

8th International conference on

PHYSIOTHERAPY, PHYSICAL REHABILITATION & SPORTS MEDICINE

JULY 10-11

2023

PARIS, FRANCE

Hosting Organization:

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Day 1

Scientific Program

July 10, 2023 | Conference Hall : London

08:00-08:45 @ **Registration**

08:45-09:00 @ **Opening Ceremony**

Keynote Forum



09:00- 09:30

Title: Is There an Association Between Patient's Socioeconomic Status and Musculoskeletal Recovery: A Systematic Review

Iwona Kasior, Department of Physical Therapy, Howard University, USA

Workshop presentation



09:30-10:10

Title: Practical Workshop On Posturometer For Physical Rehabilitation

Silverio Di Rocca, MPR International School, Switzerland

Keynote Forum



10:10-10:40

Title: Balanced abdominal wall activation effects on thoracic spine stiffness and physiological scapulo-thoracic articulation kinematics

MaryEllen Axner, Rocky Mountain University of Health Professions , Kinetic Institute Physical Therapy, USA

Track 1: Physical Therapy Science | Track 2: Sports & Physiotherapy | Track 3: Physiotherapy methods and Instrumentation | Track 4: Experimental techniques in Physiotherapies | Track 5: Physiotherapy in Treatment & Care | Track 6: Advancement in Physiotherapy | Track 7: Physical Education and sports for All

Session Chair: Silverio Di Rocca, MPR International School, Switzerland

Session Co-Chair: Iwona Kasior , Department of Physical Therapy, Howard University, USA



10:40-11:00

Title: Treatment of headache by physios: no more a headache for physios

Dhairav Shah , Asiya Physiotherapy and Rehabilitation Clinic, Mumbai, India

Group Photo & Networking & Refreshments @ Oslo 11.00-11.20



11:20-11:40

Title: How does Floor Movement Improve your Mental and Physical Health - Take Movement Flow as an Example

Joyce Chieh-Hsin Lo, Neuro- Motor Control Coach , Taiwan



11:40-12:00

Title: Lung Ultrasound (LUS) approach early in postoperative setting for searching pulmonary complications – Multicenter Research Project

Emidio Jorge Santos Lima, PROHOPE General Hospital and UNIME University, Brazil



12:00-12:20

Title: Yoga in physical therapy

Zeljka Obrenov, General manager of Pilates Studio, Novi Sad, Serbia

Lunch Break @ Oslo 12.20-13.20



13:20-13:40

Title: Stress influence in patients with chronic musculoskeletal pain and the importance of postural education/vagus nerve stimulation/ breathwork in their physiotherapy sessions

Alexandra Aiftimie, Senior physiotherapist, American Hospital, Dubai, UAE



13:40-14:00

Title: Pilot Study: An Occupation-Based Mindfulness Meditation Training for Teachers and Other School Staff

Chanie Messinger, Certified Life Coach, New York, USA



14:00-14:20

Title: The Influence of Trunk Control on Activities of Daily Living, Gait Independence, Balance and Falls, Quality of Life and Community Mobility in Patients with Stroke: A Cohort Study

Saeed Al Qahtani, King Abdulaziz university, Saudi Arabia



14:20-14:40

Title: The Association between Self-reported Pain and Functional Tests in Participants with Chronic Ankle Instability

Saeed Al Adal, Faculty of Applied Medical Sciences, Najran University, Saudi Arabia



14:40-15:00

Title: Yoga for Holistic Health and Wellbeing

P. Madhusudan Reddy, National Institute of Technology, Warangal, India

Networking & Refreshments @ Oslo 15.00-15.20



15:20-15:40

Title: Effects of Kinesio Taping in pre menstrual syndrome pain in younger females

Ankit Bhargava, Jayoti Vidyapeeth Women's University, Jaipur, India



15:40-16:00

Title: Sports Injury: Management and Prevention

Mohammad Rafiqul Alam Jewel, Cumilla Diabetes Hospital, Bangladesh



16:00-16:20

Title: Collaboration Between Dentist and Osteopath: Enhancing Holistic Patient Care

Maria Emilia Vinciguerra , Rosario School of Dentistry (UNR) , Argentina



16:20-16:40

Title: Mixed methods study evaluating functional abilities and experiences of people with Parkinson's disease after participating in a community-based table tennis program

Rana Alrashed , Cardiff University School of Healthcare Sciences, UK



16:40-17:00

Title: Role Of Pilates In Clinical Rehabilitation

Mamta Biyani, CATALYST Physio Academy, India

Panel Discussion

Awards & Closing Ceremony

Day 2

July 11, 2023

Virtual mode meeting | Time zone in France (GMT+2)



09:00-09:20

Title: Therapeutic Improvisations: Role of 3D Gait Analysis in Physiotherapy

Deepti Majumdar , Defence Institute of Physiology and Allied Sciences, Delhi, India



09:20-09:40

Title: Correlation Between Hand Grip Strength And Discomfort In Continual Bike Riders

Neelam Tejani , Dr. D.Y. Patil College of Physiotherapy, Pune, India



09:40-10:00

Title: The Study Of Preferred Choice Of Colour Among Typical And Atypical Children

Kiran Kamble , PES Modern College of Physiotherapy, Pune, India



10:00-10:20

Title: Effectiveness of rehabilitation on head and neck cancer patient: a literature review

Shalaka Baidya , Faculty of Physiotherapy And Rehabilitation, Assam downtown University, India



10:20-10:40

Title: Comparative Study Of Aerobic Exercises Versus Relaxation Therapy On Anxiety And Depression In Asthmatic Children- Pilot Study

Pratibha Gaikwad , Lokmanya Tilak Municipal General Hospital , Mumbai, India



10:40-11:00

Title: Validity and Reliability of Het's SERF ASSESSMENT for Pelvic Floor Assessment

DHARA SHAH, Gujarat University, Ahmedabad, India

Keynote presentation



11:00-11:20

Title: AI Locomotion Analysis in the Evaluation of Movement Disorders and Their Control Strategies

Christopher M. Proulx, Director of Education, Digistole, Nancy, France
Private Clinical Practice, USA



11:20-11:40

Title: Physiotherapist as Health Promotion Practitioners in Primary Health Care (PHC) in Riyadh City

Theeb Naif S Alsalem , King Abdulaziz Medical City , Saudi Arabia



11:40-12:00

Title: How to permanently eradicate Tinnitus in 10 days- A US Patent method revealed

Milly Ng, Inventor of Medical Technology MCSP Chartered Physiotherapist of UK , Registered Physiotherapist of UK Australia and Hong Kong



12:00-12:20

Title: Effect of Graded motor imagery in patients with Lateral Epicondylalgia-Pilot study

Kiran Jeswani , PES Modern College of Physiotherapy, Pune, India



12:20-12:40

Title: Role of health care professional in encouraging and supporting healthy ageing by promoting strategies for physical activities

Urvisha Ashokbhai Lunagariya , Specialist physiotherapist, London, UK

Keynote presentation



12:40-13:00

Title: Effects of Acupuncture on Enhancing Muscle Strength: A Systematic Review

Steve Bailey , Steve Bailey Acupuncture CPD Academy , UK



13:00-13:20

Title: Efficacy of multimodal exercises on cancer-related fatigue: a meta-analysis

J ARUL JOSEPH ARUN , K.G College of Physiotherapy, India



13:20-13:40

Title: Nutrition like special support of physical condition by patients on rehabilitation

Elizabeta Popova Ramova , MIT University Skopje , Republic of North Macedonia



13:40-14:00

Title: Association Between Cognitive Impairment and Motor Dysfunction in Patients with Multiple Sclerosis: A Cross-sectional Study

Hanadi Matar Alharthi, King Saud University Medical City, Saudi Arabia



14:00-14:20

Title: Mobi-L - Revolutionizing Post-Stroke Rehabilitation with an Innovative and Affordable Solution

Chirag Shah , Rymo Technologies Pvt Ltd, Maharashtra, India



14:20-14:40

Title: Evolution of the management of prostate cancer by the physiotherapist

Guillaume CARNAUX Roubaix, Hospital HDF 59100, France

keynote presentation



14:40-15:00

Title: A Review of the Ligamentous Articular Tissue Pain Referral Patterns: Implications for Musculoskeletal Rehabilitation

Robert Libbey, New Westminster, BC, V3M 1X4, Canada



15:00-15:20

Title: Does understanding force production and tissue tolerance play a role in the rehabilitation of upper limb injuries in both athletes & non-athletes?

Ian Gatt, Head of Performance Services & Lead Physiotherapist - Great Britain Boxing ,UK



15:20-15:40

Title: Exploring the needs of stroke patients after discharge from rehabilitation centres in Saudi Arabian Communities: an IPA qualitative exploratory study design

Basema Temehy , Exercise and Rehabilitation Sciences, University of Birmingham, UK



15:40-16:00

Title: Thalassemia: Impact Of Physiotherapy

Dhanita Jadhav , MCGM e Comprehensive , Thalassemia Care, Pediatric Hematology-Oncology & BMT Centre, India



16:00-16:20

Title : Effects of Aerobic Training &Resistance Training in Type 2 Diabetes

Yuthika Rao, Mahatma Gandhi Physiotherapy College, Rajasthan, India

Panel Discussion

Awards, Thanks giving & Closing Ceremony



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HYBRID EVENT

KEYNOTE PRESENTATIONS
DAY 1



Matthew Ebalu, Iwona Kasior

Howard University, College of Nursing and Allied Health Sciences, Department of
Physical Therapy, Washington DC, USA

Is There an Association Between Patient's Socioeconomic Status and Musculoskeletal Recovery: A Systematic Review

Objective: The purpose of this systematic review is to examine musculoskeletal recovery from varying socioeconomic statuses and to determine if there is an association between socioeconomic status and recovery from musculoskeletal injury in patients.

Methods: This Systematic Review utilized a comprehensive search of the studies conducted between 1990 and 2020. The following search databases were utilized in this review PubMed, NCBI, PNAS, and Science Direct. The comprehensive search in this systematic review resulted in 1,663 articles but with eleven articles for final inclusion in the review. Studies were included when the sample examined people from all socioeconomic background and their recovery time. Results were arranged according to racial concordance, socioeconomic status, the level of patient satisfaction, access to insurance, income, patient education and patients' recovery time.

