUTION IN PERSONAL HEALTH AND WELLNESS!

Wearable devices are revolutionizing physiotherapy rehabilitation and emerging advancements in today's era by offering real-time monitoring, personalized feedback, and data-driven insights to enhance patient recovery. By integrating wearable technology into rehabilitation, physiotherapists can tailor treatments more effectively, improve patient engagement, and support remote care, ultimately leading to faster and more efficient recovery outcomes.

It enhances physiotherapy through real-time monitoring and personalized care. Growing public interest drives their use, helping physiotherapists improve outcomes, support remote rehab, and align with advancing technology.



**Guruabarnaa Manicavassane,**  
MPT (neuro) - 1<sup>st</sup> year

As of 2022, 74.8% of Indians—around 650 million—owned smartphones, projected to reach 1 billion by 2026. This surge supports improved healthcare communication, seamless data sharing, and enhanced remote care through smartphones and wearable technologies. Modern wearable devices, such as fitness trackers and smartwatches, have advanced beyond basic functions to include comprehensive physiological monitoring. These devices can track heart rate, temperature, blood pressure, sleep cycles, step count, calorie expenditure, and oxygen saturation levels. This remote monitoring allows for continuous assessment of a patient's health status, providing valuable insights to physiotherapists during the rehabilitation process.

Recent developments in wearable biosensors further expand the scope of rehabilitation. For instance, shoe-based sensors provide vibro-tactile feedback to improve movement patterns, while smart compression garments assist in managing blood circulation. Smart insoles integrated with sensors help in gait analysis and fall risk detection, playing a crucial role in fall prevention strategies. Additionally, ongoing research aims to enhance wearable capabilities for posture and movement analysis, with significant advancements anticipated by 2026.

These technologies are being increasingly utilized in managing patients recovering from acute events such as musculoskeletal injuries, strokes, cancer treatments, and post-surgical rehabilitation. Patients with chronic conditions like COPD and ischemic heart disease are also benefiting from continuous monitoring and guided interventions through wearable devices. Wearable technology adoption faces challenges like manufacturing limits, durability concerns, and high costs, which can hinder scalability and effectiveness in widespread clinical use.

Incorporating wearable technology into physiotherapy marks a major healthcare advancement, offering personalized and accessible care. Despite challenges like cost and durability, ongoing innovation is overcoming barriers, making wearables essential for efficient, scalable, and future-ready rehabilitation solutions.



# MYOKINESTHETIC THERAPY



**KIRTHIGA A**  
ASSISTANT PROFESSOR

*-ALIGN YOUR POSTURE AND ELIMINATE THE PAIN!*

Imagine standing erect, feeling strong and living pain-free, Myokinesthetic Therapy can help you make that. It is a new way to help people recover from musculoskeletal dysfunction and pain. It was created by Dr. Michael Uriarte, which is a gentle, hands-on technique designed to address imbalances in the nervous and muscular systems. The Myokinesthetic technique is a versatile therapeutic approach that can be effectively used by a wide range of health-care and rehabilitation professionals.

In the Myokinesthetic (MYK) System, the therapist assesses the patient's posture, symptoms, and muscle weakness to identify the affected nerve root for treatment. The approach involves both active and passive movements along with tactile stimulation of muscles innervated by a single nerve root. It targets key ascending neural pathways such as the spinothalamic and spinocerebellar tracts to enhance communication between the central nervous system (CNS) and the muscles. Touch activates the spinothalamic tracts, while movement stimulates the spinocerebellar tracts. By providing consistent input through these pathways, the CNS can regulate and correct musculoskeletal imbalances.

## Postural Assessment



**A thorough evaluation of the patient's posture is crucial to identify areas of imbalance and dysfunction.**

## Nerve Root Identification



**The therapist determines which nerve root is contributing to the patient's pain and movement limitations.**

## Bilateral Treatment



**Treatment is applied to both sides of the body, even if symptoms are only present on one side, as the nervous system functions bilaterally.**

## Muscle Stimulation



**Gentle pressure and soft tissue manipulation techniques are used to stimulate specific muscles along the identified nerve root.**

## Passive and Active Movements



**The therapist guides the patient through a range of movements, both passively and actively, while simultaneously applying manual stimulation.**

Potential benefits of Myokinesthetic therapy are to reduce pain, improve range of motion, correct postural imbalances, and enhance athletic performance. Therefore, this approach offers a unique & effective way in addressing musculoskeletal pain and dysfunction by focusing on nervous system and restoring optimal muscle function and posture. Align your posture and start living the life you deserve - pain-free and full of energy!

# LEOPARD SYNDROME

“Visualise a leopard losing its wildness and turning into a little calm cat”

**ARE YOU A GROUP OF RASopathies ?**

YES, I'm a part of RAS where developmental syndromes were included.

**DID YOU KNOW WHY THEY CALL ME LEOPARD SYNDROME?**

Here the answer,

Lentiginos  
EKG abnormalities  
Ocular hypertelorism  
Pulmonary stenosis  
Abnormal genitals  
Retarded  
Deafness

*Kumudhini S  
MPT 1st Year*



**I HAVE SOME OTHER NAMES, DO YOU WANT TO KNOW THEM?**

They will call me as Noonan syndrome with multiple lentiginos (NSML), Gorlin syndrome II, Moynahan syndrome and so.

**WANT TO KNOW HOW MANY PERSONS I HAVE AFFECT?**

I'm a rare or extremely rare syndrome. From discovering me in 1936 to 2025, I have only affected 200 people.

**DO YOU WANT TO KNOW WHOM I LIKE THE MOST?**

I like both male and female but I like male more than female.

**ARE YOU WANT TO KNOW WHY I'M CAUSING THIS SYNDROME?**

Due to mutation of a gene called PTPN11 (Protein tyrosine phosphatase, non-receptor type 11 gene)

**CAN I LIST OUT MY SPECIAL FEATURES RELATED TO NEURO-MUSCULO-SKELETON?**

- \* Delayed motor development
- \* Joint pain & hypermobility
- \* Pectus deformity
- \* Scoliosis
- \* Muscle hypotonia
- \* Gait abnormalities
- \* Flat foot



**DID YOU THINK I AM A LIFE THREATENING?**

Absolutely NO I won't kill anyone but syndrome will lead to cardiac failure which may lead to death so, take medications and do physiotherapy regularly.

**YOU LIST ME THE PHYSIOTHERAPY INTERVENTIONS ARE :**

It may include

- \* Neurodevelopmental therapy
- \* Sensory integration
- \* Task oriented functional training
- \* Strengthening and Stretching exercises
- \* Aquatic therapy
- \* Balance and Coordination training
- \* Aerobic exercises.
- \* Exercises using VIRTUAL & AUGMENTED REALITY
- \* Robotic gait training
- \* Pulmonary rehabilitation (respiratory muscle training, breathing exercises, High Frequency Chest Wall Oscillation)
- \* Blood flow restriction training



**LAKSHMIPRIYA.V**  
MPT 2<sup>nd</sup> YEAR ORTHO

## Proprioception Relocation Test

**T**he body's sense of self is rooted in proprioception. It refers to the body's ability to sense the position, movement, and force of its joints and muscles. It plays a crucial role in maintaining balance, coordination, and movement control. After injuries—particularly those affecting the knee, shoulder, ankle, or cervical spine—proprioceptive function is often impaired. This can result in joint instability, altered neuromuscular control, poor balance, and increased risk of re-injury.

Proprioception relocation test is a widely used clinical tool to assess proprioceptive function. It is particularly beneficial during rehabilitation for:

### Anterior Cruciate Ligament (ACL)

#### *Injuries*

*Post-shoulder dislocation*

*Chronic ankle instability*

*Cervical spine dysfunction.*

The proprioception relocation test, also known as the joint position error (JPE) test, has moderate to good reliability for assessing cervical proprioception, with ICC values ranging from 0.55 to 0.85.

As proprioception plays a vital role in maintaining balance, coordination, and movement control by sensing the position, movement, and force of joints and muscles. Impaired proprioceptive function after injuries can lead to joint instability and increased risk of re-injury. Hence, effective proprioception assessment and training can significantly improve rehabilitation outcomes.



*Test Procedure - Ankle proprioception (e.g., dorsiflexion or plantarflexion):*

### **FOR MEASURING ANKLE JOINT PROPRIOCEPTION RELOCATION TEST**

**MANUAL GONIOMETER OR DIGITAL INCLINOMETER (PREFERRED FOR HIGHER PRECISION AND RELIABILITY) ARE USED.**

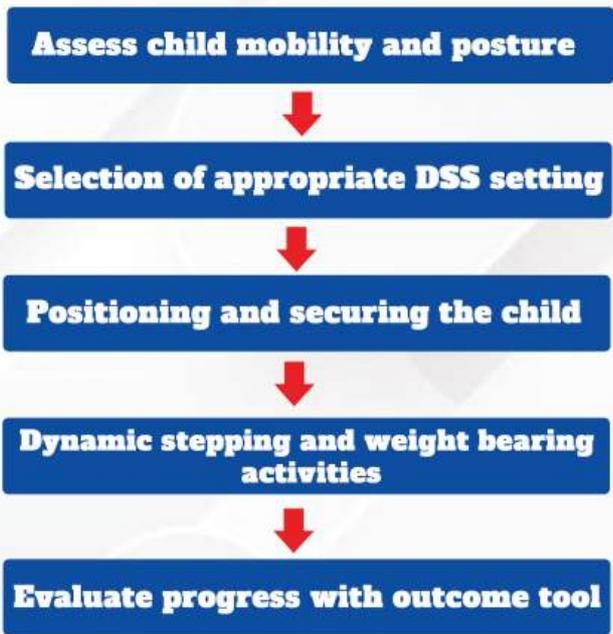
1. The therapist passively positions the patient's ankle at a specific target angle (e.g., 15° dorsiflexion).
2. This position is held for 5 seconds, allowing the patient to memorize the joint angle.
3. The ankle is returned to the neutral starting position.
4. The patient is then instructed to actively replicate the same joint position without visual feedback.
5. The therapist measures the repositioning error (difference between target and reproduced angles).

# MOBILITY BREAKTHROUGHS: WHAT ROLE CAN DYNAMIC SCAFFOLDING PLAY IN MOTOR IMPAIRMENT REHABILITATION ?

Maintaining an upright position and mobility are fundamental for healthy child development. Children with motor impairment may struggle with standing, movement and may require assistive device. DYNAMIC SCAFFOLDING SYSTEM (DSS) - is an adaptive support structure that adjusts in real-time to the changing needs of a user, providing personalized assistance to facilitate learning or mobility. Unlike static scaffolding, which provides fixed support, dynamic scaffolding responds to a user's performance and adjusts the level of assistance accordingly. DSS is designed to assist the children to achieve better posture and mobility and made them confident and improve their social participation. It provides adjustable trunk and lower limb support enabling children to perform standing and stepping activities

It can be implemented in cerebral palsy, muscular dystrophy, spina bifida, developmental coordination disorder, genetic disorder affecting muscles and movement, down syndrome, musculoskeletal conditions. The outcome can be measured by timed up and go (tug test), pediatric evaluation of disability inventory, pediatric balance scale and postural assessment scale.

## PROCEDURE



**Mrs. M. Malarvizhi,**  
Sr. Asst. Professor, Svcopt

## EFFECTS AND BENEFITS

### Short term effects

1. Improved postural stability
2. Weight bearing capacity
3. Increased confidence
4. Enhanced joint range

### Long term effects

- Better walking pattern
- Increased functional independence
- Reduce muscle spasticity
- Improve motor coordination

Dynamic Scaffolding System (DSS) is an assistive intervention has proven to be effective and enhances mobility and posture in children with motor impairment by providing dynamic support. In combination with physical therapy, holds the potential for long-term benefits, such as stronger muscles, improved

Frequency: Can use multiple time per day 1 to 2 sessions are more common. Rest period: To provide rest period between the sessions to prevent over use and fatigue.

## DURATION AND SESSIONS

Initial short session: 15 to 20 mins

Gradual increased: 30 to 60 mins



# NEUROPULSE 10KHZ: A PARESTHESIA-FREE ADVANCEMENT IN PAINFUL DIABETIC



As we explore the latest advancements in pain management, I'd like to introduce you to NeuroPulse 10kHz, a treatment for Painful Diabetic Neuropathy (PDN). This innovative approach utilizes High-Frequency Spinal Cord Stimulation (HF-SCS) to alleviate chronic neuropathic pain without inducing paresthesia.



By delivering spinal electrical impulses at 10,000 Hz, HF-SCS effectively modulates pain by targeting central pain pathways and modulating dorsal column activity. This technique has shown significant improvement in reducing neuropathic symptoms and improving sleep, functionality, and daily living for patients with PDN.



The mechanism of action behind HF-SCS is rooted in the Gate Control Theory, which involves blocking synaptic transmission of nociceptive input and modifying wide dynamic range neuron excitability. This leads to synaptic depression and neuroplastic healing, providing long-term pain relief.



To qualify for this treatment, patients must meet specific criteria, including a diagnosis of PDN for  $\geq 12$  months, a pain score  $\geq 5$ , and failure of  $\geq 2$  pharmacological regimens. The procedure involves an initial trial with epidural leads, followed by implantation of a subcutaneous internal pulse generator.

Physiotherapy plays a crucial role in conjunction with HF-SCS, facilitating motor retraining, accelerating rehab, reducing kinesiophobia, and improving participation

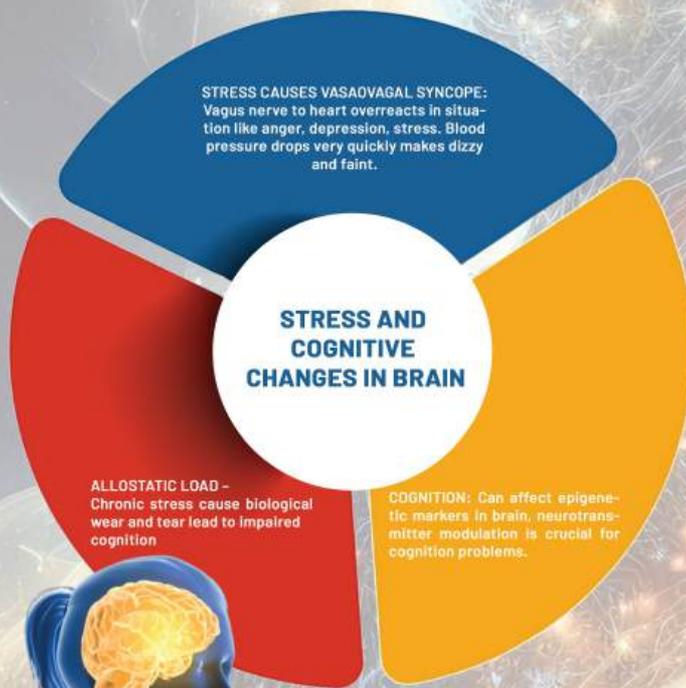


**Nabisha S**  
BPT 2nd Year

In conclusion, NeuroPulse 10kHz offers an advanced solution for patients with PDN, providing effective pain relief and improving quality of life. As we continue to explore the possibilities of HF-SCS, it's clear that this technology has the potential to revolutionize pain management and improve patient outcomes.

When life gives you stress, your body says, "FIGHT" or "RUN". Dr. Lin explains, "Being in that stressful 'fight or flight' state can wear out your body. The parasympathetic nervous system and vagus nerve bring you back to a stable state when the stress is over." Activating your vagus nerve and the rest of your parasympathetic nervous system is a cue to your body that it's not in mortal danger, that allows you to calm down and relax. The problem is that the fight-or-flight response doesn't know the difference between immediate danger and life stresses that come at us every day. Vagus nerve role in cognition is by modulating neurotransmitter release, influencing brain activity, enhancing memory and attention.

**THIS IS NOT A PHYSICAL FATIGUE - IT'S A MENTAL FOG**



**BOLSTERING BRAIN - VAGUS NERVE CALMING**

**Week 3: Resilience Building 'Strengthening Spirit'**

Develop coping mechanisms and strategies to manage stress, adapt to change, and maintain a positive outlook through resilience training.

**Week 4: Self Care 'Nurturing Soul'**

Prioritize self-care practices, including exercise, mindfulness, and healthy habits, to nourish your body, mind, and spirit.

Effective stimulation of vagus nerve through exercise rather than rely on external stimulation through devices makes it convenient and close at hand. This program can be implemented to all the individual irrespective of their age with stress and cognition problem, among school children to old age people.



**Dr. J. Philomina, MPT (Neuro)**  
Assistant professor

Vagus nerve calming can be done by weekly neurotoned protocol, which is as follow,

**Week 1: Visualization + Mindful Breathing**

Cultivate compassion and calm through guided visualization and mindful breathing exercises, focusing on sending kindness and peace to yourself and others.

**Week 2: Vagal Toning + Breathing Technique**

Stimulate the vagus nerve and promote relaxation with specific breathing techniques (4-7-8, box breathing) and vagal toning exercises (gargling, humming).

# PRISM ADAPTATION THERAPY

– “SOMETIMES WHAT’S RIGHT IN FRONT OF US IS THE HARD TO SEE.”

Neglect is not just a matter of not seeing something, but rather a failure to attend to and process visual information. Spatial neglect (SN) is an attention disorder as a result of injury to the parietal lobe of the cerebral cortex. It is defined as a failure to report, respond, or orient to novel or meaningful stimuli presented to the side opposite the brain lesion. SN is caused by damage to neural networks critical to spatial processing and attention control, affecting multiple cognitive and motor functions.

PAT is a visuomotor phenomenon, a very promising treatment for neglect which targets motor-intentional impairment and its neuro-anatomical pathways. The therapy involves the use of prism lenses that laterally shift the visual field, prompting the brain to adapt and realign sensorimotor co-ordination.

## MECHANISM OF ACTION:

PAT is based on the principal of sensorimotor adaptation. The therapy leads to neural changes in the posterior parietal cortex and associated attention networks. This recalibration promotes increased activation in brain regions responsible for spatial awareness on the neglected side.

## PROCEDURE:

### ADAPTATION PHASE:

Patient wear goggles with prism lenses that shifts the visual field horizontally to the ipsilateral side of space (usually 10 – 20 degree) and continuously perform arm reaching visuomotor tasks pointing targets for 50 to 100 times. Initially the patient will point too far to the ipsilateral side. With repetition the brain adapts and pointing becomes more accurate and this process is called sensorimotor adapta-

### POST ADAPTATION PHASE:

The prism goggles are removed and patient continues pointing task. The patient tends to point slightly to contralateral side revealing a sensorimotor after-effect. This Adaptation helps re-orient attention and awareness on the neglected side which improve motor response in daily functional activi-



Prism adaptation therapy represents a significant advancement in the neurorehabilitation of patient with spatial neglect. Through the strategic use of prism induced visual shifts, the therapy promotes sensorimotor adaptation and facilitates reorientation of attention towards neglected side. Its non-invasive, clinical simplicity and strong evidence base make it valuable adjunct to conventional rehabilitation approaches.



**RITHIKA S**  
MPT 1st Year

# DIVE INTO WELLNESS WITH BAD RAGAZ RING METHOD AQUATIC THERAPY



For those seeking a gentle yet effective therapy, the Bad Ragaz Ring method (BRRM) offers a unique aquatic solution. It is originally developed by the physiotherapist in Bad Ragaz, Switzerland. It is based on proprioceptive neuromuscular facilitation (PNF) principle and is used to help patients with condition like back pain, stiffness, muscle weakness and neurological condition. The exercises can help to improve joint mobility and range of motion for joint stiffness, the controlled resistance of the water allows for targeted strengthening of specific muscles for weakness.

The BRRM is a unique aquatic therapy technique the PNF principle can help to improve muscle recruitment and control in patients with neurological conditions. It utilizes floating rings to support the patient in a supine position while undergoing strengthening and mobilizing exercise.

## Procedure

Preparation of the patient positioned in water, allows for comfortable movement and buoyancy. Ring placement, floating rings are placed around the patient neck, pelvis, knees and ankles to provide support and buoyancy. The therapist guide the patient through a variety of exercise, focusing on strengthening and mobilizing specific muscle groups. **Water temperature around 33°C (91.4°F).** The therapist provided resistances during the exercises. This method is used for a variety of purpose, including strengthening muscles, increasing ROM .

## Inadvisable

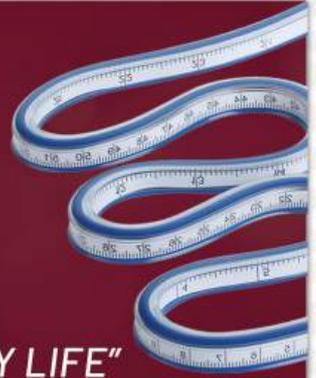
Infection, skin condition, incontinence, seizure, cardiac condition, uncontrolled diabetes, high blood pressure and instability of the spine.

## Curative effects

The physical effect produced by hydrostatic pressure enables the amplification of external sensory stimuli, the increase of tactile and proprioceptive system stimulation and can effectively increase local blood flow. Warm water has an analgesic effect on patients with myeloid arthritis, stimulates spindle cells and skin thermoreceptors, indirectly reduces muscle tension and contracture, promotes swelling elimination, reduces joint and soft tissue stiffness, and enables patients to move their joints in a wider range.



# FLEXI CURVE RULER



– “A HEALTHY SPINE IS THE BACKBONE OF A HAPPY LIFE”

As a physiotherapist, understanding spinal posture is essential, whether for measuring kyphosis, lordosis, scoliosis, or analyzing any postural deviations. The flexi curve ruler is a remarkable tool that enhances the objectivity of spinal assessment in physiotherapy.

It is a flexible, moldable device made of a lead or wire core wrapped in plastic, allowing it to conform precisely to the curvature of the spine. The flexi curve ruler is one of the most effective tools which hold its traced position accurately without support and remains the same until it is changed. This makes it a non-invasive, cost-effective, and reliable method for documenting and tracking spinal curvature.

The most common procedure involves placing the flexi curve along the spinous processes from C7 to S1 while the patient stands in a natural upright posture. After molding the curve, the shape is transferred onto graph paper to assess spinal curves using methods such as the Kyphotic Index, Lordotic Angle, and Spinal Curve Ratio. These measurements are especially useful for pre- and post-treatment evaluations, particularly in postural correction programs and monitoring spinal abnormalities.

#### Reliability:

The flexi curve angle and index showed excellent intrarater reliability (ICC = 0.94) and good interrater reliability (ICC = 0.86).

#### Steps to Perform the Flexi Curve Test:

1. Ask the patient to stand upright with a natural posture.
2. Mold the flexi curve along the spine (C7 to S1).
3. Transfer the curve to graph paper by tracing.
4. Measure angles or indices using standard formulas.
5. Repeat the procedure periodically to monitor changes.

A thorough and precise diagnosis is essential for targeted therapy and optimal patient care, and flexi curve can aid it. Also identifying potential issues before they become severe, enable individuals to maintain mobility, comfort and over all well-being.

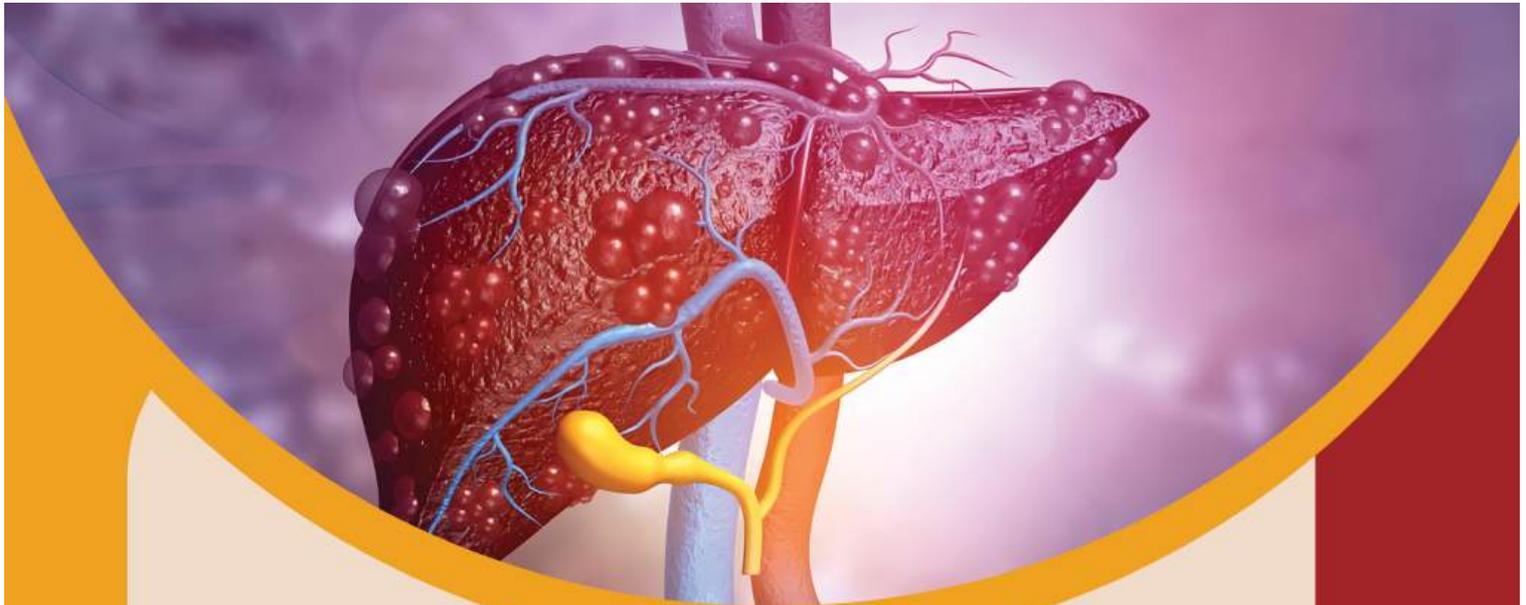
#### Reference:

Rajabi R, Seidi F, Mohamadi F. Which method is accurate when using the flexible ruler to measure the lumbar curvature angle"? deep point or mid-point of arch. World Applied Sciences Journal. 2008;4(6):849-52.