Results: For level of patient recovery and socioeconomic status all nine articles found statistical significance using at 95% CI as the bare minimum. One of the articles in this study found a difference among ethnic variations and socioeconomic status in patient recovery, with the minority ethnic group being the most affected. While one other article measured the amount of physical therapy clinics that accepted Medicaid and found out that 43% fewer physical therapy clinics accepts Medicaid insurance compared to private health insurance.

Conclusions: The results of this study suggest that there is a strong correlation between socioeconomic status and patient recovery. Modifiable factors that contribute to low socioeconomic status must be evaluated and optimized to reduce health-care disparities and equal distribution of healthcare resources.

Biography:

Associate Professor in the Physical Therapy Department, College of Nursing and Allied Health Sciences. She received her PhD from The Karol Marcinkowski Medical University in Poznan, Poland (2005). Dr. Kasior has also received the Doctor of Physical Therapy degree from Massachusetts General Hospital Institute for Health Professions, Boston, MA in 2006, the Certificate of Advanced Graduate Study from Howard University, School of Education (2001), BS degree from Howard University, Physical Therapy Department in 1988 and Master's Degree from the Academy of Physical Education in Poznan, Poland, (1979). Matthew Ebalu is a graduate DPT from Howard University.



MaryEllen Axner

Rocky Mountain University of Health Professions
Kinetic Institute Physical Therapy, USA

Balanced abdominal wall activation effects on thoracic spine stiffness and physiological scapulo-thoracic articulation kinematics

Altered scapular kinematics have been documented in many shoulder injuries and pathologies. Proper fixation of the scapulae establishes a point of fixation from which the scapula glide, tilt, and rotate about the shoulder girdle axes. This is accomplished by a “stiffening” of the thoracic spine. This activity establishes a point of fixation and determines the direction of muscle pull of muscles that centrare the PSTA position on the thorax, allowing for an optimal mechanical advantage. Aim: To determine whether stiffening of the thoracic spine through a balanced abdominal wall muscle activation pattern affects scapular kinematics. Methods: Thoracic spine stiffness to posteroanterior (PA) glides, abdominal wall electromyography (EMG) activity and simultaneous scapulae kinematic motion analysis were recorded pre- and post-balanced abdominal wall activation training. Results: All participants increased thoracic spine stabilization through a neuromuscular activity of proportional, synchronized abdominal wall activation pattern. This movement pattern significantly decreased scapular external rotation in multiple planes. Conclusion: A balanced abdominal wall muscle activation pattern stiffens the thoracic spine, creating a punctum fixum, altering neuromuscular control of the scapula, resulting in decreased external rotation on the thorax. Ideal stabilization of the shoulder girdle requires preparatory abdominal wall muscle activity and is part of a neuromuscular pattern necessary to achieve a punctum fixum at the thorax and the PTSA. This central mechanism of neuromuscular abdominal wall activity on the quality of scapular fixation on the thorax should be considered when describing ideal kinematics at the PSTA.

Biography:

MaryEllen received her B.S. in Physical Therapy from Thomas Jefferson University in 1988, M.S. in Physical Therapy from Rocky Mountain University of Health Professions in 2002 and PhD. In Orthopaedic and Sports Science from Rocky Mountain University in 2018. She is co-owner of a private practice in North Carolina and building the framework necessary to allow for clinical-based research. She has served on several regional/national committees and panels, including a committee member of the APTA Aquatic Section.



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WORKSHOP PRESENTATIONS
DAY 1



Silverio di Rocca
MPR International School, Switzerland

Practical Workshop On Posturometer For Physical Rehabilitation

Introduction: Posturometry is the measurement and assessment of an individual's postural stability, which refers to the ability to maintain balance and control over one's body in different positions and during movement. Posturometry involves the use of various techniques and tools, such as force plates, motion capture systems, and other types of sensors, to quantify and analyze postural sway, center of pressure, and other relevant parameters.

Posturometry is commonly used in clinical and research settings to evaluate balance disorders, musculoskeletal injuries, neurological conditions, and other health issues that may affect an individual's postural control. It can also be used to monitor changes in postural stability over time or in response to various interventions, such as physical therapy, rehabilitation, or medication.

Workshop : Posturology is the study of human postural control, which refers to the ability of the body to maintain its stability and balance while performing various movements or standing still. Posturometry is a diagnostic technique used to assess postural stability and detect postural disorders.

In this Workshop, we will see in practice the function of the POSTUROMETER, in direct with patients.

Objectives: The objectives of a posturometry workshop may vary depending on the specific focus and level of expertise of the participants, but generally include:

1. Understanding the basics of posturography and posturometry: This includes learning about the different types of postural control mechanisms, the factors that influence postural stability, and the principles behind measuring and analyzing postural sway.
2. Developing proficiency in using posturography equipment: Participants learn how to operate different types of posturography equipment and software, including force plates, inertial sensors, and virtual reality systems.
3. Interpreting and analyzing posturographic data: Participants learn how to interpret posturographic data and identify patterns that may indicate postural instability or dysfunction. They also learn how to use statistical methods to analyze and compare posturographic data.
4. Clinical applications of posturometry: Participants learn about the use of posturography in clinical practice, including its application in assessing balance disorders, evaluating the effectiveness of balance interventions, and tracking progress over time.
5. Developing research skills: For researchers, the workshop may focus on developing research skills, such as designing posturometry experiments, collecting and analyzing data, and writing research reports and papers.

How the Workshop will develop: The posturometric measurement is carried out with three simple analyzes:

- Open mouth open eyes

Overall, the objective of a posturometry workshop is to provide participants with a comprehensive understanding of postural control mechanisms, proficiency in using posturography equipment, and the ability to interpret and analyze posturographic data in both clinical and research settings.

- Mouth closed eyes open
- Eyes closed mouth open
- In the first exam we study the static posture.
- In the second exam the effect of the Cranio Facial System on posture.
- In the third exam we study the foot support.

In the workshop we will study the POSTUROMETER graphics and their clinical interpretation:

- POSTUROMETRY
- STABILOMETRY.
- PODAL SUPPORT.
- BODY TORSION.

With these simple measurements and with the analysis of the graphs, we will be able to diagnose the pathology, plan our treatments and follow its evolution.

Conclusion: In this workshop you will be able to see in action the posturometer, an objective instrument for measuring static posture. They will have a practical demonstration of diagnosis and therapeutic planning in physical rehabilitation.

The action of the dysfunction of the postural receptors on the functioning of the POSTURAL TONIC SYSTEM will be evidenced. We will carry out a practical demonstration on patients.

Biography:

Silverio Di Rocca has completed his Graduation in Dentistry and Post-graduation in Functional Orthopaedics from University of Buenos Aires, Argentina. He has also done a degree in Dentistry and Prosthetic at the University of Turin, Italy and a Doctorate in Dentistry and Prosthetic at University of Turin, Italy. He is the Director of the MPR International School, Vice President, International Representative and Founder of API Swiss (International Association of Posturology, Switzerland). He is also a Professor in Amocoac Diplomate in Mexico and COMEI, College of Dentistry in Mexico, Associate Professor in ICOM (International College of Osteopathic Medicine) Milan, Italy and an International Honorary Member of AMOCOAC



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SPEAKER PRESENTATIONS
DAY 1



Treatment of headache by physios: no more a headache for physios

Dhairav Shah

Asiya Physiotherapy and Rehabilitation Clinic, Mumbai, Maharashtra, India

A physiotherapist should be equipped to assess cervicogenic dysfunction in a patient with a headache, and hence every headache patient should be assessed by a physiotherapist. Headache and migraine are not mutually exclusive, but are different expressions of the same condition- the sensitized trigeminocervical nucleus. Recent evidence proves the same. Cervicogenic headache as a distinct entity continues to be debated. Manual examination of the vertebral segments in a systematic approach is needed to determine the primary cause of the headache from the dysfunctional cervical spine segment. The Watson Headache Approach is an evidence backed method of C0-C3 manual therapy for assessment and management. In recent systematic reviews, cervical mobilization has been found to be beneficial in reducing headache disability, pain intensity, frequency, and duration. Passive accessory intervertebral motion and the posteroanterior pressures demonstrate immediate pain relief as well as long-term follow-up shows maintained results. Unique systematic physiotherapeutic assessment methods for the accurate diagnosis of cervicogenic dysfunctions and treatment techniques to immediately alleviate symptoms are imperative. In spite of specific diagnostic criteria, symptoms of migraines and cervicogenic headaches overlap. Manual examination can assist in accurate differential diagnosis. Identifying the presence of cervicogenic headache features in migraine patients allows us to understand the possibilities of missed or under diagnosis of cervicogenic headaches. Partial diagnosis of a migraine is a common clinical mistake which leads to other modes of treatments such as anesthetic blockades, and this can be avoided.

Biography:

Dr. Dhairav Shah is a Certified Orthopaedic Manual Therapist (C.O.M.T) from Curtin University, Australia. He completed his Bachelors of Physiotherapy from the Maharashtra University of Health Sciences and is the Founder and Head of Asiya Physiotherapy and Rehabilitation Clinic, located at Mumbai and Surat. He is a Consulting musculoskeletal specialist since 13 years. He has a Master of Arts (M.A.) degree in Philosophy. He conducted a practical demonstration on cervicogenic headaches at the Conference of Society of Indian Physiotherapists and has multiple ongoing research projects. He has learnt from stalwarts such as Kim Robinson, Toby Hall, and Dean Watson.



How does Floor Movement Improve your Mental and Physical Health - Take Movement Flow as an Example

Joyce Chieh-Hsin Lo

Neuro- Motor Control Coach , Taiwan

This paper discusses the benefits of floor movements and how to apply them to prehab and motor control training.

Different types of exercises bring us various improvements and progressions. In this paper, we will discuss the benefits of floor movements, how to apply them to prehab and motor control training, and how this education can simultaneously improve our mental and physical health.

With the literary reviews, this research studies the vital role that proprioception, brain and coordination, and mobility health play in our body; afterward, the paper will demonstrate how floor movement differs from machine-based training and how it benefits our body via the systems we mentioned before by taking the new movement system Movement Flow as an example.