**Suhara S**

MPT 2nd Year



## Exposing the silent threat - Don't neglect your liver, its your body's filter

One of the most common liver diseases encountered in India is Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD). The prevalence of this condition has increased approximately from 25% of the global adult population in 1990-2006 to 38% in 2016-2019. According to estimates, the prevalence in our country is as high as 9% to 32%. The main causative and risk factors are a combination of genetic, lifestyle, and medical factors, such as abnormal hypertriglyceridemia, Type 2 diabetes mellitus, hypothyroidism, obesity, sleep apnea, unhealthy diet habits, and stress.

**As a physiotherapist are we aware about this condition or had an opportunity to treat?**

### Providing health education-

As physiotherapists, we have a crucial role to play in health promotion, wellness, fitness, and the prevention and management of liver diseases. By educating clients about weight loss and designing exercise programs, we can help prevent metabolic dysfunctions, obesity, and other non-communicable diseases like cardiovascular disease, stroke, and cancer.

**Aerobic exercises:** Walking, bicycling, jogging, and swimming can improve cardiovascular function and increase oxygen delivery to the liver.

**Resistance training:** Strength training can help maintain bone mass, increase muscle strength and mass, and prevent weight gain.

**High-Intensity Interval Training (HIIT):** HIIT can be beneficial for individuals who can tolerate it, depending on their fitness level.

**Yoga and Pilates:** These exercises can be beneficial for individuals with behavioral or mood disturbances.



**Bharneedharan .T**  
Clinical Incharge

*Implementing healthy lifestyles from childhood is essential, and incorporating physical activity into school and higher education curricula can help prevent MASLD from reaching pandemic levels.*



GIRIDHARAN.P  
(BPT -3rd yr)



**Building Resilience: Strategies for Children’s Mental Health or Promoting Healthy Minds: Interventions and Support for Children’s Mental Wellness**

Childhood and adolescence are vital for mental health development. About 10–20% face mental health issues, with 50% starting by age 14. In India, 7.3% of adolescents (13–17 years) are affected, with urban prevalence twice that of rural areas, equally across genders. A review of 31 studies (2013–2023) found depression most common among children, followed by anxiety, stress, and behavioural issues.

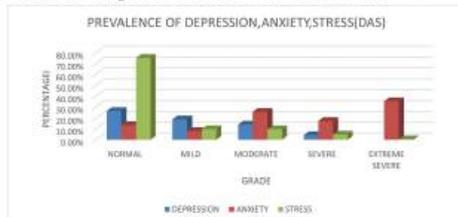
Key causes of children's mental health issues include poverty, academic pressure, family problems, trauma, internet addiction, Substance abuse, and toxic relationships. Associated problems include bipolar disorder, agoraphobia, OCD, suicidal thoughts, PTSD, insomnia, hair loss, headaches, and related psychological and physical symptoms.

Children with depression, anxiety, stress show variations in gait, such as reduced walking intensity and frequency, altered cadence (119 steps/min), and step duration (504.1 ms). Balance issues include changes in postural control strategies, with more regular sway even in simple tasks, indicating different control mechanisms. Physical impacts include decreased total body weight, BMI, WHR, and RFM. Mental health also affects focus, posture (e.g., slouching or

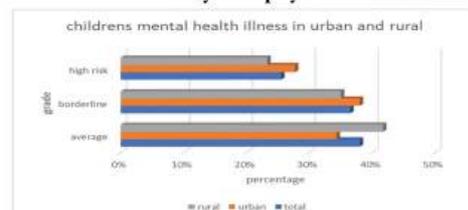
**INTERVENTIONS:**

Stress reduction techniques include aerobic exercises like walking (20-30 minutes, 5 days/week) combined with mindfulness practices, which calm mental chatter and enhance awareness. Transcranial Magnetic Stimulation (TMS) improves attention and reduces depression/anxiety by activating underactive brain areas (each session lasts about 20–40 minutes, 5 days/week for 4–6 week). Positive parenting fosters emotional strength and self-esteem through nurturing, guiding, and supporting children with love and respect. Teachers should be equipped to identify mental distress, manage behavior, and create supportive environments. These approaches promote mental well-being, reduce stress/anxiety, and build resilience in individuals, especially children, by encouraging healthy habits and supportive relationships. Regular practice can lead to lasting benefits.

Source: and its correlates among school adolescent in Tamilnadu - Praveena Daya



Source: Assessment of mental health status among the children in Puducherry-KalaiPriya Gunasekaran.



# VIBE TO WIPE PAIN

- An advance PT management for de quervain's tenosynovitis

A wearable vibrotactile stimulation device is a compact, fingerless glove with a vibration motor attached to each dorsal phalanx. Often wrist-worn or tool that delivers controlled mechanical vibrations to targeted areas of the body. They use vibrations which are of typically low-frequency (30-200 Hz).

The heart of the device is a circuit board and microcontroller, which activates these motors in a pre-programmed sequence when the switch is turned "on."

## How it works ?

A vibrotactile stimulation device, when worn over or near the inflamed tendon region, provides gentle vibrations that modulate the tendon's environment and indirectly promote healing by Reduces Tendon Pain Vibrations stimulate nearby sensory nerves. This activates gate control mechanisms, which reduce pain signals coming from the tendon to the brain which results in relief of pain and allowing better movement.

## Decreases Surrounding Muscle Tension

The Abductor pollicis longus and Extensor pollicis brevis can tighten reflexively due to pain. This Vibration from VTS Device relaxes the neuromuscular system, reducing overuse tension on the tendons and helping the tendon rest and recover Improves Blood Flow Around Tendon Sheath

## Vibration enhances microcirculation in the Advantages

This wearable device ("VTS Glove") is designed to be low-cost, lightweight, and mobile. The glove is rechargeable and has a battery life that allows wireless stimulation for four hours between charges.

The Vibrotactile stimulation when combined with splinting, manual therapy, and graded exercise, it can be a valuable adjunctive therapy in managing Dequervain's Tenosynovitis.



**Jasmin. K**  
BPT - 2<sup>nd</sup> YEAR





## “Tame Phantom pain through the mind-body connection”

Discover how VR is pushing the boundaries of pain management and offering new hope for those affected by phantom limb pain

### SCIENCE BEHIND THE VR THERAPY IN PLP :

Scientists believe PLP occurs because the brain still holds a “map” of the missing limb, and when the nerves that once controlled it no longer receive signals, they misfire, causing pain.

VR therapy helps by creating an illusion of the missing limb. In many VR programs, an amputee can see a virtual version of their missing limb and control its movement.

This visual feedback helps the brain reorganize its neural pathways, reducing misfiring signals and, in turn, decreasing phantom limb pain. Many amputees who have struggled with PLP for years have reported significant relief after just a few sessions of VR therapy.



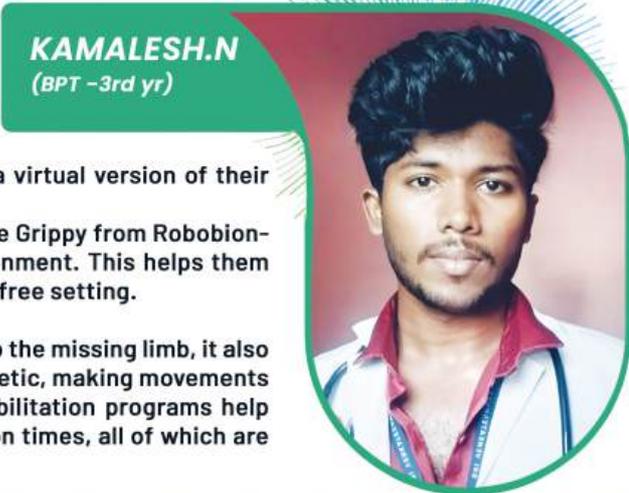
### HOW VR COMPLEMENTS PROSTHETIC USE :

VR bridges this gap by allowing amputees to train with a virtual version of their prosthetic before using the real one.

For example, an amputee learning to use a bionic hand like Grippy from Robobionics can first practice grasping objects in a virtual environment. This helps them understand the mechanics of their prosthetic in a stress-free setting.

Because VR therapy strengthens the brain’s connection to the missing limb, it also improves how quickly a person adapts to their real prosthetic, making movements feel more natural. Additionally, VR-based gamified rehabilitation programs help amputees improve motor skills, coordination, and reaction times, all of which are essential for effectively using a prosthetic.

Virtual Reality therapy is more than just a technological breakthrough—it is a revolution in emotional healing for amputees. By offering immersive experiences that reduce phantom limb pain, rebuild confidence, and strengthen the mind-body connection, VR is transforming the way amputees recover. It is not just about adapting to life after limb loss but about truly thriving.



**KAMALESH.N**  
(BPT -3rd yr)

# BRACHYTHERAPY TREATMENT IN WOMEN WITH CERVICAL CANCER: THE ROLE OF PHYSIOTHERAPY

Cervical cancer is one of the leading causes of cancer-related mortality among women worldwide. Brachytherapy, a form of internal radiation therapy, plays a crucial role in the treatment of cervical cancer, especially in locally advanced stages. It involves placing a radioactive source directly into or near the tumor, allowing a high dose of radiation to target cancer cells while minimizing damage to surrounding healthy tissues.

While brachytherapy is effective in improving survival rates, it is often associated with side effects such as pelvic pain, fatigue, vaginal stenosis, bladder and bowel dysfunction, and decreased quality of life. This is where physiotherapy becomes a vital component of the rehabilitation process. Physiotherapists play an essential role in managing and reducing these side effects, thereby enhancing the overall well-being of the patient.

Physiotherapy interventions include pelvic floor muscle training, relaxation techniques, gentle mobility exercises, and breathing control. These help in relieving pelvic discomfort, improving bladder and bowel control, and maintaining vaginal elasticity. Additionally, guided exercises help combat fatigue, enhance circulation, and prevent lymphedema in the lower limbs.

Importantly, physiotherapy also addresses the emotional and psychological distress associated with cancer treatment. Integrating yoga-based practices and mindfulness into physiotherapy sessions can significantly reduce anxiety and perceived stress levels. This holistic approach supports physical healing while fostering mental resilience.

In conclusion, while brachytherapy is a cornerstone in the treatment of cervical cancer, integrating physiotherapy into the care plan offers comprehensive support. It not only mitigates treatment-related complications but also empowers women to regain control over their bodies, improving their quality of life during and after cancer treatment. As cancer care becomes more patient-centered, physiotherapy must be recognized as a fundamental part of multidisciplinary management for women undergoing brachytherapy.

REFERENCE: Ruth Schubert, Sophia Song, Rebecca Everist, Erin Nesbitt-Hawes & Jason Abbott (2024) The impact of multimodal physiotherapy in an interdisciplinary setting for the management of women with persistent pelvic pain and pelvic floor tension myalgia, *European Journal of Physiotherapy*, 26:2, 66-71, DOI: 10.1080/21679169.2023.2188901.

**MOHANAPRIYA.R**  
(MPT -2nd yr Ortho)



## BRACHYTHERAPY TREATMENT IN WOMEN WITH CERVICAL CANCER: THE ROLE OF PHYSIOTHERAPY



# TENSIOMYOGRAPHY

Tensiomyography (TMG) is a non-invasive measurement method used to evaluate the characteristics and function of muscles. It provides data on muscle tone, contraction duration, and other parameters by measuring the contractile properties of muscles.

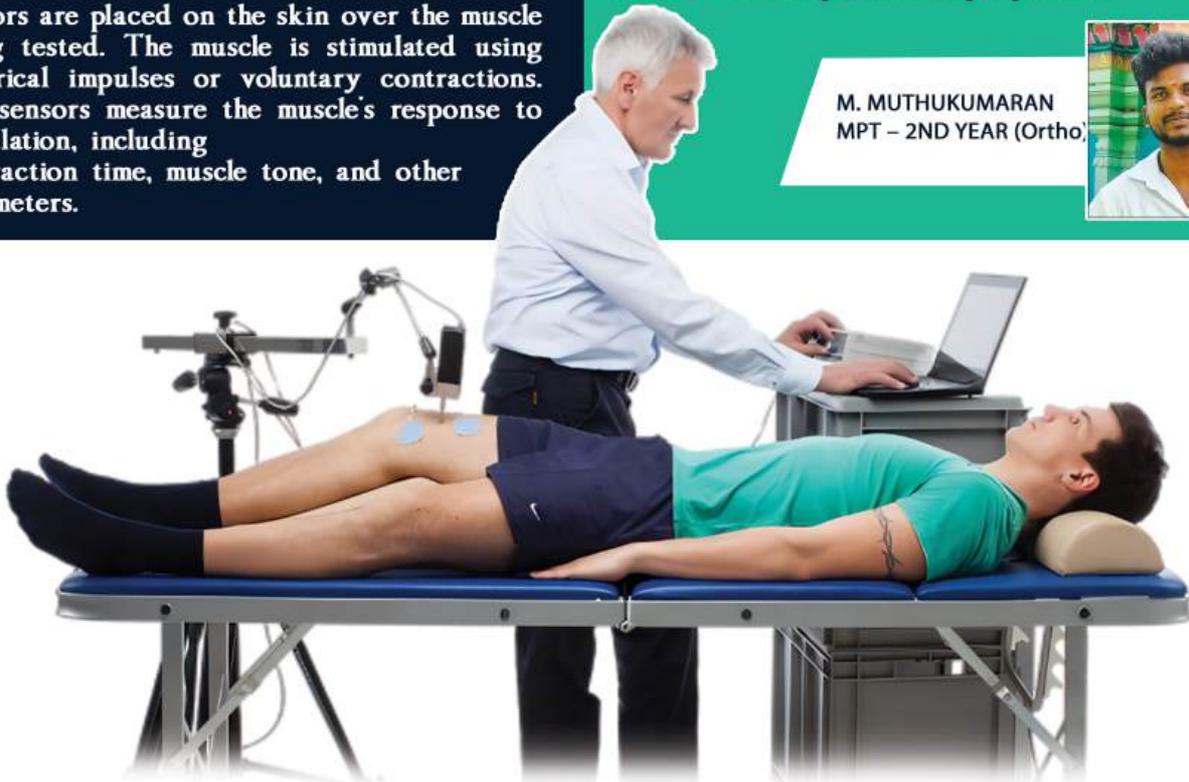
## How TMG Works

Sensors are placed on the skin over the muscle being tested. The muscle is stimulated using electrical impulses or voluntary contractions. The sensors measure the muscle's response to stimulation, including contraction time, muscle tone, and other parameters.

# Validity and Reliability in Research

TMG has shown moderate to excellent reliability in both healthy and clinical populations:  
Intra-rater reliability: ICC = 0.85-0.98  
Inter-rater reliability: ICC = 0.80-0.95  
These values indicate that TMG produces consistent and reproducible results, making it a trustworthy tool in physiotherapy practice.

M. MUTHUKUMARAN  
MPT – 2ND YEAR (Ortho)



## Advantages

It is a non invasive technique , making it safe and comfortable for patient.

It gives accurate measurements

It provides Personalized assessment treatment

Monitoring progress : TMG can track changes in muscle function over time, allowing for adjustments to treatment plans.

## Disadvantages

Limited depth penetration : TMG may have limited depth penetration, making it more suitable for assessing superficial muscles.

TMG requires operator expertise to ensure accurate and reliable measurements.

TMG equipment can be expensive

## WHOM IS IS TMG USEFUL FOR?

PROFESSIONAL ATHLETES

POST SURGERY REHABILITATION

MUSCLE STRAIN

MUSCLE TEARS

MUSCULAR DYSTROPHY

NEUROMUSCULAR DISORDER

# EXERCISE – AS MEDICINE FOR MYCOBIOME

*"Your gut thrives on motion"*

The Influence of Exercise on Mycobiome Dynamics: Insights into Type 2 Diabetes Prevention. By 2040, around 642 million people are projected to have T2DM. Therefore, it is crucial to comprehend the biological transition from prediabetes to diabetes is vital, especially regarding the ways in which exercise can enhance gut mycobiome and aid in diabetes prevention.

The microbiome is the sum of microbes, their genetic information, and their ecological niche. The microbiome is spread across different organs and tissues of the human body, but the most important and best studied is the gut microbiome. A total of 1014 bacteria already represent the gut microbiome, and 1011 bacteria flow each day from the pharynx to the stomach. Changes in the gut microbiome are associated with diseases, but frequently, it is not known if this is a cause or an effect. Dysbiosis is the change in indigenous microbiota composition causing disease.

Factors such as excessive use of antibiotics, method of delivery (cesarean section), nutritional intake, genetic factors, physical activity, environmental factor, stress and anxiety will lead to Dysbiosis. This imbalance creates room for pathogenic gram-negative bacteria to release Lipopolysaccharides (LPS), which trigger inflammatory response. This will reduce production of short-chain fatty acids (SCFAs) like acetate, butyrate, propionate, and secondary bile acid (which activates glucagon-like peptide-1 protects the body against insulin resistance). Imbalance in this mechanism leads to T2DM.

## FACTORS INFLUENCING THE GUT MICROBIOME

Exercise is associated with a beneficial effect on gut microbiome composition. It has also been documented that athletes have a reduced rate of inflammatory markers and exercise has been proposed to reduce dysbiosis. Aerobic Exercise and High-Intensity Interval Training enhances the gut bacteria and the mycobiome, fostering communication between the gut microbiota and the contracting skeletal muscles. This interaction boosts the production SCFAs, which are absorbed in intestines. Consequently, this process helps to diminish inflammation by inhibiting cytokines and inflammatory proteins and aid in diabetes prevention.

Aerobic Exercise and High-Intensity Interval Training (about 50 min with 80–95% of the maximal heart rate) has positive effects on microbiomes for preventing T2 diabetes.

## REFERENCES:

<https://doi.org/10.5662/wjm.v14.i1.89196>  
<https://doi.org/10.1080/19490976.2024.2416928>  
<https://doi.org/10.1080/17461391.2022.2035436>



PAVITHRA .A  
Assistant Professor

### HOW METFORMIN WORKS?

SCFAs, Interaction with Bile Acids,  
Balance Gut Mycobiome.

PRATHEEP.M  
(MPT -1st yr Neuro)



# VOODOO

**"NOT ONLY SPIRITUAL BUT ALSO A TREATMENT"**

VOODOO TREATMENT, WHICH IS A RELIGIOUS PRACTICE BUT WHEN IT COMES TO THE TREATMENT PART IT IS RELATED TO PHYSIOTHERAPY WHICH IS CALLED AS "VOODOO FLOSSING".

"IN THE UNEXAMINED LIFE, HIDDEN TREASURE LIES DORMANT" - VODOO FLOSSING (TISSUE FLOSSING) A METHOD FOR SOFT TISSUE MOBILIZATION WHICH USES A FLOSS OR ELASTIC BANDS FOR TREATMENT PURPOSES BY GIVING EXTERNAL PRESSURE OVER THE SOFT TISSUE.

## BENEFITS OF USING FLOSS

- improve blood supply
- Flexibility can be improved
- Range of motion can be improved
- Reduce DOMS
- Reduce tightness
- Prevent musculoskeletal injury
- Decreases pain intensity



## COMMON SITES TO APPLY FLOSS

- Shoulder joint
- Triceps and biceps
- Elbow joint
- Quadriceps muscle
- Hamstrings muscle
- Knee joint
- Calf muscle
- Ankle joint



## WHO CAN USE FLOSS

- Sport persons/ Athletes
- Body builders
- Fitness enthusiast



## CONCEPT BEHIND VODOO FLOSS

- Compression- Sponge Effect
- Friction- Subcutaneous Irritation
- Neurological Reset- Kinetic Resolve

## SHOULD NOT BE USED FOR

- Latex allergy
- Cardiac related conditions
- Vascular related conditions
- DVT
- Pulmonary embolism
- Thrombus
- Varicose vein
- Open wound.



## APPLICATION OF FLOSS

The floss should be wrapped around the tissue with pressure ranging between 30 to 60% with overlapping of successive wraps.

The end should be tucked in.

Mobilization can be started after wrapping and ended within 30 seconds to 2 minutes.

## CAUTIONS

Pressure should not exceed 60%

Should not wrapped more than 3 minutes

If any numbness or tingling sensation was felt floss has to be removed

Paleness of skin

# SALT THERAPY FOR PULMONARY HYGIENE

- "Salt adds flavour not just to food but to life"

## PROCEDURE FOR PULMONARY AND SKIN HALOTHERAPY



**PRETHEKA C**

BPT  
FINAL YEAR

**D**rawing from traditional practices, salt therapy is now recognized for its supportive role in respiratory function and skin healing, especially in chronic conditions. Halotherapy, commonly referred to as salt therapy, is a

to as salt therapy, is a non-invasive, drug-free intervention increasingly used in physiotherapy. non-invasive, drug-free intervention

## Respiratory Benefits

Breathing in dry salt particles during halotherapy helps thin and loosen mucus, easing its removal from the airways and enhancing lung hygiene; reduce airway swelling in conditions like asthma, COPD, chronic bronchitis, and cystic fibrosis; reduce respiratory infections by its antibacterial and antifungal nature and improves airway cleansing and ventilation efficiency with the help of negative charge of salt particles that stimulates cilia. These properties make it useful for post-COVID recovery and long-term lung care.

Halotherapy is an aerosols therapy in any salt-enriched environment, inside a cave or imitation cave. It uses, micro size of dry salt such as sodium, potassium, magnesium, calcium and sodium chloride for inhalation in either natural salt cave or surface halo chamber.

It's adaptable to outpatient and rural services using salt rooms or portable inhalers.

Halotherapy can be a valuable adjunct to traditional physiotherapy, offering benefits for respiratory and musculoskeletal health. However, physiotherapist should consider each case individually, using it to supplement, not supplant.





# A Gentle Path to Healthier Muscles

## Stretching That Builds Strength?

When you think of stretching, you probably picture warming up before a workout or trying to stay flexible. But what if simply holding a stretch—no weights, no sweating—could actually build **muscle strength**? New research suggests exactly that, and it could be a game-changer for people who can't do traditional exercise.

This concept is called stretch-mediated hypertrophy, and it's gaining attention for helping patients, seniors, and even people with diabetes or limited mobility.



### What is Stretch-Mediated Hypertrophy?

In simple terms, it means **gaining muscle by stretching**—not by lifting weights or doing strenuous workouts. Scientists have discovered that when muscles are stretched for long periods (like 30 to 60 minutes a day), they can adapt by becoming stronger and larger—especially if done regularly over several weeks.

### Frequency:

- Daily or at least 5–7 times per week
- Consistency is key to seeing improvement
- Results typically appear after 4–6 weeks of regular practice

### Intensity

Moderate discomfort is okay—but not pain

- Think of it as a “strong but tolerable” stretch
- Rate of 6–8 out of 10 on a discomfort scale (where 10 is painful)

### Target Areas:

Start with **major muscle groups** affected by injury, inactivity, or weakness, such as:

- Calf muscles (especially after ankle injuries)
- Thigh muscles (quadriceps, hamstrings)
- Chest and shoulder muscles (especially for posture and arm use)

### Stretch Your Way Strong: Gentle Moves, Powerful Results

You don't need heavy weights or high-impact workouts to grow stronger sometimes, **stillness is strength**. With the right approach, long-duration static stretching can help rebuild muscle, support recovery, improve balance, and even manage diabetes all from the comfort of your chair or bed.

For those who can't do traditional workouts, this is more than stretching—it's a **second chance at strength**.

### REFERENCES:

1. Warneke K, et al. Implications and Applications of Stretch-Mediated Hypertrophy in Therapy, Rehabilitation and Athletic Training. Sports Medicine. 2025.
2. Arntz F, et al. Chronic Static Stretching and Muscle Strength/Size in Healthy Individuals: A Meta-Analysis. Sports Med. 2023.
3. Wohlann T, et al. Stretching vs. Resistance Training for Strength and Hypertrophy. Eur J Appl Physiol. 2024.
4. Thomas E, et al. Stretching Improves Blood Glucose in People with Type 2 Diabetes. Sports Med Open. 2024

### Recommended Stretching Dosage

Duration (per muscle group):

At least 15 to 60 minutes per day

• This can be broken into shorter sessions (e.g. 3 x 20 min, or 2 x 30 min)

• Longer sessions (up to 1 hour) have shown better results in studies



SURESHKUMAR.K  
(CLINICAL TUTOR)



MANIBHARATHI.M  
(BPT -2nd yr)

## INDICATION

Healing Muscles After Injury

Stretching can help maintain or rebuild muscle strength after injury or surgery.

Staying Strong as We Age

For seniors, static stretching is a low-effort way to retain strength and independence.

Stretching & Diabetes

Stretching may help lower blood sugar and support muscle health in people with type 2 diabetes.

Even Astronauts Are Interested

NASA is exploring stretching for muscle maintenance in space's no-gravity environment.

# BURN, BALANCE, BREATHE: CIRCUIT TRAINING AS A GAME CHANGER FOR PCOS



**HEMA.S**  
(BPT-3rd yr)



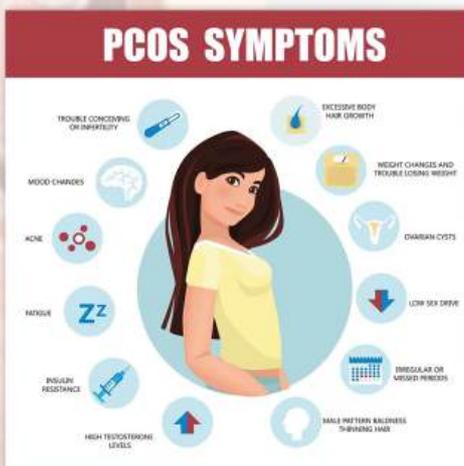
## UNDERSTANDING PCOS: A MULTIFACETED DISORDER:

Stein – Leventhal syndrome, also known as PCOS affects women’s reproductive health. It is the most common endocrine and metabolic disorders by manifestations of, Irregular menstrual cycles, Increased androgen levels and Ovarian cysts find on ovarian due to anovulation. It’s possible to have PCOS and not have any symptoms. The exact cause of PCOS is unknown. Early diagnosis and treatment may lower the risk of complications.

## THE RISING PREVALENCE OF PCOS AMONG STUDENTS:

Worryingly, a growing body of evidence shows that PCOS is increasingly prevalent among school and college-going students, particularly due to life-style changes, academic stress, and poor dietary habits. Early onset of PCOS symptoms during adolescence can have long-term consequences if left unmanaged, impacting physical, emotional, and reproductive health. Recent studies across the globe—including India, the U.S., and parts of Europe—indicate a prevalence rate of 6% to 26% among female students.