Keywords: Prehab, Floor Movement, Proprioception, Brain and Coordination, Mobility, Movement Flow

Biography:

Joyce has studied neuro-motor control for many years. Currently she is NeuroKinetic Therapy Asia certifier, Movement Flow lead teacher and Energy Cleansing and Movement Correction Course founder.



Lung Ultrasound (LUS) approach early in postoperative setting for searching pulmonary complications – Multicenter Research Project

Emídio Jorge Santos Lima

PROHOPE General Hospital and UNIME University – Brazil

Postoperative pulmonary complications (PPCs) were observed in up to 35% of patients 1-3. Lung Ultrasound (LUS) findings, such as pleural effusion and pulmonary consolidations, in the immediate postoperative setting, were associated with postoperative pulmonary complications 4

Predictive scores for identifying patients at high risk of PPCs have been developed, but they have, at best, low accuracy 5

Currently the association between LUS findings in early postoperative setting and outcomes after major noncardiac surgery remains unclear. The early detection of PPCs, by LUS, could allow precocious implementation of therapeutic measures.

The primary aim of our study is to evaluate the incidence of PPCs, diagnosed by LUS, precociously, in the first 3 postoperative days, after major surgery. The secondary aim is calculate the accuracy of LUS in predicting PPCs, in the first 3 postoperative.

Method

Multicenter study, including four Intensive Care Units (ICUs) at: Brazil, France and Germany.

Eligible patients: age at 18 or more, patients undergoing surgery, under general anesthesia, and extubated.

Exclusion criteria: absence of acoustic window, lung transplantation, and patient hospitalized in ICU.

Study protocol

The following data will be collected:

Before surgery: demographic data, and medical history

Surgical data: the type of procedure, and surgery duration.

Anesthesia data

Data in the postoperative settings

After extubation LUS will be performed.

Each chest side will be divided into 6 regions. LUS score will be assessed, which represents the sum of point values (the worst finding) from each region. 0: normal; 1: moderate interstitial syndrome; 2: severe interstitial syndrome; 3: consolidation.

Biography:

Emídio Jorge Santos Lima has completed his PhD in 2011 from Federal University of Bahia-Brazil (UFBA) and Critical Care Medicine Fellowship in 2012 from Pierre and Marie Curie University, Paris 6. He is the director of Intensive Care Unit at PROHOPE Hospital (Brazil), and Professor at UNIME University and Roberto Santos General Hospital (Brazil). He has published clinical researches about Mechanical Ventilation, Echography Pulmonary, and Echocardiogram in reputed journals.



Yoga in physical therapy

Zeljka Obrenov, Novi Sad, Serbia
General manager of Pilates Studio

As a young girl and as athlete, I've experienced few injuries and this is when I've decided to become a coach. In my opinion the physical therapy rehabilitation in sport must be on a higher level. We have to bring more awareness about how much is important that our clients receive the proper care, at least corrective exercise and to bring more awareness about our clients injuries.

Biography:

Coaches are their own best advertisement for dedication, training and results. Enjoy inspiring and encouraging others to lead healthier lifestyle. I love to educate myself and I think that we should be learning all our life. I graduated on Fitness Academy Belgrade on July 2013. After that I went on Yoga Academy and I finished it on July 2016. When I finished that, I decided to specialized myself for working with top athletes. I would like to thank to my kids, because they are my biggest support and they believe in me and my goals even more than I do.



Stress influence in patients with chronic musculoskeletal pain and the importance of postural education/vagus nerve stimulation/breathwork in their physiotherapy sessions

Alexandra Aiftimie

Senior physiotherapist American Hospital, Dubai, UAE

Stress affects all systems of the body, from the central nervous system to peripheral organs and has a tremendous impact on immune system dysfunction. The immune system plays a critical role in pain.

Once with the modern world the studies are showing that there is an increase of stress levels; however, in my research, I observed that the majority of the patients are not aware of the impact of stress on their body and how this phenomena is challenging their body's homeostasis.

For my study, I worked with patients which previously had physiotherapy sessions with other peers (with a mild decrease of the pain, 20-30% only) which mainly applied the conventional treatment (electro therapy devices, massage, therapeutic exercises).

I've noticed that after focusing on the postural education and ergonomics and I made the patients to be aware of the impact of stress at the physical level, they had a faster and more durable improvement. As well, I observed that 80% of the patients, especially the ones with chronic spine issues (neck/low back pain) for which I introduced manual therapy techniques for vagus nerve stimulation and breathwork had a faster drop of pain, they became more conscious about what is damaging their body and more aware of what they can do in their daily activities to release the stress, to relax their muscles and not have recurrent pain.

The purpose of this research is to prove how important is as a physiotherapist to think outside the box and have a complex approach in the treatment of our patients. As well, to take in consideration that the body cannot be dissociated from spirit and emotion; they are totally interdependent. Making our patients to understand and be aware of that, I truly believe that will add a huge benefit in the outcome of the physiotherapy sessions and a tremendous drop of their pain.

Biography:

Alexandra Aiftimie is a Phd student at "The state university of Physical Education and Sport" from Moldavia. She studied in Romania and Italy and is practicing as a physiotherapist since 2011 in Romania, Saudi Arabia and United Arab Emirates. Currently, she is working as a senior physiotherapist at American Hospital, Dubai.



Pilot Study: An Occupation-Based Mindfulness Meditation Training for Teachers and Other School Staff

Chanie Messinger

Certified Life Coach, New York, USA

10 school professionals and staff consisting of general education teachers (4), a special education teacher (1), health/physical education/wellness teacher (1), teachers aid (1), speech-language pathologists (2), and an occupational therapist (1) completed a virtual 3-week occupation-based mindfulness meditation training program. The training used occupation-based strategies, which focused primarily on occupation-based mindful minutes (OBMM). Occupations are defined as everyday activities that people participate in that are meaningful and purposeful that they do as by themselves, with their family, and with their communities to spend their time. OBMMs are simple, minute-long strategies based on meaningful and purposeful activities that foster the ability to connect with oneself and check-in before deciding how to respond to a given situation. OBMMs emphasize relevant activities as a primary means to achieve goals related to being in the present moment. Throughout weeks one and two, school professionals and staff were taught occupation-based mindful minutes to notice their body sensations and breathing, to connect to the present moment to engage in daily occupations. All participants completed a pre intake form, the pre-and post-Five Facet Mindfulness Questionnaire (FFMQ), the pre-and post-Maslach Burnout Inventory for Educators (MSI-ES), and a post-evaluation training survey. These measures assessed participants' perceived level of mindfulness, their burnout, and program satisfaction. The results of the study showed significant change in 3 subscales which suggest a decrease in emotional exhaustion (MSI-ES), an increase in observation (FFMQ), and an increase in acting with awareness (FFMQ). These findings suggest that mindfulness meditation based on present moment awareness of occupation may produce positive benefits and enable school professionals and staff to manage stressful conditions within their school environments more effectively.

Key words: mindfulness meditation, school professionals and staff, burnout, and mindfulness.

Biography:

Dr Chanie is a certified life coach wherein she used her 10+ year experience and expertise as an occupational therapist as well as experience as an educator, adjunct professor, researcher, author, and keynote speaker to guide educators, therapists, and parents to successful support their children. She helps her clients find the joy of parenting/teaching with playful interactions and activities, connection and love by learning how to release discipline, and control and setting appropriate boundaries.

She has received an international teaching award and pride of nation award for her online work during COVID-19.

Dr Chanie is an international speaker has been invited to speak in Italy, Panama, Costa Rica, Pakistan, Saudi Arabia, India, and Turkey.

Dr Chanie has published a children's book entitled Breathe Breathe Breathe in which she received an international celebrity book award.

Dr Chanie holds degrees in liberal arts, health science, and occupational therapy. Her doctoral thesis was an Occupation-Based Mindfulness Meditation Training Program for teachers and school professionals.

Her mission is to change the educational paradigm by creating a holistic approach to learning in which kids can remain tapped into their authenticity with abundance of love, kindness, and compassion towards themselves and others.

Dr Chanie works one on one online and in person with educators, parents and kids to help with functional skills development while allowing kids to remain connected to their authenticity.



The Influence of Trunk Control on Activities of Daily Living, Gait Independence, Balance and Falls, Quality of Life and Community Mobility in Patients with Stroke: A Cohort Study

Saeed Al Qahtani

King Abdulaziz university, KSA

Trunk control is a key motor skill that is required for performing a variety of functional tasks. The importance of trunk function, particularly that related to the static sitting balance, is reported for predicting functional prognosis following stroke, trunk function is a reliable predictor for independence of ADL's, gait independence, balance, and many functional outcomes after stroke. Purpose: prospective cohort study aims to find out whether ADL's, gait independence (GI), balance and falls and community mobility are better predicted by using trunk control test for stroke survivors after 3 months. Methods: Twenty acute stroke survivors aged >18 were personally assessed for trunk control test as an independent variable in in-patient setting of the ministry of health hospitals and followed for 3 months for assessing ADL's, balance and falls, GI and community mobility as a dependent variable. Outcome measures: Trunk Control Test (trunk control), Activities-Specific-Balance Confidence (Balance), Barthel index (ADL's), Functional Ambulation Categories (GI), Modified falls efficacy and number of falls (fear of fall and falls), Reintegration to Normal Living Index (Community mobility). Results: The mean age of subjects were 58.52 ± 11.7 years with a mean duration of stroke of 11.6 ± 7.4 days. Balance was the most significant variable ($b=0.560, p=0.005, 95\%CI; 0.40$ to 0.73) the other variables include: GI ($b=-0.481, p=0.1, 95\%CI; -0.81$ to -0.28), falls and fear of fall ($b=0.74, p=0.08, 95\%CI; 0.01$ to 0.68), ADL's ($b=-0.76, p=0.07, 95\%CI; -0.52$ to 0.69), community mobility ($b=-0.06, p=0.8, 95\%CI; -48.20$ to 43.69). Conclusion: balance has shown to be better predicted by trunk control test rather than other variables in patients with stroke.

Biography:

Saeed Al Qahtani has completed his bachelor degree, and now he is master student at King Abdulaziz University. Saeed interested in neurorehabilitation specially stroke rehabilitation.



The Association between Self-reported Pain and Functional Tests in Participants with Chronic Ankle Instability

Saeed Al Adal¹, Mackey M², Pourkazemi F², Hiller CE.²

Faculty of Applied Medical Sciences, Najran University, Najran, Saudi Arabia

²Faculty of Health Sciences, University of Sydney, Sydney, Australia.

One of the commonly reported chronic ankle instability (CAI) impairments is pain; however, few studies have investigated pain as an outcome or used objective measures to test ongoing pain in people with CAI. Persistent pain is associated with low health-related functioning, expansion of body representations in the brain, and changes in nociceptive pathways (sensitization). The study aim was to investigate if there was a difference in response to balance perturbation and central processes in people with CAI, with or without ankle pain. The second aim was to investigate if the presence of self-reported ankle pain was associated with changes in pain provocation tests.

Participants with CAI (CAIT $\leq$ 24) were recruited into two groups; CAI with pain (n=29), CAI without pain (n=29). Participants filled out 3 questionnaires: Foot and Ankle Ability Measure (FAAM), International Physical Activity Questionnaire (IPAQ) short form, and general information about ankle sprain history. Primary measurements were recovery from inversion perturbation (sec), and limb laterality test (LLT, sec, % correct response). Secondary measurements were: foot lifts test, SEBT, choice stepping reaction time (CSRT), timed stair test (sec), and pain provocation (pressure pain threshold, PPT kPa/s; Conditioned pain modulation, CPT kPa/s). Results showed that reported pain was 3.0 $\pm$ 1.47 on VAS (11 point scale). There were significantly lower CAIT (18.5 $\pm$ 4.7 vs. 22.3 $\pm$ 2.7, p<001) and FAAM scores (70.3 $\pm$ 15.4 vs. 88.2 $\pm$ 10, p<001) in participants with pain. No significant differences were found in any other measures. In conclusion, participants with CAI and pain reported limited functional activities.

Severity of pain could play a major role in understanding the impact of ankle pain in participants with CAI.

Biography:

Saeed Al Adal is a father of three kids. He has completed his Master degree from the University of Pittsburgh, Pittsburgh, USA. He has completed his PhD from the University of Sydney, Sydney, Australia. Now he is a teaching assistance at the Faculty of Applied Medical Sciences at Najran University, Saudi Arabia. He is the Director of Quality & Patient Safety Department at Najran University Hospital.



Yoga for Holistic Health and Wellbeing

P. Madhusudan Reddy

National Institute of Technology, Warangal, India

Yoga is a way of life. Yoga is a science, not a religion, of uniting the mind, body and soul. Yoga is an exact science based on certain immutable Laws of Nature.

It is also an art of living the right way. Equanimity Serenity and Skill in actions is Yoga.

Yoga is a holistic science that embodies basic and complex principles of one's mind and body and also the interconnectedness of one's phases of life.

Yoga involves holistic practices and promotes improved physical and mental health of individuals using postures, breathwork, and meditation.

Yoga supports these natural healing defences of our body. It has a different approach than conventional medicine.

Yoga can be used as a therapeutic science in curing and preventing various psychosomatic diseases and its holistic approach can be used to maintain physical, mental, social and spiritual health.

A rehabilitation mainly consists of stages- rest and protect, recover your motion, recover your strength, and recover your functionality.

One must constantly pursue the higher upliftment of yogic practice to go beyond the concept of prevention and curation and attain the rehabilitation– a new restored and rejuvenated life!

Biography:

Dr. P. Madhusudan Reddy Physical director National Institute of Technology Warangal. 30 years of service Training and organizing sports to the Institute students.



Effects of Kinesio Taping in pre menstrual syndrome pain in younger females

Ankit Bhargava

Jayoti Vidyapeeth Women's University, Jaipur, RJ, India

Menstrual pain was reported by 84.1% of women, with 43.1% reporting that pain occurred during every period and 41% reporting that pain occurred during some periods. The main aim of this study was to find out the effects of Kinesio taping in the reduction of pre- menstrual pain and other changes among young females who fit the inclusion criteria and whether Kinesio taping plays any important role in resolving this social problem of women around the world. This study was an experimental study done on a fewer subjects. A specific Kinesio Taping technique was performed on the subjects before their expected menstrual dates for three consecutive months and checked for changes in approved parameters. Kinesio taping was relatively effective in reducing the issues arising from pre-menstrual syndrome among young females. It was also seen during the study that females' psychological parameters also improved. A vast scope of research is available in this area on a bigger scale which needs to be addressed by the researchers to eradicate this common problem of women without medication.

Biography:

Dr Ankit Bhargava has completed his PhD in Physiotherapy at the National University of Singapore. He is the dean-Faculty of Physiotherapy & Diagnostics at Jayoti Vidyapeeth Women's University, Jaipur, Rajasthan, India and the Founder & Director of AB Healthcare and ABHIAHS, a premier Healthcare organization & Medical Institute. He has been associated with many renowned International and national organizations. He is the only physiotherapist in India who got awarded the Govt. of India, Govt. of Rajasthan awards & Presidential medal for his services in Physiotherapy. He is the only physiotherapist who served in the Himalayas for 50 days at a height of 18000 feet.



Sports Injury: Management and Prevention

Mohammad Rafiqul Alam Jewel

Cumilla Diabetes Hospital, Bangladesh

Introduction about sports injury

Common Injuries

Injury Diagnosis

Acute Injury

Chronic Injuries

R.I.C.E Management

Types of injuries: Hard & Soft Tissue Injuries

Open and Closed injuries

Unconsciousness

D.R.A.B.C Management

Complete Exercise program

Biography:

Dr. Mohammad Rafiqul Alam (PT) has completed Bachelor of Physiotherapy (BPT) from Singhania University, India. Is currently completed MPH (Master of Public Health) from Atish Dipankar University of Science and Technology (ADUST) Bangladesh. Is working as Chief Physiotherapist and Orthopaedic Nursing lecturer for Comilla Diabetic Hospital, Bangladesh, since 2002 till now. He has been a special guest at many conferences in India and holds a Fellowship Diploma in Stroke Rehabilitation from the London Academy of Sports and Health Sciences, UK.



Collaboration Between Dentist and Osteopath: Enhancing Holistic Patient Care

María Emilia VINCIGUERRA

Rosario School of Dentistry (UNR) , Argentina

The collaboration between dentists and osteopaths has emerged as a valuable approach to promoting comprehensive healthcare. Both professions share a common goal of improving patient well-being, and their collaboration leverages their respective expertise to address interrelated issues affecting oral and overall health. This abstract highlights the significance of the collaboration between dentists and osteopaths, exploring its benefits, key areas of synergy, and potential outcomes for patients.

Traditionally, dentistry has primarily focused on oral health, while osteopathy has centered on musculoskeletal health. However, recent research has illuminated the interconnectedness between oral health and overall systemic well-being. The collaboration between dentists and osteopaths recognizes this interplay, considering the oral cavity as an integral part of the musculoskeletal system and vice versa.

By combining their specialized knowledge, dentists and osteopaths can provide more comprehensive care to their patients. Dentists possess expertise in diagnosing and treating oral health conditions, such as periodontal disease, temporomandibular joint disorders, and dental malocclusions. Osteopaths, on the other hand, excel in assessing the musculoskeletal system, detecting imbalances, and applying manual therapies to restore proper alignment and function.

The collaboration between these professionals facilitates an integrated approach to patient care. Dentists and osteopaths can work together to identify and address the underlying causes of oral health issues, such as postural imbalances, jaw misalignment, or muscular tension. Osteopathic manipulative treatment (OMT) techniques can be used to alleviate musculoskeletal dysfunctions that contribute to dental problems, while dental interventions can support and enhance the effectiveness of osteopathic treatments.

The outcomes of collaboration between dentists and osteopaths are diverse and profound. Patients can experience improved oral function, reduced pain, and enhanced overall well-being. Combining dental and osteopathic treatments may lead to better treatment outcomes and long-term oral health stability. Moreover, this collaborative approach has the potential to prevent the recurrence of dental issues, as underlying musculoskeletal imbalances are addressed alongside traditional dental therapies.

In conclusion, the collaboration between dentists and osteopaths represents an innovative and holistic approach to patient care. By acknowledging the interconnectedness of oral and musculoskeletal health, these professionals can deliver more comprehensive treatments, addressing both symptoms and underlying causes. Further research and education in this area can help promote the integration of dental and osteopathic practices, ultimately benefiting patients and advancing the field of healthcare.

Biography:

Year 2006:

- × Honorary work for 1 year in the Chair of Removable Partial Prosthesis of the F.O.R.
- × Primary care and health education program in the Province of Salta. Field work corresponding to the course: "The University

in the community”.

× Poster exhibition at the 4th International Dental Conference of the F.O.R. Theme of the poster: “Harmful action of tobacco on the oral mucosa”.

× Talks on Health Education in schools in the city of Rosario and in the town of Los Quirquinchos (Santa Fe).

- Year 2007:

× Exchange at the Faculty of Dentistry of the Federal University of Minas Gerais, Belo Horizonte, Brazil, through the Student Scale program of the Montevideo Group, U.N.R., from August to December 2007, carrying out activities in the following disciplines: Periodontics , Endodontics, Comprehensive Primary Care Clinic V, Bucomaxillofacial Prosthesis, Orofacial Pain and Teeth Whitening Project.

- Year 2008:

× Ad honorem Assistant of the Chair of Occlusion and Dysfunction of the F.O.R. since the month of July.

× Ad honorem concurrent to the day duty service of the Faculty of Dentistry of Rosario since the month of August. (192hs).

× Ad honorem dental care at the S.A.M.Co. from the town of Cañada del Ucle since August.

× Private dental care in the city of Rosario.

× Poster presentation at the XLI Annual Meeting of the Argentine Society for Dental Research. Theme of the poster: “Therapeutic occlusal study applying an occlusal control test”.

- Year 2010:

× Start of private activity in the town of Los Quirquinchos, Santa Fe, to date.



Mixed methods study evaluating functional abilities and experiences of people with Parkinson's disease after participating in a community-based table tennis program.