While PCOS can be challenging to manage, exercise is one of the most powerful non-pharmacological interventions, and among various forms of physical activity, circuit training has emerged as a game changer. It’s not only efficient and dynamic but specifically targets the physiological challenges of PCOS—insulin resistance, inflammation, and hormonal imbalance. Circuit Training is a Game Changer for PCOS as it targets insulin resistance more effectively, boosts metabolism and burns fat, reduces abdominal (visceral) fat, regulates hormones, lowers cortisol and enhances mood



## CIRCUIT TRAINING:

- Strength/resistance training: bodyweight moves, free weights, resistance bands
- Cardio bursts: jumping jacks, high knees, mountain climbers, etc.
- Core work: planks, crunches, leg raises
- Functional movements: squats, lunges, pushes, and pulls

## CIRCUIT TRAINING PROTOCOL:

Exercise training should include description of exercises, repetition of exercises, and time spent on each session.

- Circuit interval training involves warm up for 5 minutes
- aerobic exercise for 30 minutes.
- Breathing exercise- 5 reps (3 seconds inspiration and 6 seconds expiration).
- Self-stretching exercise for biceps and triceps-
- walking for 3 alternate days in a week for 6 weeks as a home exercise programme.
- A cool-down exercise for 5 minutes, 10 seconds of transition between the exercise

In a world where quick fixes and unsustainable diets are often pushed on women with PCOS, circuit training stands out as a sustainable, science-backed, and empowering solution.



**"THE SILENT SHAPERS:  
HOW POSTURE AFFECTS YOUR  
MOOD,  
MIND, AND MEMORY"**

**BEFORE A WORD LEAVES YOUR MOUTH, YOUR POSTURE HAS ALREADY SPOKEN.**

### **INTRODUCTION:**

The science behind the connection of posture and mood may be surprising but sitting up straight can make all the difference. There is a link between posture and anxiety (and other mental conditions) as well. If you've ever tried yoga, you may have heard of 'power poses' – upright positions that help boost energy and confidence.

### **POSTURE – MIND BODY LOOP:**

We need to understand the biopsychosocial model before going further which is the basic concept linking mind and body and environmental factors.

### **HOW POSTURE AFFECTS BRAIN AND EMOTIONAL STATE:**

Slouched posture can increase cortisol, triggering stress and anxiety, while upright posture boosts serotonin, promoting calm and confidence.

### **POSTURE – MEMORY AND FOCUS:**

Good posture facilitates better oxygen intake, improving alertness and focus, while slouched posture can restrict breathing and reduce cognitive sharpness.

### **PHYSIOTHERAPY CONTRIBUTION IN POSTURAL PSYCHOLOGY:**

1. Teaching Postural Awareness: Mirror feedback and ergonomic advice help patients recognize posture patterns linked to stress.
2. Restoring Confidence Through Movement: Physiotherapists help restore movement confidence, encouraging upright and open body language.
3. Posture Rehabilitation in Anxiety and Other Conditions: Rehab protocols include thoracic mobility exercises, breathing retraining, and biofeedback for posture correction.

Posture is far more than a physical alignment of the spine—it is a powerful reflection and influencer of our emotional and cognitive states. From regulating mood through hormonal changes to sharpening memory and focus by improving oxygen flow to the brain, posture silently shapes our inner world.

**"STAND TALL—NOT JUST TO ALIGN YOUR SPINE, BUT TO ALIGN WITH YOUR BEST SELF."**



**Indirackshi.S.B**  
**BPT 3<sup>rd</sup> yr.**

# NAFLD

**H**ave you addicted to the taste of fried foods, carbonated drinks, excessive sugary food then here the great offer buy 1 get 1 offer of a silent disease - Non

Alcoholic Fatty Liver Disease (NAFLD) the most trended one in nowadays...

Available data suggest that approximately one in three ,Adults or children have NAFLD in India Today NAFLD is a world wide burden..! almost parallels to the obesity and Diabetic Mellitus.



25% WORLDWIDE Adult population affected with NAFLD

↓  
59% progress to NASH 41% DEVELOPS INTO FIBROSIS

↓  
40% BECOMES CIRRHOSIS

↓  
LIVER TRANSPLANT CARDIOVASCULAR

↓  
MORTALITY

FIGHTING AGAINST NAFLD USING WEAPONS SUCH AS LIFESTYLE MODIFICATION.

Reducing liver stiffness, blood lipid, glucose levels, steatosis. Improving body shape and liver function, Modifying ALT, AST

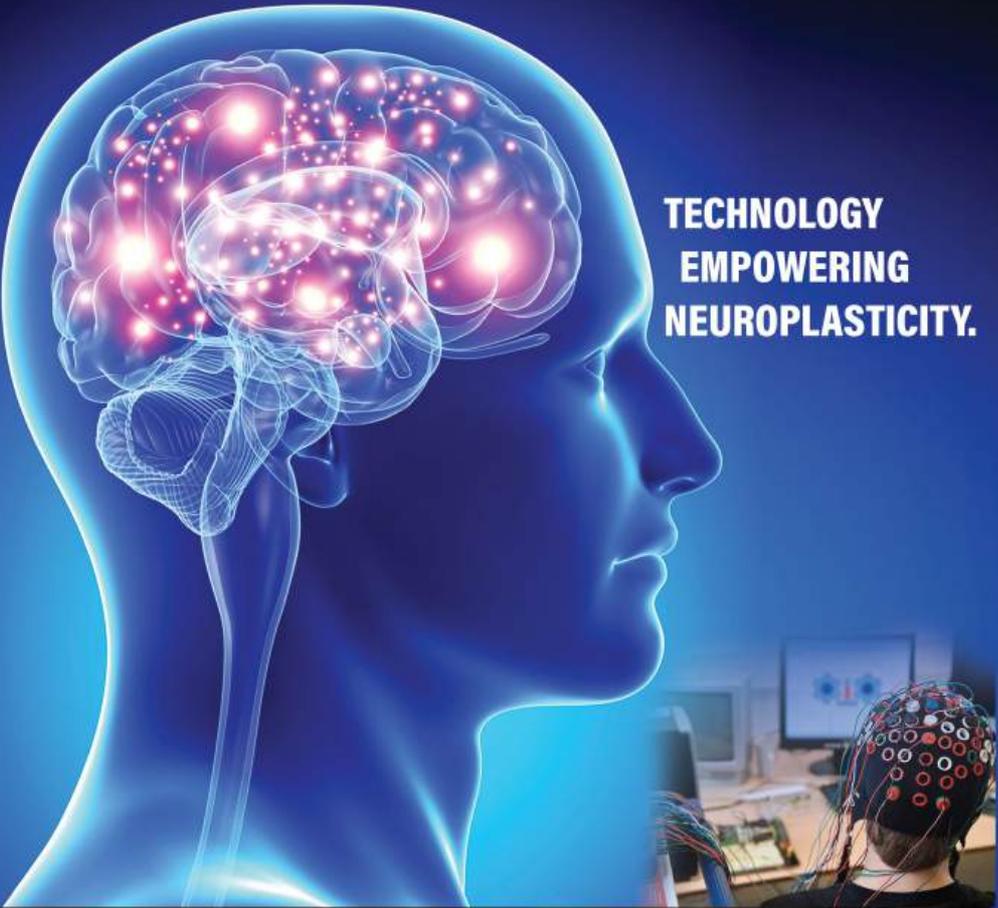
Aerobic exercise-60min/session, 4-5 times/week  
Functional Resistance Training (jumping jacks, squat, back fly lunges, rock press, lunges, bear crawls .Overall session duration for functional resistance training 60 mins 3 session/week

- Low level (20 secs work 40 secs rest)
- Moderate Level (30 secs work 30 secs rest)
- High level (40 secs work 20 secs rest)



NANDHINI.K  
(Assistant Professor)

KEY WORDS:- NASH-Non Alcoholic Steatohepatitis, ALT-Alanine Transaminase, AST-Aspartate Aminotransferase



## TECHNOLOGY EMPOWERING NEUROPLASTICITY.



PRIYADHARSHINI. N  
(BPT-4<sup>th</sup> yr)

For decades, scientists believed that the brain's ability to change, that stopped in childhood. But recent researches reveals the magical truth: the brain has a lifelong ability to reorganize and adapts by forming new connections between brain cells – a phenomenon known as neuroplasticity. As technology continues to evolve, personalized and tech-enhanced approaches such as Brain Computer Interface (BCI), virtual reality (VR), augmented reality (AR), robot-assisted therapy, constraint induced movement therapy (CIMT) and wearable sensor devices – promise not only better recovery but significantly improves the QOL of individuals facing various neurological challenges. This progress is made possible through the tremendous advancements, gives novel supports to retrain the brain.

**Take BCI's for instance-** these devices create a direct link between the brain and external devices, allowing people to control machines with their thoughts. It occurs through by inducing neural plasticity thus activating neurofeedback system. By recording the brain signals in real time, BCI can detect a person's intent to move, think, or perform task and the provide carefully timed feedback such as visual cues, haptic sensations, or even direct neural stimulation by reinforcing can strengthen dormant neural pathways or create new ones thus named as Hebbian plasticity changes. Neuroplasticity based interventions holds immense potential enhance performance by recovery, learning, and even cognitive enhancement, harnessing plasticity requires balancing optimism with caution occurs by the process of synaptic plasticity (eg: LTP & LDP) and structural plasticity (eg: axonal sprouting, dendritic remodelling and neurogenesis). The effective changes using BCI depends on factors such as, selecting the right neural states, accuracy of feedback, minimal delay between brain activity and stimulation. When brain gets activated the feedback matches, dormant pathways can be reawakened, allowing signals to reach muscles leads to better outcome.

**By unlocking the potential of neuroplasticity**, the emerging frontiers of innovations upholds the guided integrity, accessibility and public trust ultimately strengthens the brain's health and thus significantly increases the efficacy of neurorehabilitation.

# ADVANCED USE OF INERTIAL MEASUREMENT UNITS (IMUS) IN ACL REHABILITATION

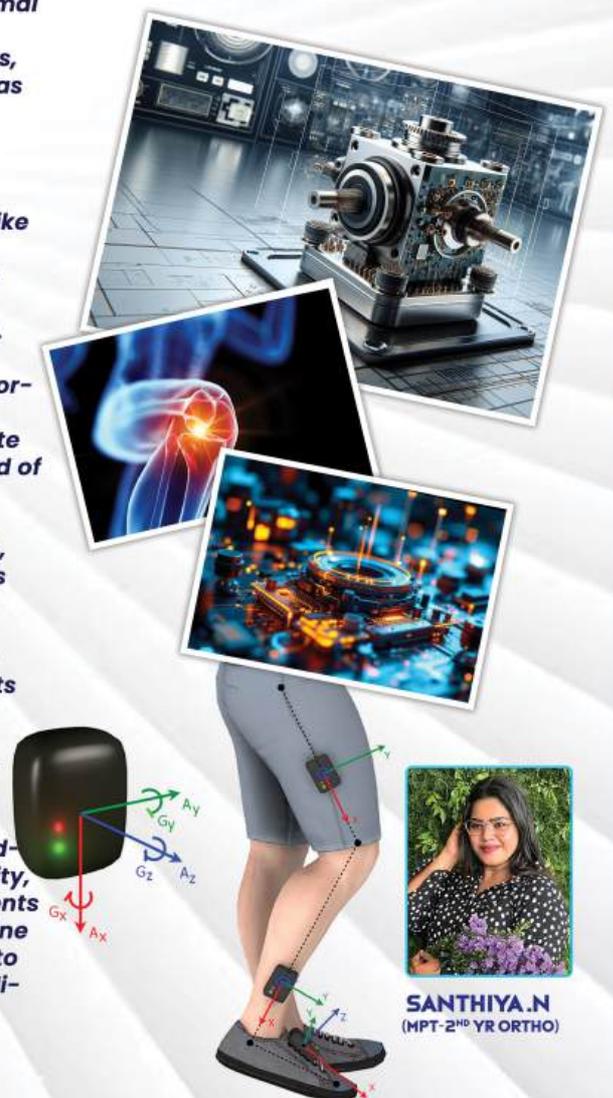
*Anterior Cruciate Ligament (ACL) injuries are among the most common and debilitating knee injuries, often requiring surgical reconstruction followed by structured rehabilitation. Precise assessment of knee mechanics during recovery is crucial to ensure safe progression, reduce reinjury risk, and restore optimal function. In recent years, Inertial Measurement Units (IMUs)—compact wearable devices containing accelerometers, gyroscopes, and sometimes magnetometers—have emerged as advanced tools in physiotherapy to monitor and guide ACL rehabilitation.*

*IMUs capture real-time kinematic data such as joint angles, angular velocity, and acceleration during dynamic activities like walking, squatting, stair climbing, or sport-specific drills. By placing sensors on the thigh, shank, and pelvis, clinicians can quantify knee flexion-extension range, identify asymmetries between limbs, and track improvements in movement quality.*

*In advanced ACL rehabilitation, IMUs enable out-of-lab monitoring, allowing patients to perform exercises in home or sports environments while data is transmitted to therapists for remote evaluation. This supports objective progression criteria instead of relying solely on subjective observation and traditional assessment. Additionally, algorithms can estimate kinetic parameters such as knee joint moments and loading patterns, providing insights into whether patients are distributing forces safely and symmetrically.*