Dr Katy Hamana, Asavari Dhodapkar, Rana Alrashed

Cardiff University School of Healthcare Sciences, CF14 4XN, Cardiff, Wales, UK

The increasing worldwide prevalence of Parkinson's disease means that more people are living with the numerous progressive symptoms that negatively impact quality of life and independence. Growing evidence base indicates community-based exercise programs to support PD management. The international rise in popularity of table tennis (TT) in PD suggests TT may be an option to support self-management, but there is a lack of research evaluation.

This novel research aimed to evaluate an 8-week PD specific community TT programme. Participants were recruited from a local TT club. Mixed methods were used to gather objective measures and qualitative data. Ethical approval was obtained from Cardiff University. Outcome measures were conducted pre and post intervention (Timed Up and Go (TUG), Five Times Sit to Stand (FTSTS), Activities-specific Balance Confidence Scale (ABC), hand grip strength). Semi-structured interviews exploring perceptions were conducted post intervention.

16 participants were recruited. Full data sets were obtained for 11 participants; 5 dropped out due to reasons unrelated to the intervention.

TUG scores significantly improved ($p = 0.008$). No statistically significant changes were found for FTSTS ($p = .134$), ABC ($p = 0.929$), left-hand grip strength ($p = .347$), right-hand dominant grip strength ($p = .393$). Thematic analysis of interview data generated 5 themes describing physical, psychological and social impact of the program. Perceived facilitators and barriers to participation have also been described along with preferences and recommendations for future interventions. In conclusion, the outcomes used have met progression criteria for a large-scale trial investigating TT as an exercise intervention for PD.

Biography:

Asavari and Rana are postgraduate students at Cardiff University and this research study was conducted under the guidance of Dr Katy Hamana (Senior Lecturer: Physiotherapy at Cardiff University). This study was a collaborative effort involving Parkinson's UK, Cardiff city table tennis club and Ping Pong Parkinson's.



ROLE OF PILATES IN CLINICAL REHABILITATION

Mamta Biyani

CATALYST Physio Academy, India

Pilates is an exercise method of conditioning that trains both body and mind. It was developed by Joseph Pilates (1881 to 1967). It works on both superficial as well deep structure of the muscle. It improves muscular strength, body awareness, breath control and helps to achieve graceful movements. Pilates focuses mainly on core stabilizing muscles, spinal alignment, posture and breathing. There are mainly two types of pilates that is Mat pilates and Reformer based pilates. Mat pilates is basically a form of strengthening and lengthening kind of exercise that focuses on your core and Reformer based pilates is an equipment based that gives you a greater variety of exercises and is a bit more interesting for the patient. Principles of pilates are Concentration, Breathing, Control, Centering, Precision and Flow of movement. Lateral breathing, Set breathing and Active breathing are the 3 key methods which are focused in pilates during the exercises. There are various benefits of pilates such as it improves cardiopulmonary and respiratory functions. These form of exercises are used for injury recovery, fall prevention, muscle imbalance, posture correction, general strengthening, to improve lung function, reduce stress. Indications of pilates are poor breathing control, poor flexibility, poor postural control and weak muscles of lumbar spine and mechanical low back pain. The contraindications of pilates are 1st trimester of Pregnancy, severe osteoporosis, recent surgery, hernia, acute pain. Pilates is a very unique rehabilitation method which can be included in the effective treatment of the patient.

Biography:

Dr. Mamta Biyani (PT) (Ph.d) has fellowship in cardiac rehabilitation, she has completed diploma in orthopedic and manual therapy (UK). She is Certified cranio sacral practitioner (US), Certified Visceral manipulation practitioner (US), Certified dry needling practitioner (UK), Certified Pilates Instructor (IRELNAD), Certified Instrument Assisted Soft Tissue Manipulation practitioner (UK), Certified kinesio taping practitioner, Certified cupping therapy practitioner, Certified Yoga Instructor and had done FIFA diploma in football medicine.



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Therapeutic Improvisations: Role of 3D Gait Analysis in Physiotherapy

Deepti Majumdar

Defence Institute of Physiology and Allied Sciences, Delhi, India

Humans in all walks of life encounter illnesses or injuries that limit daily activities to varying degrees. Therapeutic protocols are usually customized according to patient's physical condition and ability to cope with prevailing situation, taking longer to cause visible improvement. Healthcare technology has evolved through timeline and brought forth state-of-the-art tools to help physicians and physiotherapists in choosing treatments and interventions. Scientific evaluation and quantification of biomechanical responses of human motion under such pathological conditions provide extensive information to quantify and benchmark the efficacy of applied physiotherapy maneuvers. "Gait" is the style or manner of walking and is characterized by biomechanical patterns of walking and running cycles in both normal and pathological gait. If the process of "3D Gait Analysis" is carried out at the beginning of physiotherapy protocol and is repeated at regular intervals, it would help to understand the causes of gait abnormalities involving joints like ankle, knee or hip, apart from identifying the area of body requiring more attention. Gait analysis can be used to effectively identify the root cause of injuries and contributive compensatory movement strategies underlying the musculoskeletal pathology, enabling the therapist to create an optimized treatment plan. Such insights may further help to correct biomechanical abnormalities affecting one's gait and may result in improving muscle strength, flexibility and overall mobility. Today, with the approach of applying analysis of gait pattern over given timeline, goals of a Physiotherapist are more easily attainable under shorter span of time.

Biography:

Dr Deepti Majumdar received Ph.D. degree from Vidyasagar University, India in the field of Human Physiology. Her research career spans 33 years in Military Ergonomics, Human Biomechanics and Gait Analysis. She has 35 papers in peer reviewed journals (e.g., Ergonomics, Industrial Ergonomics, etc.). She is member of prominent societies like Human Factors and Ergonomics Society, USA ; Gait and Clinical Motion Analysis Society (GCMAS), USA. She established integrated (kinematics, kinetics and electromyography) realtime 3Dimesional Motion Analysis System interfaced with Virtual Reality Platform, thus enhancing research capabilities manifolds, opening new vista with augmented and mixed reality.



CORRELATION BETWEEN HAND GRIP STRENGTH AND DISCOMFORT IN CONTINUAL BIKE RIDERS

Neelam Tejani

Dr. D.Y. Patil College of Physiotherapy, Pune, India

Objectives - The aim of the study is to correlate the hand grip strength and discomfort score in continual bike riding population

Materials and Methodology- 85 subjects who ride for 2-4 hours 5-6 days a week were asked to fill out the Cornell Hand Discomfort Questionnaire (CHDQ) for discomfort and pain. For the measurement of cylindrical hand grip and pinch grip strength Jamar Dynamometer and Jamar pinch gauge dynamometer were used.

Results - According to the Cornell University Hand Discomfort Questionnaire, Index, middle, and ring finger correlations weren't statistically significant (p value >0.05). The little finger pinch grip values (Area E) indicated a moderately favorable connection with a p value of 0.327.

Conclusion – Continuous riders' pinch grasp with the thumb and index finger is more impacted and also showed a connection to the discomfort. Power grip, however, had a negative correlation between pain and areas B and C.

Keywords- Grip Strength, Hand Discomfort, Bike riders, Pinch Grip

Biography:

Has been working as an assistant professor for almost two years, has two copyrights, two patents, and one scopus publication to date, and is involved in four active research projects.



The Study Of Preferred Choice Of Colour Among Typical And Atypical Children.

Kiran Kamble

PES Modern College of Physiotherapy, Pune, India

BACKGROUND- The typical children react colour between the age group of 2-4 years and prefer brighter colour. It is necessary to know which colour atypical children react first.

OBJECTIVE- To determine the preferred choice of colours in typical children.

To determine the preferred choice of colour in atypical children.

MATERIALS AND METHODOLOGY- 64 typical and atypical children were included in the study. All the participants were observed thoroughly for colour preference between red, green, blue, yellow, brown and reaction time of colour preference were also observed.

RESULT- The study showed that red colour was preferred by 51.1% of children, followed by 25.5% children preferred blue and then 10.4% children preferred yellow colour in typical children. While in atypical children yellow colour was preferred by 49.9% of children, followed by 23.8% preferred red colour and 7.3% preferred blue colour.

CONCLUSION – The study concluded that red was the most preferred colour among both typical and atypical children and after that blue colour was preferred while yellow colour was the least preferred colour.

KEYWORDS – Typical Children, Atypical Children, Colour preference

Biography:

Has been working as a Assistant Professor in MUHS Affiliated College of Physiotherapy since past 2 years. I have published 2 articles in the international journals, have 1 copyright registered under Government of India and working on 3 ongoing researches.



Effectiveness of rehabilitation on head and neck cancer patient: a literature review

Shalaka Baidya

Faculty of Physiotherapy And Rehabilitation, Assam downtown University, India

Cancers are a major worldwide public health problem like other cancer, head and neck cancer is a major health problem globally as well as in India. Head and neck cancer result in decrease in ROM of jaw, neck and shoulder, weakness of jaw muscle; neck muscle present, lymph edema present in neck area, cognitive impairment are few of the restrictions faced . There is negative impact on the quality of life like other cancers. Rehabilitation is very effective in head and neck cancer patient.

Biography:

Dr Shalaka Baidya (PT) completed Post graduation specializing in Pediatrics, at the age of 27 years, presently pursuing PhD from Assam downtown University. Currently is the Assistant Professor of Faculty of Physiotherapy And Rehabilitation under Assam down town University. Published around 4 papers and 2 chapters.



Comparative Study Of Aerobic Exercises Versus Relaxation Therapy On Anxiety And Depression In Asthmatic Children- Pilot Study

Pratibha Gaikwad

Lokmanya Tilak Municipal General Hospital, Mumbai, India

Introduction: Asthma is an inflammatory disease characterized by airway obstruction and may cause episodes of wheezing, coughing, and difficult breathing. These episodes are often frightening for children and their parents, have potential consequences for the mental health of children. A study by AboAmer, Ahrawhaa et al (2013) found that asthmatic children had lower self-esteem, social isolation, aggression, and anxiety and depression compared to those with other chronic illnesses.

Aerobic training has been advised for asthmatics to increase fitness and cardio-respiratory endurance, decrease dyspnoea, and improve quality of life. However, studies regarding aerobic training and its effect on anxiety and depression in the paediatric population, are limited. Jacobson's Relaxation is one of the psychological treatments used in adults but not use in the paediatric population. Thus, the aim of our study was to study the effects of eight weeks of aerobic training versus Jacobson's relaxation technique on anxiety and depression in asthmatic children.

Method: 45 asthmatic children satisfying the inclusion criteria were screened. They were divided into 3 groups. Group A subjects received diaphragmatic breathing exercises with pursed lip breathing, Group B children received aerobic training, and Group C received Jacobson's relaxation. Pre- and post-8-week effects on Anxiety and depression were assessed by Revised Children Anxiety Depression scale (RCAD).

Conclusion: Eight weeks of regular sub maximal aerobic training is an effective alternative program for asthmatic children to reduce their anxiety and depression. Aerobic exercises have shown significantly effect on anxiety than relaxation therapy. The comparison was non- significant for depression.

Biography:

Dr Pratibha Gaikwad has passed her Undergraduation from KEM Hospital, India and Master of Physiotherapy from University of Mumbai and presently working as Associate Professor at Lokmanya Tilak Municipal Medical College and General Hospital, Mumbai Maharashtra, India. She has 25 years of teaching experience and guiding PG students since 16 years. She has also worked for haemophilic society of Pune chapter, Maharashtra, India. She is Pursuing her PhD degree from Maharashtra University of Health Sciences (MUHS), Maharashtra, India. She has many publication on her name in National and International index journals. Her speciality is Cardiovascular and Pulmonary Physiotherapy.



Validity and Reliability of Het's SERF ASSESSMENT for Pelvic Floor Assessment

DHARA SHAH

Gujarat University, Ahmedabad, India

Pelvic Floor Dysfunctions like urinary incontinence, pelvic organ prolapse, Vaginismus, etc are very common and are affecting the quality of life of the female suffering through it. It is very important to assess the pelvic floor correctly so that the treatment planned can be accurate. The pelvic floor muscles can be tight and in spasm, thus resulting in the inability to relax. Or it be loose or too much weak. The tight pelvic floor can result in to Vaginismus, dyspareunia, chronic pelvic pain, constipation etc. And the weak pelvic floor can lead to issues like urinary incontinence, pelvic organ prolapse, sexual dysfunction etc. For hypotonus pelvic floor muscles, it is very important to check their endurance, repetition and fast twitch contraction. Het's SERF Assessment will enable the practitioners to assess these functions of pelvic floor muscles. This study evaluated the validity and reliability of Het's SERF Assessment for pelvic floor assessment.

Key words- Pelvic Floor Dysfunctions, Digital Palpation, Het's MMT

Biography:

I am Dhara Shah (Directly Trained by & Direct Point of contact - Het Desai Sir). I am Chief Clinical Instructor at WOW IIPRE, International Institute of Pelvic Floor Research, Rehab and Education. Through WOW IIPRE, we are training doctors – gynecologists, urologists, urogynecologists, sexologists, physical therapists, occupational therapists exclusively for pelvic floor rehab in 13 different countries. I have completed my MPT in Cardio-Pulmonary from Gujarat University and I am currently pursuing my PhD in Pelvic Floor – Women's Health. I am a life member of IAP.

Co-Author paper International Continence Society Congress 2021, Australia

Studies on pelvic floor muscle exerciser, vaginal laxity - approved by ctri.

Presentation on "Het's Ring Clock Assessment – A precision based approach for pelvic floor dysfunction. at 5th World Congress on Physiotherapy, Physical Rehabilitation & Sports Medicine" 2022, Dubai, UAE.



AI Locomotion Analysis in the Evaluation of Movement Disorders and Their Control Strategies

Dr. Christopher M. Proulx, DC, PhD(abd), CSCS

Director of Education, Digistole, Nancy, France Private Clinical Practice, NH, USA

Many of the conditions and pathologies seen in conservative physical medicine are in the top five list of healthcare costs, globally. There have been many advances in both treatment and evaluation of diseases and conditions, however movement evaluation incorporating Artificial Intelligence and deep machine learning is providing clinicians with enhanced capabilities to also predict future health issues. In particular, movement analysis provides both performance based outcomes measures as well as metrics and biomarkers to create a more detailed insight to the systems integrations approach of overall health. In addition to improved computational methods and outputs, this recent technology is more accessible and useable in the common clinic setting. Movement assessment can also provide a more rapid evaluation of the evolution of an intervention program as well as track progressive disorders associated with movement dysfunction.

Biography:

Dr. Proulx is the Director of Education at Digistole, France. He is also in private practice and consultant as a physical medicine and rehabilitation and sport performance specialist. He holds a Doctor of Chiropractic, PhD(abd) in Exercise Science, Master's of Science in Exercise Science, and a Bachelor's of Science in Sport Management and Health Fitness. Proulx has over 25 years of experience in sport and clinical sciences. He has authored and co-authored several peer reviewed publications and has presented across the Americas, China, and Europe.



Physiotherapist as Health Promotion Practitioners in Primary Health Care (PHC) in Riyadh City

Theeb Naif S Alsalem

King Abdulaziz Medical City, Saudi Arabia

Introduction: The role of physiotherapist is very important in the healthcare system of any country because the focus on the healthcare improvements is the main concern from the last few years. This work is based on the primary data analysis and the primary data have been collected from the participants through the Google form method. The questionnaire has been used to collect the data from the participants that related to physiotherapists and the total 362 respondents are participates in the online survey all of them are physiotherapist working in Riyadh City it last for about a month until reach 362 respondents.

Methodology: The Google form method is used for the collection of the data and 362 physiotherapists data have been collected by using the simple random sampling technique in the Riyadh City.

Results: The IBM SPSS and the Microsoft Excel have been used for the analysis of the data with the help of factor analysis and the principal components analysis, along with regression analysis and the correlation analysis. The practical implication of the study is that this work is contributed in the available literature by clearing the role of physiotherapist as health promotion practitioners. The findings are help to develop the effective polices in primary healthcare sector as far as the role of physiotherapist as the health promotion is concerned and it also helps the physiotherapy community to be part of Primary Health Care.

Conclusion: The originality of this research work is that it is one of the fewest and one of the earliest research projects works that conduct to clear the role of health promotion in the primary health care. The health promotion is concerning physiotherapy community as part of primary health care.

Keywords: Riyadh City, Physiotherapist, IBM SPSS, primary health care, Saudi Arabia

Biography:

My name is Theeb Alsalem I holds B.Sc. in Physiotherapy from Semmelweis University, Hungary Budapest. He is Presently working as Physical therapist at King Abdulaziz Medical City. National Guard Health Affairs, Riyadh Kingdom of Saudi Arabia. He is Interesting about Neuroscience and Human Health. I am 5 years specialist in neurological cases and more in neurorehabilitation technologies & techniques.

I also hold Master degree from Saudi Electronic University in Healthcare Administration. The program was combined with Colorado State University Global.



How to permanently eradicate Tinnitus in 10 days- A US Patent method revealed

Milly Ng

Huntington Body Rejuvenation Beverly Hills. 8543 Clifton Way Beverly Hills CA 90211 USA

Tinnitus was believed to have no known cure on the basis of the anatomical structure of the affected Hair Cells situated in the cochlear which is deeply embedded in the middle of the head rendering it difficult to access with surgical intervention nor chemical access.

Not any more!

Cure is possible using the BRS Biofeedback Device (FDA Reg) Success Rate: over 98%

Over how long a period: 10 daily treatment of 15-30 min each session
Methodology: US Patent No: 11,331,486

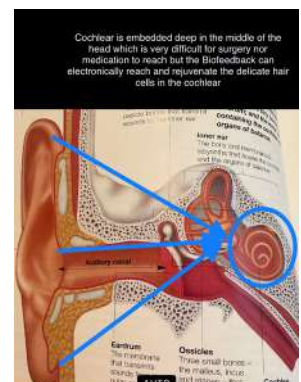
Name: Reverse Hearing Loss & Tinnitus

Equipment used for the procedure: BRS Biofeedback (FDA Reg)

Head set connected to smartphone

The Procedure:

1. Patient positioned lying on the side with the treatment side of the ear uppermost.
2. A head set bud with sound volume turned to a level that patient just unable to hear with the affected ear is plug into the affected ear to isolate the sound source to the patient. Aim is to quantify the instant treatment result.
3. The operator switch on the device to the treatment mode and thoroughly explain to the patient what to expect during the treatment.
4. Operator demonstrate to patient if the electrode probe contact a normal area of the body eg. The forearm or the hand, patient would not be able to feel anything at the contact point.
If the probe comes to contact at the 3 specific Biofeedback points at the external ear, a sharp deep needle sensation will be generated - this is when rejuvenation happened.
5. Here clear communication of patient with the operator is very important. Patient must notify the operator the moment that patient start to feel the sharp needle feeling (there is no actual needle penetration, it is just a sensation felt by the patient. The treatment is 100% non invasive)
6. Patient is informed to tolerate the treatment as far as possible which the operator will station at the biofeedback point for about 10-15 seconds. As this 10-15 seconds is when the rejuvenation takes place. Though patient can ask to stop if he/she finds it intolerable. But most patients understand the meaning of the procedure, they usually have no objection to this fine pin pricked sensation.
7. At this very moment of Hair cells Rejuvenation, patient would at the same time, hear the sound source at the ear bud getting louder and clearer. Also concurrently the tinnitus will start to fade, both in volume/



intensity of the buzzing and the frequency of the buzzing. I.e. If it is 24/7, buzzing might happen only sporadically. Most probably by 50% on first treatment.

Note: For patients with associated hearing loss, the quality of the sound heard is very much co-related to the status of the hearing capability of the patient. As this is a rejuvenation process instead of a switch on, switch off mode.

For a patient with TOTAL hearing loss, the progress of the effect would be as follows:-

- A. He would start to hear a zapping noise as if 2 electric wires are being connected.
- B. He would start to hear a conversation in a choppy manner as if the radio is not tuned properly.
- C. He would hear incomplete sentence.
- D. Hear complete sentence but muffling as if someone talking with the mouth covered.
- E. Hear clearly every word of the complete sentence but unable to comprehend the meaning of the dialogue.
- F. Eventually a complete recovery is to be able to hear clearly with full comprehension.

So for patient with PARTIAL hearing loss, the effect of his hearing capability with the treatment would be in one of the above scenario depends on which stage of partial hearing loss - profound, moderate or mild.