*Research between 2022 and 2025 highlights IMUs' potential in return-to-sport decision-making, as they detect subtle deficits in knee stability and dynamic control that traditional clinical tests may miss. For example, studies show IMU-derived gait symmetry scores and landing mechanics can predict reinjury risk more accurately than manual assessment alone.*

*While IMUs offer significant promise, challenges remain, including sensor placement variability, data interpretation complexity, and limited validation for high-intensity, multiplanar movements in ACL-specific populations. Ongoing advancements in machine learning integration and real-time biofeedback are expected to further enhance their role in personalized, data-driven rehabilitation strategies for ACL recovery.*



**SANTHIYA.N**  
(MPT-2<sup>ND</sup> YR ORTHO)

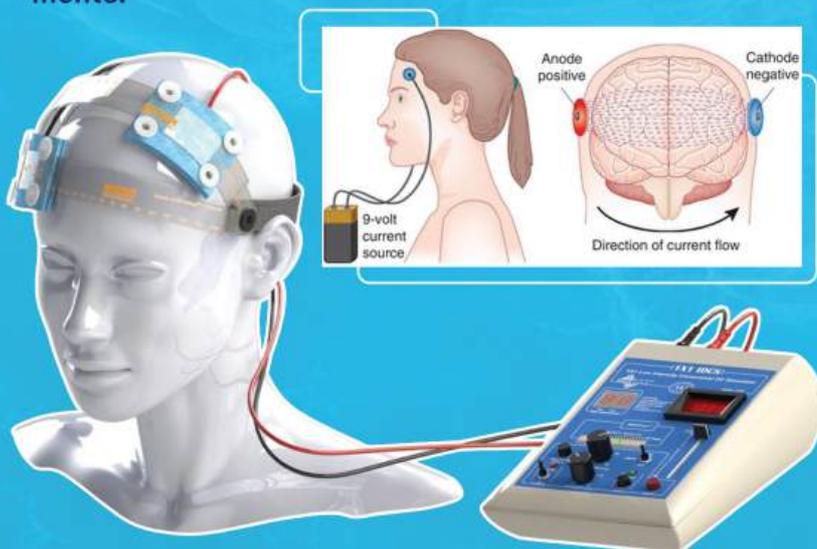
# REWIRING THE BRAIN:

## THE EMERGING ROLE OF NON-INVASIVE BRAIN STIMULATION IN STROKE REHABILITATION

It was stated that stroke continues to be a leading cause of long-term disability worldwide. Rehabilitation experts explained that while traditional therapy focuses mainly on retraining muscles, newer approaches aim to influence brain activity directly. They noted that recovery after stroke is not just about strengthening weak muscles, but about rewiring the brain to form new connections.

**Non-Invasive Brain Stimulation (NIBS)** was described as a technique that alters brain activity without the need for surgery. Two main forms were highlighted. Transcranial Magnetic Stimulation (TMS) uses magnetic fields to stimulate targeted areas of the cortex involved in movement control. Transcranial Direct Current Stimulation (tDCS) applies a gentle electrical current to the scalp to adjust brain excitability. Both have been reported to improve motor learning and speed up functional recovery.

Clinicians discussed several applications of NIBS in stroke rehabilitation. In upper limb recovery, it has been used to enhance arm and hand function when paired with task-specific training. For lower limb rehabilitation, it can improve gait, posture, and balance. In language rehabilitation, NIBS may stimulate speech-related brain regions in patients with aphasia. It has also been applied to manage post-stroke depression and cognitive impairments.



SASIKUMAR. S (PT)CMPT(Neuro),  
SVCOPT ALUMINI  
FOUNDER: MS Physiotherapy clinic

Typical protocols were described as follows: TMS is delivered at 1-20 Hz, with an intensity of 80-120% of the motor threshold, for 15-30 minutes per session, over 10-20 sessions. tDCS uses 1-2 mA of constant current for 20 minutes, also over 10-20 sessions.

The safety profile was considered favorable, with only mild side effects such as headache, tingling, or slight skin irritation. Contraindications include seizure disorders, metal implants in the skull, and pregnancy as a precaution. Experts concluded that NIBS offers a promising way to tap into the brain's natural ability to reorganize, making it a valuable tool in stroke recovery.



# KINECT IN STROKE REHABILITATION

Evolving beyond the traditional therapy stroke rehabilitation is embracing the power of modern technology to make recovery smarter, faster, and more personalized. With the help of Microsoft Kinect sensor, stroke rehabilitation is stepping into the world of interactive, motion-sensing technology.



Kinect is a motion sensing input device with a feature of RGB camera (R- RED, G- GREEN, B- BLUE), a depth sensor, detect face and voices and microphone array to track the body movements in 3D space without requiring any wearable technology is a unique interactive controllable gaming, promises to restore the function after brain lesions. The rapidly expanding the Kinect based rehab as flexible method with low cost affordable and used as telerehabilitation.

By blending innovation with entertainment, Kinect is making stroke rehabilitation not only more effective but also more enjoyable. Instead of repetitive, exhausting routines, patients now engage in interactive games that challenge their movements while keeping their spirits high. This gamified approach boosts motivation and helps people to stick to their rehab programs longer. Even better, it cuts down on the high costs of traditional therapy sessions and opens the door to accessible, home-based recovery- bringing hope and healing closer to those who need it most.

Backed by research, the Kinect sensor has proven to be more than just a gaming gadget- it's a precise tool for tracking movement with surprising accuracy. Effect of Kinect on the performance of improvement of patients with neurological disorders such as PARKINSON AND MULTIPLE SCLEROSIS have also deemed this method effective. Studies shows that its ability of improvement in upper extremity is 56%, balance 26%, cognition 8% and lower extremity 5% that it gives therapist gaining confidence to monitor progress and guide recovery. Its bend fun and functionality earning Kinect a trusted place in modern rehab programs.

## LIMITATIONS:

- Low speed of games
- Use of inappropriate feedback
- Insufficient precision of movement tracking
- Complexity of games and difficulty of use
- Inappropriate user interface
- Not customize to & compatibility with the ability of patients.

Now, Kinect brings the stroke therapy a rhythmic engaging, empowering and truly life-changing interactive innovation brings more revolution in motion by redefining the recovery with lots of hope.



Savitha S,  
Assistant Professor

# PHYSIOTHERAPY IN THE FINAL FRONTIER: ADAPTING HUMAN MOVEMENT FOR SPACE"



Physiotherapy in space exploration is a fascinating and essential field which plays a crucial role in maintaining the Health and Wellbeing of astronauts.

## PHYSIOTHERAPIST PLAYS AN INEVITABLE ROLE IN MAINTAINING,

- Physical fitness.
- Prevent injuries.
- Aiding post mission recovery.

## WHY PHYSIOTHERAPY MATTERS IN SPACE IN MICRO GRAVITY ENVIRONMENTS ?

The human body undergoes rapid and significant changes. In microgravity, Muscle atrophy occurs due to lack of resistance  
Loss of bone density which leads to osteoporosis  
Cardiovascular deconditioning reduces stamina and endurance  
Coordination and balance are affected due to change in vestibular system  
These are the few consequences astronaut's faces during long duration space flights.

## INTERVENTIONS IN PHYSIOTHERAPY:

### PRE-FLIGHT CONDITIONING:

- Enhances muscle strength and endurance
- Builds cardiovascular fitness
- Educate astronauts on in flight exercises like core Stability exercises which helps astronauts maintain Postural control in microgravity

### IN OR DURING FLIGHT CONDITIONING:

- Supervised exercise routines like treadmills, cycle Ergometer, resistance devices
- Remote physiotherapy guidance via telerehabilitation
- ARED (Advanced RESISTIVE EXERCISE DEVICE). Are Innovative technologies designed to enhance Strength training and fitness.

### POST FLIGHT CONDITIONING:

- Restores muscle tone and Coordination
- Treats balance and Posture issues
- Address orthopaedic Problems like joint Stiffness, pain.
- Use of robot – assisted Rehabilitation and Virtual reality tools.



**Shalini Suresh**  
(BPT) 3<sup>rd</sup> Year

## BENEFITS OF PHYSIOTHERAPY IN SPACE EXPLORATION

- Prevents Muscle Wasting
- Reduces Bone Loss
- Supports Cardiovascular Health
- Maintains Balance & Coordination
- Improves Neuro-Muscular Function
- Speeds Post-Mission Recovery



## FUTURE OF PHYSIOTHERAPY IN SPACE MEDICINE

- AI Rehab: Real-time movement analysis and feedback.
- Robotics: Exoskeletons for muscle and bone health.
- Wearables: Track vital signs, muscle, bone, and hydration.
- VR Training: Balance and neuro-muscle rehab.
- Tele-Physio: Live guidance from Earth.
- Sensors: Monitor muscle, posture, and joint movement.

# APPEASE THE GUT AND STRENGTHEN THE BODY

## CLINICAL PILATES TO REDUCE GERD IN POSTMENOPAUSAL WOMEN

### INTRODUCTION

Postmenopause, typically occurring between 45–55 years, is marked by a permanent end to menstruation and a decline in estrogen. Hormonal changes can lead to weight gain, reduced muscle tone, and digestive alterations. Gastroesophageal Reflux Disease (GERD) is common in this group, affecting about 18–27% of postmenopausal women. Reduced lower esophageal sphincter tone, abdominal weight gain, and lifestyle factors increase reflux symptoms such as heartburn and regurgitation.

### CLINICAL PILATES FOR GERD

Clinical Pilates is a therapeutic adaptation of traditional Pilates, tailored to individual health needs and guided by a physiotherapist. For GERD management, exercises focus on controlled movements, diaphragmatic breathing, and improved posture. This strengthens the core and back muscles, supports digestive organs, and avoids excessive intra-abdominal pressure, which can worsen reflux. Clinical Pilates also promotes gentle mobility and functional strength, making it ideal for postmenopausal women.

### BENEFITS

- **Improved Breathing Mechanics:** Diaphragmatic breathing helps regulate abdominal pressure and supports the anti-reflux barrier.
- **Postural Alignment:** Upright posture reduces mechanical pressure on the stomach.
- **Core Stability:** Strengthens abdominal and spinal muscles, aiding digestion and weight control.
- **Stress Reduction:** Mind–body focus lowers stress-related reflux episodes.
- **Safe Exercise:** Low-impact, adaptable for various fitness levels and comorbidities.

GERD is a prevalent yet manageable condition among postmenopausal women. Clinical Pilates offers a safe, effective, and holistic intervention by addressing posture, breathing, strength, and stress—factors that influence reflux. When practiced under professional supervision, it can complement medical management, enhance digestive comfort, and improve quality of life.



**Subapradha.J**  
MPT 2<sup>nd</sup> Year (Neuro)



**Suvetha M**  
Tutor

## RESEARCH AND REHAB VIA RADBOUD FALL SIMULATOR

Falling down refers to “the act of losing one’s balance and collapsing to the ground” The studies shows at least one third of the population in community particularly the older individuals experiencing fall every year. A history of fall is a major risk factor for recurrent fall as older adults who have fallen within the past year are 2.3–2.8 times more likely to fall again. The newly invented falls simulator will helps us in both aspect for assessment and training because of its accurate identification of reason for fall which was not performed by any other interventions and to give a special training to reduce the risk of fall.

**INDICATION:** The wide variety uses of Radboud fall simulator mainly concentrate on fall followed by loss of balance. So its particularly used to the individuals who suffered with neurological and musculo-skeletal conditions like Parkinson’s disease, multiple sclerosis, cerebrovascular accident, peripheral neuropathy, osteoarthritis, osteoporosis, sarcopenia and pes planus etc.

**RESEARCH:** The device allows researcher to investigate and understand the mechanism of balance control and how the individual react to the unexpected loss of stability, balance training interventions, impact of medication on balance and compensatory reactions for balance loss.

**REHABILITATION:** When the fall is imminent, a final common saving strategy is to rapidly change the base of support by taking a reactive step by reactive stepping responses. Superior to Perturbation based training, to improve voluntary step training, task specific training and the reactive balance capacity, we need this specialized equipment for large scale implementation and home based training with better reactive stepping quality following the real perturbation.

The radboud fall simulator based performance will produce more reactive step quality in patients and to develop the interventions to prevent the fall and balance improvement.

Radboud fall simulator is a mobile platform with two integrated force plates (0.6 into 1.8m each) that was used to deliver the perturbation. It can suddenly be moved in all conceivable direction with both acceleration and deceleration.

The perturbation intensity is between  $3m/s^2$ – $4.5m/s^2$ , acceleration phase ( $3m/s^2$ , 300ms), constant velocity( $0.9m/s$ , 500ms) and deceleration phase ( $-3m/s^2$ , 300ms), participants stood barefoot on the platform with neutral standing posture.

When a person was trying to restore the balance during perturbation. They have to perform single backward support without using the rails. There is no serious injuries occurred because the patient wear a safety belt during the session.