Once the patient get the full understanding of the treatment procedure and what to expect during the procedure, operator will start the actual treatment with the correct positioning of the probe electrodes.

1. With the 2 probe electrodes touching each other, position the probes at the point where the external ear come into contact with the scalp. There is one millimeter error of the point. What I mean here is, the point has to be very very exact. You have to move and wiggle the electrodes and at the same time direct the force of the probe electrode perpendicularly at a 10-20 degree variation until the patient reflect to you he start to feel needle. Then you register this point and wiggle the probe for 10-15 seconds more. This is the Biofeedback point of rejuvenation.

Position of the 3 Biofeedback points illustrated in this patient with right sided Tinnitus, 11 means point 1 with 2 probe electrodes come together resting at the highest point of ear in contact with the scalp. 2 2 separated means one probe in front and one probe at the back giving a T/T effect in the middle of the ear, 33 means the 2 probes come together resting at the same point at the ear lobe come in contact with the skin of the face.



2. With the 2 probe electrodes, this time we do a through and through T/T technique at the middle of the external ear, one in front and one at the back where the ear come in contact with the scalp. We repeat what we did for point 1. Again, we need to find the biofeedback point.

This point is usually the most intense of all the 3 points. So at the same time, the patient would receive the best beneficial result.

3. With 2 probe electrodes together, we position the electrodes at the lowest point of the external ear come in contact with the skin of the face. Again we find the point with sharp needle feeling. Stay at the point and wiggle for 10-15 seconds.

Repeat the above 3 procedure 2 more times to enhance the result. I.e. 3x3

4. Clearly report the result of the treatment on a daily basis. You might take a video recording of how the patient feels right after. The appreciation of the result is important to reinforce the progress.

5. With the alleviation of the tinnitus, patient would be able to sleep very well. This is also very important as deep sleep is mandatory for a good recuperation.

6. Patients also reminded about the importance of hydration during the 10 days/sessions drinking 2-3 litres of water a day (2-3 litres in relation to the body size- 100-130 lbs- 2 lit, 130-160 lbs- 2.5 lit, over 160 lbs - 3 lit)

7. Patient also need to refrain from alcohol and caffeine as these are dehydrating agents and after all, caffeine and alcohol are substance makes you susceptible to Tinnitus.

Q & A

1. Why break the procedure into 3 parts? Why not continue the probe in one position for 30-45 seconds instead of 10-15 seconds but repeat 3 times.

The skin around the ear is rather delicate. Having the probe electrodes wiggle contact for 10- 15 sec is the optimal time not causing any breakage of the skin. So we give it a rest before we come back to the same point again. Also the intensity of the needle feeling for the patient also need a break, a rest in between though the patient might be quite excited about the improvement of the hearing and the fading of the Tinnitus.

Do remember keeping the skin intact is super important. Any breakage of the skin would need to rest until healed up before we start the treatment again.

2. What is the amount of pressure we should apply to the skin of contact during the treatment? Is it the stronger the better? Or we should only touch on the area as you mentioned the skin is so delicate?

The pressure applied has to be optimal. Too strong, you might hurt the patient. Too weak, it is not effective. The best way is practice pressing the 2 electrodes on a Kitchen scale. So the kitchen scale registered the amount of pressure to be around 4-10 lbs.

3. If the patient is very happy of the result after 1 treatment, should we still continue the rest of the 9 treatments?

If the tinnitus is mild and sporadic to start with, usually he would report to feel only 20% of the tinnitus remain or it has completely faded away.

At this point, i would still suggest to continue the rest of the 9 treatments to reinforce the result as there is no harm done to continue and the more treatment sessions given the more the sustaining effect. We aim at total eradicating the tinnitus. We do not want recurrence.

4. If by the 10th session, there is still 10-20% tinnitus remaining, or at some point the tinnitus is not so stable, still comes and goes at times. Is it advisable to continue for some more sessions?

I would suggest to give it a break for at least one week before we start a second course for patients who have severe tinnitus or the result is not 100% cured.

Reason is we need to give a consideration to the status of the skin and also consolidation of the treatment result. For some patients, the result might not be so stabilized yet. Give it a few more days, there might be further improvement. This is from my 30 years of experience with the treatment.

5. Do you suggest any adjunct therapy or medication to enhance the result?

NO

Reason is this BRS Biofeedback procedure is using extremely minute electric current, any other treatment would cover up or cancel out the original effect. So never mess up with other treatments or medication or supplements. If the other method works, you do not need the BRS Biofeedback, the patient would have recovered already. If the other method doesn't work previously, it would not work now. So do not interfere the result, complicate the issue.

One more word of concern, do not continue other forms of therapy or medication which you previously used which is not effective. Especially a lot of medication actually is the culprit of the cause of Tinnitus.

Please google the list of Ototoxic drugs and avoid all of them as far as possible.

Ototoxic drugs are medication that cause Tinnitus, eg. Pain killers or antibiotics or steroid that might cause Tinnitus. Not all of them would give you tinnitus but a lot of them are susceptible.

Biography:

Milly Ng is a global Physiotherapist worked in Australia, United Kingdom, Hong Kong and now Beverly Hills of United States. She started her work as Body Rejuvenation Specialist 30 years ago treating a lot of incurable diseases with phenomenal results. She rejuvenated a badly crushed hand with 2 fingers detached to 100% recovered with no scar and full hand function in just 1.5 months. She brought a quadriplegic patient with fracture at C4 level 2 days after spinal stabilization surgery to be back on her feet in one month, brought a MS patient house bound for 5 years with weak wobbly gait to walk normal in 5 days and thereafter lead an independent life, transform a parkinsonism patient from the short shuffling gait to walk like a young guy in 30 minutes, transform a patient with Vertigo house bound for 8 years to lead a normal life in 10 days and numerous patients recovered from their hearing loss and tinnitus and joint deformities that won her the 2 US Patents:-

1. Reverse Hearing Loss & Tinnitus in May 17, 2022.

2. Non surgical Correction of Joint Deformities in April 15, 2023. including Bunion, Hammer Toes, Scoliosis, Hip, knee ankle etc. Saving patients from unnecessary operation, rejuvenate the joints back to normal alignment regenerate the joint cartilage and torn ligaments and soft tissues. With just treating bunion, she had patients flying from all over the world to Hong Kong for the procedure that earned her a revenue of USD\$125k/ HK\$ 1 million a month.

Her mission in 2023 is: You do not need to live with Tinnitus any more!

To help relief all Tinnitus sufferer globally by a campaign to deliver the Biofeedback device

(FDA Reg) to anywhere in the world with a video training program of how to implement the procedure so patient can recover from Tinnitus in 10 days.

We need your support and funding to run this campaign!



Effect of Graded motor imagery in patients with Lateral Epicondylalgia-Pilot study

Dr. Kiran Jeswani

PES Modern College of Physiotherapy, Pune, India

In medical science, “lateral epicondylalgia,” or “Tennis elbow,” is described as pain that occurs in or around the “lateral humeral epicondyle”, as a result of abnormal strain. In order to provide effective rehabilitation for lateral epicondylalgia, it is necessary to explore both physiological and psychological factors as predictors of disability and rehabilitative outcomes. The term “Kinesiophobia” was first presented at the “Ninth Annual Scientific Meeting of the American Pain Society” to describe patient conditions characterized by an “excessive, irrational, and debilitating fear of physical movement and activity resulting from a feeling of vulnerability to painful injury or re-injury”. The aim of the study was to find the effect of Graded Motor Imagery along with conventional treatment on Kinesiophobia, pain, function and grip strength in patients with Lateral Epicondylalgia. Ten patients with lateral epicondylalgia were randomly allocated to motor imagery, consisting of 2 weeks each of limb laterality recognition, imagined movements, and mirror movements and conventional physical therapy or conventional therapy alone. Pre and Post assessment of Visual Analogue Scale, Patient rated tennis elbow evaluation scale, Hand dynamometer and Tampa scale of Kinesiophobia was taken. Study showed significant reduction in pain, function, grip strength and Kinesiophobia in both the groups. Inter-group comparison showed Graded Motor Imagery with conventional therapy group to be superior in reducing pain, function, grip strength and Kinesiophobia in young adults with lateral epicondylalgia

Biography:

Mrs. Kiran Jeswani has received her Master of Physiotherapy Degree in Hand conditions from Dr DY Patil College of Physiotherapy, Pune, India in 2015. She is currently an associate professor at PES Modern college of Physiotherapy, Pune, India. She has 24 years of experience in the field of Physiotherapy and is pursuing Ph.D. from Dr DY Patil college of Physiotherapy, Pune, India. She has published more than 20 papers in reputed journals and has two books in her name.



Role of health care professional in encouraging and supporting healthy ageing by promoting strategies for physical activities

Urvisha Ashokbhai Lunagariya

Specialist physiotherapist, London, United Kingdom

Healthy ageing is an idea encouraged by WHO (2017) that undertakes the capabilities of an individual of all ages to live a socially engaged, safe and healthy lifestyle. The most recent report published by WHO (2018) described healthy ageing as the process of maintaining and developing functional capabilities, which enables an individual to live a physically fit and social life (Beard et al., 2016). Furthermore, WHO's active ageing policy framework (2017) recognises that regardless of the best strategies, which emphasised in promoting and supporting subjective well-being for the ageing population, the vulnerability to develop chronic diseases persists as the age advances. However, a healthy lifestyle can be supported and encouraged through the different mechanisms ranging from counselling and educational programs to financial support for better quality of life (WHO, 2017). Therefore, the key challenge for the HCPs is not only to provide good information and awareness about community services, but also to implement various behavioural change strategies addressing risk factors, which may lead to the development of long-term diseases in older age (Beard et al., 2015). One of the ways to support healthy ageing is by promoting physical activity. Therefore, this study describes strategies to encourage healthy ageing by promoting physical activities and the role of health care in it.

Biography:

I completed my post graduate studies in Advanced Physiotherapy practices dealing with various neuromusculoskeletal conditions from Manchester Metropolitan University in 2019. In addition, I am currently working with Ascot Rehab, Central London-paediatrics and adults outpatient centre, treating various neuromusculoskeletal conditions. Furthermore, I works upon developing and reviewing treatment programmes, assisting patients with joint and spinal problems. Helping patient's rehabilitation following accidents, injury, and strokes.