# PUSHER SYNDROME

AJITHKUMAR.A  
(MPT-2<sup>nd</sup> YEAR NEURO)



A post-stroke disorder in which patients actively push themselves toward their hemiparetic (weakened) side while resisting attempts to be brought back to the upright midline is called Pusher Syndrome, also known as lateropulsion. This occurs due to a disturbed perception of verticality rather than simple motor weakness. The prevalence of Pusher Syndrome varies depending on the diagnostic tools used and the severity of stroke. Studies report rates ranging from 5% to over 60% among stroke survivors. More specifically, the acute stroke incidence is approximately 10.4%. Patients with this condition often require an additional 3.6 weeks of rehabilitation to achieve functional recovery when compared with those without pushing behavior.

## Clinical Symptoms

The individual may present with trunk tilt toward the paretic side, often leading to imbalance and falls, active use of the non-paretic limb to increase postural deviation, resistance to passive correction toward the midline and altered perception of vertical orientation, where patients feel upright despite being tilted.

## Recent Physiotherapy Interventions

**Feedback-based strategies:** A 2024 review and case series demonstrated that visual and haptic feedback improve balance, gait, and lateropulsion severity. Visual cues are most frequently used, while haptic feedback is emerging as a useful adjunct.

**Prone posture maneuver:** A recent retrospective study (2024) showed that two short sessions of prone positioning significantly reduced pushing behavior and maintained improvement over one week.

**Robot-assisted gait training (RAGT):** Randomized controlled trials indicate that intensive RAGT sessions produce greater reductions in lateropulsion and better walking outcomes compared to conventional therapy.

**Structured rehabilitation guidelines:** A 2023 Delphi consensus recommends early upright re-orientation, midline-focused task practice, multisensory cueing, and variable posture training.

These advanced rehabilitation helps to manage and restore balance, gait, functional abilities and hope for post stroke survivors.

# BRIDGING THE GAP: INTEGRATING NEURO-LINGUISTIC PROGRAMMING INTO THE PSYCHOSOCIAL MODEL OF PHYSIOTHERAPY

Traditionally, physiotherapy has focused heavily on the biomedical model of healthcare. However, in recent years, there has been a growing recognition of the need to address not only the physical, but also the psychological and social aspects of patient care. While physiotherapy does acknowledge the psychosocial model, there remains a lack of structured programs that actively integrate it into routine practice. To create a more holistic, patient-centred approach, there is an opportunity to introduce innovative tools—one of which is Neuro-Linguistic Programming (NLP).



**Prof. Dr. Jeyanthi S, MPT (Ortho), PhD**  
Principal, SVCOPT  
Certified Neuro Linguistics Programming Practitioner  
(American Board of Neuro Linguistics Programming)

## What is NLP?

Neuro-Linguistic Programming (NLP), developed by Richard Bandler and John Grinder in the 1970s, explores the fundamental connection between mind, language, and behaviour. It teaches individuals how to think and communicate more effectively by recognising patterns in thought and language, many of which are rooted in the unconscious mind.

NLP emphasises the unique ways individuals perceive the world—often through sensory modalities such as visual, auditory, or kinaesthetic experiences. Therapists trained in NLP learn to match these language patterns to build rapport and facilitate meaningful behavioural changes in their clients.

## Targeting the Unconscious Mind

One of NLP's most powerful tools is its ability to access the unconscious mind, which houses not only memories, emotions, and learned behaviours, but also governs automatic bodily functions. Techniques such as storytelling and metaphors are used to engage the creative right hemisphere of the brain, allowing the unconscious to identify and respond to deeper patterns, often missed by the conscious mind.

Moreover, by empowering patients with techniques to manage emotional and behavioural barriers, NLP contributes to faster recovery, reduced treatment drop-out rates, and ultimately lower healthcare costs.

**Towards a Holistic Physiotherapy Model**  
By formally integrating the psychosocial model—through tools such as NLP—physiotherapy can evolve into a truly holistic, biopsychosocial discipline.

Not only does this enrich the patient experience, but it also equips healthcare professionals with a more dynamic and responsive toolkit to support long-term health and well-being.

As the healthcare landscape continues to shift towards patient-centred care, embracing innovative approaches like NLP may be key to unlocking better outcomes—physically, mentally, and emotionally.

For example, a patient struggling with anxiety may respond positively to metaphorical stories that reflect their internal conflict, allowing the unconscious mind to process and begin healing, while the conscious mind listens for narrative alone.

## Application in Physiotherapy

Incorporating NLP into physiotherapy management enhances the biopsychosocial approach by addressing “problems of living”—such as stress, anxiety, poor self-esteem, or trauma—that may affect physical recovery. Whether the goal is overcoming chronic pain, managing post-operative fears, or improving adherence to rehabilitation, NLP provides practical strategies to support change.

NLP techniques such as Reframing, Swish Patterns, Parts Integration, and Anchoring can be applied individually or in combination, depending on the patient's needs. These methods may involve:

- \*Visualisation of a desired outcome
- \*Dissociation from traumatic memories
- \*Language reframing to break negative thinking patterns
- \*Sensory matching to build stronger therapist-patient rapport

Sessions may be brief—sometimes just one—or delivered over a short series of appointments, typically six to ten.

## Benefits Beyond the Individual

The impact of NLP extends beyond the individual patient. It also enhances communication and collaboration within the multidisciplinary team (MDT), improves interactions with family members, and fosters a more compassionate and connected healthcare environment.



# RURAL PHYSIOTHERAPY: FROM FORGOTTEN TO FUNDAMENTAL

**“MOVEMENT IS LIFE, AND WHERE THERE IS NO MOVEMENT, THERE IS NO PROGRESS. IN RURAL INDIA, PHYSIOTHERAPY IS NOT JUST A TREATMENT - IT IS HOPE ON WHEELS, REACHING THE UNREACHED.”**

## Rural Physiotherapy: From Forgotten to Fundamental

In India's cities, physiotherapy clinics are modern and well-equipped. But in villages, there's silence—pain is endured, disability becomes normal, and few know help exists. With 65% of Indians living in rural areas, physiotherapy here is not a luxury, it's a necessity.

Rural life brings unique health challenges. Farming and manual work cause joint and back problems. Stroke survivors rarely get follow-up care. Many women live with pain from childbirth or repetitive chores. The elderly face age-related weakness and falls. Injuries from road accidents or farm work often go without proper rehabilitation. A recent survey found that over 70% of rural people above 45 have constant pain, yet less than 15% receive any therapy.

### The Barriers

- Lack of awareness – Pain is often seen as a part of life.
- Shortage of therapists – In some areas, one physiotherapist serves over 50,000 people.
- Poor facilities – Many rural hospitals lack basic rehab equipment.
- Cultural beliefs – Physiotherapy is mistaken for massage or only for athletes.

### A Real Story

During a rural health camp in Tamil Nadu, a 58-year-old farmer who couldn't straighten her back for two years was diagnosed with lumbar spondylosis. With simple exercises, she improved in a week. She told me, "If you had come earlier, I wouldn't have suffered this long."

### The Way Forward

- Mobile physiotherapy vans to reach remote areas.
- Tele-physiotherapy using smartphones.
- Low-cost rehab devices.
- Government schemes to include physiotherapy in every Primary Health Centre.
- Training ASHA workers in basic techniques.

Physiotherapy can give rural India the gift of movement, dignity, and independence. If we want a truly healthy nation, every village must have access to it.

**"India can move forward only when every Indian moves pain-free."**

**RAJAGANAPATHY.S**  
(BPT-4TH YR)



# ACCENTUATED ECCENTRIC LOADING

“The highest jumpers often start with the deepest roots.”

## WHAT IS AEL

Accentuated Eccentric loading (AEL) is a training method where the eccentric phase of an exercise is performed with a greater load than the concentric phase.

During explosive movements, such as jumping and throwing, humans typically utilize stretch-shortening cycles (SSC) by first performing an eccentric loading that aims to increase the force and power in the subsequent concentric movement.

## COUNTER MOVEMENT JUMP {CMJ}

CMJ is a dynamic jump test used to assess lower body explosive power and performance.

## VERTICAL JUMP TEST

It is a standard athletic test used to measure an individual's lower body power and explosive leg strength. It is usually used in sports such as football, volleyball, basketball.

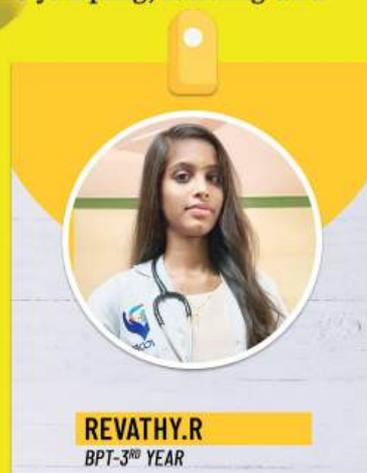
A comparative studies shown that normal people usually have an average vertical jump height of 40-50cm whereas trained sports players such as Cristiano Ronaldo have their vertical jump around 80 cm which is twice than that of normal people.



## BIOMECHANICS BEYOND AEL

Several studies have shown that AEL during a CMJ, involving holding weights or attaching an elastic band to a harness worn at the hip level and removing the load before the concentric phase, can acutely enhance lower body power more effectively than a bodyweight CMJ.

This is likely due to immediate increases in motor neuron activation and greater elastic energy storage during the eccentric phase. Moreover, chronic AEL CMJ training has consistently been demonstrated to outperform traditional CMJ training in improving both lower body power and vertical jump height over time. Significantly AEL can improve the vertical jump height and enhance the power output that can lead to the better performance in functional movements like jumping, landing and decelerating.



REVATHY.R  
BPT-3<sup>RD</sup> YEAR

# NEURAL PROSTHETICS

## BRIDGING MIND AND MACHINE

Brain-computer interfaces is a direct communication pathway between the brain's electrical activity and an external device, such as a computer, robotic limb, or prosthetic for persons with neurologic disorders. BCIs also have applications in entertainment, specifically video games and VR. From being able to control a prosthetic limb with your mind to being able to play a video game with your mind—the potential of BCIs is endless.

### Characteristics of BCI:

The communication system which enables its users to send commands to a computer using only brain activities. Which is measured by electroencephalography and processed by a system using machine learning algorithms to recognize patterns in the EEG data. BCIs can be invasive or non-invasive. Invasive BCIs require surgery to implant the necessary sensors, whereas non-invasive BCIs do not. All BCIs require four components: methods to acquire, process, implement, and manage. Rapid progress is being made in all four components.

### Future prospect:

Based upon a conservative projection of technological advancement, the impact of portable BCI technology in 2040 will have significant benefits to include: heightened situational awareness, enhanced autonomous system management, human cognitive enhancement beyond natural abilities, synthetic telepathy, augmented reality/response, and improved medical outcomes.

### Reference:

Brain-computer interface robotics for hand rehabilitation after stroke: a systematic review. <https://doi.org/10.1186/s12984-021-00820-8>

### How it works on neuro rehab??

BCI implications for populations suffering from neurodegenerative diseases and neuromuscular injuries. BCIs aim to restore or augment human sensory-motor functions, by passing traditional neuromuscular pathways. A woman with paralysis named Cathy drank coffee through a straw on her own for the first time in 15 years by directing a robotic arm with her thoughts (Ehrenberg, 2012). It is also possible to augment intelligence, memories, and other features. Abilities previously regarded as impossible are now in the realm of possibility.

### Risk of using BCI:

Safety concerns can generally be observed in invasive BCI types. Because of being implanted into the brain tissue, invasive BCI can damage nerve cells and blood vessels, hence increasing the risk of infection. Another safety concern of invasive BCI is the possible formation of scar tissue after surgery, a consequence that may gradually degrade the quality of the acquired brain signals.



**G. Subalakshmi**  
Assistant Professor

**“Exploring brain-computer interface in neurological rehabilitation”**



# BEYOND THE WOMB

Early intervention physiotherapy in NICUs to support motor development in preterm baby

## INTRODUCTION

Physiotherapy plays a vital role in the care of preterm and newborn babies by supporting their growth, development, and recovery. These infants are at risk of respiratory issues, delayed motor skills, and other complications due to their early birth. Early physiotherapy helps improve movement, breathing, and overall development, leading to better long-term outcomes.

## RESPIRATORY SUPPORT:

Physiotherapy plays a major role in this by helping clear secretion, reduce the work of breathing and improve lung function.

### Techniques :

Postural drainage, percussion and suctioning are used to the airway clearance. Therapist use techniques like gentle pressure on specific areas to stimulate the infant's own breathing pattern and reduce the reliance on mechanical ventilation.

## NEURODEVELOPMENTAL CARE :

This used to improve movement and function in infants

### Techniques :

For the facilitation of movement the therapists use specific handling techniques to guide infants into desired movement patterns. NDT incorporates sensory experiences, such as touch, movement and visual stimulation and also for promoting postural control, head control, trunk stability for infants. Early mobility program enhances neurodevelopmental outcomes at 6-12 months corrected age.

**MUSCULOSKELETAL DEVELOPMENT :** In this therapist aims on promoting healthy movement patterns. Focus on positioning and handling.

**Techniques:** Specific interventions are range of motion exercises to improve joint movement. Proper positioning helps prevent deformities like skull flattening or limb misalignments. Taping may be used to support joints and correct minor misalignments.

**FEEDING AND ORO-MOTOR CONTROL :** This promotes sucking, swallowing and breathing coordination.

**Techniques :** Non-nutritive sucking, like using a pacifier is encouraged to provide tactile stimulation. This stimulation of orofacial muscles is done to enhance feeding efficiency.

**SENSORY INTEGRATION :** This helps babies to adjust to the NICU environment. It prevent sensory overload or deprivation.

**Techniques:** Swaddling and supported holding can provide a sense of security and comfort. Providing various supported positions can help stimulate different muscle groups. Gentle massage techniques can soothe the infant, improve circulation and enhance tactile awareness. Sensory integration interventions Support sensory system maturation, reduce stress, and improve motor-sensory integration.

## Kangaroo Mother Care (KMC) – Advanced Integration:

Stabilizes vital signs, promotes bonding, improves weight gain and motor outcomes.

**Techniques:** Use of positioning aids, biofeedback tools, and KMC combined with early physiotherapy.

Physiotherapy is essential in promoting the health and development of preterm and newborn babies. Through early intervention, it helps prevent complications, supports motor and sensory growth, and improves long-term outcomes, making it a key part of neonatal care.

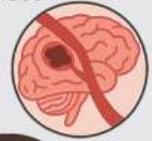
VAISHNAVI  
BPT-3rd yr



# STROKE IN PREGNANCY ?

## Sharing my experience with you all

I had the privilege and challenge of witnessing one of the most complex cases of my clinical life. A 31-year-old primigravida at 34 weeks and 4 days of pregnancy walked into the ER with sudden weakness in her left upper and lower limbs, accompanied by a severe headache. There were no warning signs – no history of hypertension, no diabetes, and no high-risk indicators in her prenatal scans.



## The diagnosis shook all of us:

- Acute Ischemic Stroke affecting the right thalamus, hippocampus, and occipital lobe.
- Yes, you read that right – a cerebral stroke in pregnancy, and that too in the final trimester.
- Thanks to timely intervention, and the fact that she arrived within the golden window, she was thrombolysed



## Rehabilitation Inside a Labor Ward at 34 weeks : My Personal Challenge

Can you imagine administering neuro-rehab techniques in a labor ward, with a fetus still actively **growing inside a mother who had just survived a stroke?**

With Grade 2/5 left limb strength, a graded rehab plan including mobilizations, PNF, breathing, posture training, mirror therapy, and neuro-sensory re-education was implemented, prioritizing maternal safety and continuous fetal monitoring with CTG throughout rehabilitation sessions

## A Month Later – A New Life, A New Turn

Exactly one month later, I got the update – she delivered a healthy baby boy via elective LSCS at 37 weeks and 5 days. Under general anesthesia, she was safely taken through the procedure. Her anti-platelet therapy was carefully paused and reinitiated post-delivery. Physiotherapy was resumed the very next day – postnatal neuro-rehab and recovery had already begun.

## Rehabilitation Strategies:

Early mobilization and trunk control (Day 1 post-LSCS), robotic-assisted arm training, BWSTT, task-oriented/mirror therapy, visual rehab (gaze stabilization, scanning), and cognitive-emotional integration through rehab games.

Within 8 weeks postpartum, the patient regained full independence with 5/5 limb strength, no visual or gait deficits, resumed baby care confidently, and returned to near-baseline physical, cognitive, and emotional function. Her stroke was no longer a limitation. It had transformed into a story of resilience, guided recovery, and empowered motherhood.



**VASANTHRA.M**  
(Alumini)



**BPT – FINAL YEAR (2021 – 2025) BATCH**  
**ACCOMPLISHMENT FROM JULY 2024 – AUGUST 2025**

S.NO	STUDENTS NAME	EVENTS	LEVEL	VENUE	POSITION
1.	AKSHAYA. I	Miming	International conference	RL Jalappa Bangalore	2 <sup>nd</sup> prize
2.	DHANALAKSHMI. V	Miming	International conference	RL Jalappa Bangalore	2 <sup>nd</sup> prize
3.	MAHATHUVAN. B	Miming	International conference	RL Jalappa Bangalore	2 <sup>nd</sup> prize
		Football	Intra college conference	Nehru college Coimbatore	1 <sup>st</sup> prize
4.	MUHSIRA. P	Poster presentation	Inter college conference	Theivanai ammal villupuram	3 <sup>rd</sup> prize
5.	PRETHEKA. C	Poster presentation	International conference	RL Jalappa Bangalore	2 <sup>nd</sup> prize
6.	PRIYADHARSHINI. R	Miming	International conference	RL Jalappa Bangalore	2 <sup>nd</sup> prize
7.	RAJALAKSHMI. K	Miming	International conference	RL Jalappa Bangalore	2 <sup>nd</sup> prize
8.	SIVAKRISHNA. M	Football	Intra college conference	Nehru college Coimbatore	1 <sup>st</sup> prize
8.	VENMADHI. M	Miming	International conference	RL Jalappa Bangalore	2 <sup>nd</sup> prize
9.	VISHNUPRIYA. S	Miming	International conference	RL Jalappa Bangalore	2 <sup>nd</sup> prize

MPT – 2<sup>nd</sup> YEAR ( 2023- 2025 ) BATCH

Accomplishments from JULY 2024 – AUGUST 2025

Students name	Event	Level	Venue	Position
1. SANTHIYA. P	Ramp walk, Group Dance	International conference	SBV – CHENNAI	2 <sup>nd</sup> prize 2 <sup>nd</sup> prize
	Badminton	International conference	FLÀIR, SVCOPT PONDICHERRY	Runner
	Poster presentation	Intra college	THEIVANAI VILLUPURAM	1 <sup>st</sup> prize
	Innovation	International conference	RL JALAPPA BANGALORE	1 <sup>st</sup> prize
2. LAKSHMIPRIYA . V	Paper presentation, Meandi	International conference	SBV – CHENNAI	2 <sup>nd</sup> prize 2 <sup>nd</sup> prize
	Paper presentation	Intra college	SVCOPT– CHENNAI	3rd prize
3. LAKSHNA. G. B	Paper presentation, Innovation	International conference	RL JALAPPA BANGALORE	1 <sup>st</sup> prize 1 <sup>st</sup> prize
4. SUBAPRADHA. J	Group dance	International conference	SBV – CHENNAI	2 <sup>nd</sup> prize
	Paper presentation	Intra college	SVCOPT – CHENNAI	1 <sup>st</sup> prize
5. AJITHKUMAR. A	Poster presentation, Face painting	International conference	CHETTINADU – CHENNAI	2 <sup>nd</sup> prize 1 <sup>st</sup> prize
	Face painting, poster presentation, Ramp walk, group dance	International conference	SBV – CHENNAI	1 <sup>st</sup> prize 1 <sup>st</sup> prize 2 <sup>nd</sup> prize 2 <sup>nd</sup> prize
	Paper presentation	International conference	MULLANA – HARYANA	3 <sup>rd</sup> prize
	Quiz	Intra college	THEIVANAI VILLUPURAM	1 <sup>st</sup> prize
	Mime	International conference	RL JALAPPA BANGALORE	2 <sup>nd</sup> prize
	Poster presentation, Innovation	Inter College conference	SVGI – PONDICHERRY	1 <sup>st</sup> prize 2 <sup>nd</sup> prize
	Poster presentation	Intra college conference	NEHRU COLLEGE – COIMBATORE	2 <sup>nd</sup> prize
	Jam	Inter college conference	SVGI – PONDICHERRY	2 <sup>nd</sup> prize
6. REVATHI. P	Poster presentation	International conference	SBV – CHENNAI	3 <sup>rd</sup> prize
	Quiz	Intra College conference	THEIVANAI - VILLUPURAM	1 <sup>st</sup> prize

**MPT – 1<sup>st</sup> YEAR ( 2024 - 2026) BATCH**  
**Accomplishments from JULY 2024 – AUGUST 2025**

Students Name	Event	Level	Venue	Position
1.KEERTHIVASAN R	Solo Singing - PG Category	Inter college Level	AGON - 2025 SVGI - Puducherry	2 <sup>nd</sup> Prize
2.SUBASHINI.A	Paper presentation	International conference	SBV- Puducherry	3rd prize
3.PRIYANKA.N	Quiz	Inter College conference	Theivanai ammal - Villupuram	2 nd prize
4.RAJALAKSHMI.R	Paper presentation	International conference	Coimbatore	1st prize
5. SRI GAJALAKSHMI	paper presentation	Inter College level	svgi	1st prize
	Poster presentation	Outer college conference	Theivanai ammal - Villupuram	2 nd prize
6. SRI GAJALAKSHMI, THEVI PRIYA	Poster presentation	Outer college conference	Theivanai ammal - Villupuram	2 nd prize

BPT 3<sup>rd</sup> year-(6<sup>th</sup> semester) 2022-2026 Batch  
**ACCOMPLISHMENT FROM JULY TO AUGUST 2024-2025**

S.no	STUDENT NAME	EVENT NAME	LEVEL	VENUE	POSITION
1	R.NAVIN GURU	Tune finding	Intercollege	REJOUR'25 (Pondicherry technological university)	2 <sup>nd</sup> prize
		FUTSAL	Intercollage	PHYSIOBEAST (coimbatore)	1 <sup>ST</sup> Prize
		FUTSAL	Batch match	ROLLING TROPHY (SVCOPT)	2 <sup>ND</sup> prize
2.	B. REYAZ AHAMED	CARROM	Intercollage	REJOUR'25 (Pondicherry technological university)	1 <sup>ST</sup> Prize
		FOOTBALL	District level	CM TPROPHY SDAT Ground (Villupuram)	1 <sup>ST</sup> PRIZE
		CARROM	Intercollege	AGON 25 (SVGI)	2 <sup>ND</sup> PRIZE
		FUTSAL	Intercollege	AGON 25(SVGI)	2 <sup>ND</sup> PRIZE
			Intercollage	PHYSIO BEAST(Coimbatore)	1 <sup>st</sup> prize
3	NS. SABARISH	FUTSAL	Intercollege	PHYSIOBEAST(Coimbatore)	1 <sup>ST</sup> PRIZE
			Intercollege	FLAIR(SVCOPT)	1 <sup>st</sup> prize
			Intercollege	AGON'25(SVGI)	2 <sup>ND</sup> PRIZE
			Batch match	Rolling Trophy(svcopt)	2 <sup>ND</sup> PRIZE
		TUNE FINDING	Intercollage	REJOUR'25 (Pondicherry technological university)	2 <sup>ND</sup> PRIZE
4	D.DEVASARATHY	FUTSAL	Intercollege	PHYSIOBEAST(Coimbatore)	1 <sup>ST</sup> PRIZE
			Intercollege	AGON 2025(SVGI)	2 <sup>ND</sup> PRIZE
5	A. ADHIYAMAN	FUTSAL	Intercollege	PHYSIOBEAST(Coimbatore)	1 <sup>ST</sup> PRIZE
			Intercollege	AGON 2025(SVGI)	2 <sup>ND</sup> PRIZE
		TUNE FINDING	Intercollege	REJOUR'25 (Pondicherry technological university)	3 <sup>RD</sup> PRIZE
6	J. ANITHA	MANDALA ART	Intercollege	REJOUR'25 (Pondicherry technological university)	3 <sup>rd</sup> prize
7	K.JASMIN	FIRELESS COOKING	Intercollege	World Mental Health Day (SVGI)	3 <sup>RD</sup> PRIZE
8	K.ILAKIYA	FIRELESS COOKING	Intercollege	World Mental Health Day (SVGI)	3 <sup>RD</sup> PRIZE
9	M.VAISHNAVI	POSTER PRESENTATION	Intracollege	World Health Day (SVCOPT)	1 <sup>ST</sup> PRIZE
10	S P. INDIRACKSHI	POSTER PRESENTATION	Intracollege	World Health Day (SVCOPT)	1 <sup>ST</sup> PRIZE
11	S.HEMA	TUNE FINDING	INTERCOLLEGE	REJOUR'25 (Pondicherry technological university)	2 <sup>ND</sup> PRIZE

7.	SWETHA. S	Ramp walk	International conference	SBV – CHENNA	2 <sup>nd</sup> prize
8.	KAMALDHASAN. G	Ramp walk	International conference	SBV – CHENNA	2 <sup>nd</sup> prize
9.	RUBANRAJ. C	Carrom, volleyball Volleyball	Inter college conference International conference	SVG I – PONDICHERRY SVC OPT – PONDICHERRY	Runner, Winner Runner
10.	GOKUL. R	Volleyball Volleyball	Inter college conference International conference	SVG I – PONDICHERRY SVC OPT – PONDICHERRY	Winner Runner
11.	MUTHUKUMARAN. M	Volleyball Volleyball	Inter college conference International conference	SVG I – PONDICHERRY SVC OPT – PONDICHERRY	Winner Runner
12.	KANAGARAJ. J	Volleyball Volleyball Innovation Quiz	Inter college conference International conference Inter college Intra college	SVG I – PONDICHERRY SVC OPT – PONDICHERRY SVG I – PONDICHERRY THEIVANAI - VILLUPURAM	Winner Runner 1 <sup>st</sup> prize 2 <sup>nd</sup> prize
13.	JEEVANANDHAM. A	Volleyball Volleyball	Inter college conference International conference	SVG I – PONDICHERRY SVC OPT – PONDICHERRY	Winner Runner
14.	SUHARA. S	Poster presentation Group dance, throw ball	Intra college International conference	THEIVANAI - VILLUPURAM SBV – CHENNAI	1 <sup>st</sup> prize 2 <sup>nd</sup> prize Winner



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