Effects of Acupuncture on Enhancing Muscle Strength: A Systematic Review

Steve Bailey

Steve Bailey Acupuncture CPD Academy, UK

Objective: To investigate and summarise the available literature on the effectiveness of acupuncture stimulation in enhancing muscle strength in humans.

Methods: A systematic literature search was performed on electronic databases from inception to 2021. The PEDro scale was used to assess the methodological quality of the RCTs and the standards for reporting interventions in clinical trials of acupuncture (STRICTA) were used to assess the quality of the acupuncture intervention.

Results: A total of 20 RCTs covering 737 participants met the inclusion criteria. The overall score on the PEDro scale for risk of bias was moderate-high with five studies scoring low. Seventeen studies compared the effects of acupuncture with a control group. Twelve (71%) of the studies found that acupuncture was significantly more effective than the control group in enhancing muscle strength. Twelve studies compared the effects of acupuncture with a sham acupuncture group. Seven (58%) found that acupuncture was significantly more effective than sham acupuncture and 5 (42%) of the studies found no significant difference between acupuncture and the sham intervention in enhancing muscle strength.

Conclusion: The overall finding indicates that there is strong evidence that acupuncture is more effective than control and there is some evidence that acupuncture is more effective than sham acupuncture in the enhancement of muscle strength. Further studies are required with a clear evidence-based justification for the choice of acupuncture and sham points and the use of the STRICTA in the enhancement of muscle strength.

Biography:

Steve Bailey is a practicing Physiotherapist, Podiatrist, Acupuncture Practitioner, and international lecturer in medical acupuncture. Steve has completed an MSc in lower limb biomechanics and an MSc in acupuncture. Over the past 20 years, he has treated competitive athletes including members of the British Judo Squad, Nottingham Forest Football Club, Coventry City Football Club, Sheffield United Football Club, and Sheffield Wednesday Football Club. He specializes in the treatment of sports injuries and utilizes acupuncture to enhance sports performance in elite athletes. Steve has published 10 research articles concerning acupuncture in the management of musculoskeletal disorders and enhancing sports performance and has spoken at several conferences on this subject.



Efficacy of multimodal exercises on cancer-related fatigue: a meta-analysis

J ARUL JOSEPH ARUN

K.G College of Physiotherapy, India

Introduction: Cancer fatigue being one of the side effects of Carcinoma and its treatment. It goes beyond the usual tiredness where the carcinoma patients describe as almost paralysed. It leads the patient to feel physically, emotionally and mentally exhausted and ultimately harms the quality of life. Many researchers have concluded that physical activity including gentle exercises like yoga and taichi may help sleep better. Even though studies of cancer related fatigue have grown in recent years consistent assessment has not been a priority in routine practice. Based on the available studies this review focuses to explore the role of multimodal exercises in alleviating the cancer related fatigue.

Objective: To analyse the efficacy of multimodal exercise in attenuating cancer related fatigue for patients with diagnosis of cancer.

Method: Ten databases (Cochrane Library, Embase, Medline, Web of Science, CBM, Wanfang, Pubmed, google scholar, Scopus and CNKI) were systematically reviewed for randomized controlled trials (RCTs). Two reviewers critically and independently assessed the risk of bias using Cochrane Collaboration criteria and extracted correlated data using the designed form.

Results: We include ten studies in this meta-analysis. The pooled sample size in the intervention group was 728 and it was 594 in the control group. We have found heterogeneity among studies ($I^2 = 93\%$). Hence, we concluded the meta findings with a random effect model. The pooled standardized mean difference was -0.02 (95% CI -0.48 to 0.45) which indicates there is no difference between the study group and control group in order to reduce fatigue.

Conclusion: Even Though the study indicates there is no difference between the study group and control group in order to reduce fatigue multimodal exercises are effective for CRF management and should be recommended as a beneficial alternative therapies for CRF patients, particularly to those currently undergoing anti-cancer treatment as far as individual study results are concerned.



Nutrition like special support of physical condition by patients on rehabilitation

Elizabeta Popova Ramova

College for Medical Cosmetology and Physiotherapy, MIT University Skopje, Republic of North Macedonia

Nutrition has always been important for improving people's health and was used both during and after illness like a special diet for disease. In our practice, using the new research, we noticed that patients who are in the physical medicine and rehabilitation department can improve their physical abilities if a specific diet and supplements are included for the disease for which they came to rehabilitation.

Material and method: In our practice of nutrition during rehabilitation, we present several protocols that we use to improve the motor and other abilities of the musculoskeletal system as a guide in rehabilitation.

Results: Patients with corrected nutritional diets were the following 1. Osteoporotic patients without or with fractures, 2. Patients with degenerative joint diseases, 3. Children with spinal deformities, 4. Patients after stroke, 5. Patients with Parkinson Disease and Sclerosis Multiplex, 6. Patients after sports injuries, 7. Patients with diabetes undergoing rehabilitation from another disease.

Discussion: The choice of non-pharmacological treatments is a way of treatment in PM & Reha. One of them is nutrition, which gives strength, better muscle contraction and good bone mass. Muscles contraction power and bone mass can be improved with special diet and together with physical therapy modalities, could be give better results. Assessment of nutrition habits and correction with diet during rehabilitation is useful.

Conclusion: Rehabilitation is a complex process. Motor functions can be improved by increasing muscle strength, reducing pain and fatigue, which is especially important for patients with sarcopenia.

Key words: rehabilitation, nutrition, increase physical condition.

Biography:

E.P.Ramova is graduated doctor of ordinary practice in 1987, and specialization in PM&Reha in 1998, at the Medical faculty (MF) in Skopje. She received her master's degree at the MF Skopje in 2002 and doctorate at the FM in Nis, R.Serbia 2010. She has been engaged in educational activity since 2005. She worked as a professor at Uni. St.Clement Ohridski (2007-2018). She work like professor at MIT University, Skopje, now. She has published 210 studies, and 18 professional literature books. She was on a visiting study in Germany (1997,2000) and in Italy (2016). Memmber of ISPRM, Cochran Rehabilitation and in Editorial Board of 14 sciences journals abroad.



Association Between Cognitive Impairment and Motor Dysfunction in Patients with Multiple Sclerosis: A Cross-sectional Study

Hanadi Matar Alharthi* and Muneera Mohammed Almurdi

King Saud University Medical City, Riyadh, Saudi Arabia

Background: Previous studies have shown that there is a relationship between cognitive impairment (CI) and motor dysfunction (MD) in neurological diseases such as Alzheimer's and Parkinson's disease. It remains unclear whether MD can be considered as a predictor of CI in patients with multiple sclerosis (MS). Here we studied the association between CI and MD in patients with MS and examined if muscle weakness, incoordination, balance impairment, gait abnormalities, and/or increased fall risk are indicators of CI in patients with MS.

Methods: Seventy patients with MS were included in this cross-sectional study. Cognitive impairment was assessed using the Montreal Cognitive Assessment Scale (MoCA), muscle strength using a hand-held dynamometer, and balance, gait, and fall risk assessment using the Tinetti scale. Motor coordination was assessed using the timed rapid alternating movement test for the upper extremity and the timed alternate heel-to-knee test for the lower extremity.

Results: There was a significant association between CI and motor coordination, balance, gait, and risk of fall ($p < 0.005$) but not muscle strength. Stepwise multiple linear regression showed that 22.7% of the variance in the MoCA was predicted by the fall risk and incoordination of the upper extremities in the MS population.

Conclusion: CI is significantly associated with motor incoordination, balance impairment, gait abnormality, and increased fall risk. Furthermore, the risk of fall and upper extremity incoordination appeared to be best indicators of CI in patients with MS.

Keywords: Multiple sclerosis, motor dysfunction, cognitive impairment, risk of fall

Biography:

Hanadi Matar Alharthi. Kingdom of Saudi Arabia. A senior physical therapist at King Khalid University Hospital/ King Saud University Medical City. Holds a Master of Science in Physical Therapy (Neurorehabilitation track) from King Saud University. An experience over 12 years in Neurological Rehabilitation.



Mobi-L - Revolutionizing Post-Stroke Rehabilitation with an Innovative and Affordable Solution

Chirag Shah

Rymo Technologies Pvt Ltd, Maharashtra, India

Mobi-L is a portable physical rehabilitation device that employs robotics, 2D virtual reality, and games to provide personalized training to individuals undergoing physiotherapy. It objectively tracks an individual's range of motion, strength, speed of movement, and reaction time during various assessment and training modes. Its compact electro-mechanical system uses different sensors and actuators controlled by proprietary algorithms to assist patients in the early stages of recovery and provide resistance for strength training in later stages. This makes Mobi-L useful throughout the rehabilitation process until patients are ready to perform daily activities independently. By reducing physiotherapist involvement by up to 25%, it saves time and reduces physical exertion, enabling more patients to receive quality treatment. With eight attachments, Mobi-L can be used for training multiple joints of both upper and lower limbs, with over 20 different exercises increasing its usability and leading to a faster return on investment for rehabilitation centers. Mobi-L's integrated software provides real-time audio and visual feedback to patients through fun and engaging games and 3D simulations of daily activities. This not only motivates patients to do more repetitions but also uplifts their mood, leading to more intense rehabilitation sessions and faster recovery. Mobi-L is currently deployed in 20+ clinics across 7 cities across India and has been used by over 700 patients.

Biography:

Chirag Shah completed his Bachelors in Electronics & Telecommunication Engineering from KJ Somaiya College of Engineering in 2018. He is the co-founder and CEO of Rymo Technologies Pvt Ltd. He along with his co-founder Abhishek Rai have a patent in India for the technology used in Mobi-L.



Evolution of the management of prostate cancer by the physiotherapist.

Guillaume CARNAUX

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For many years, physiotherapists have been involved in the multidisciplinary team in the management of prostate cancer to treat urinary incontinence. Strengthening the pelvic floor muscles is usually the goal of the health professional in charge of rehabilitation. The evolution of techniques and knowledge has transformed the care provided to patients to become a comprehensive care, treating not only urinary incontinence, but also sexological disorders, and taking a place in integrative care. We will try through the literature to make an inventory of the place of the physiotherapist as well as the techniques at his disposal in the accompaniment of the patient.

Biography:

Guillaume CARNAUX graduated in 2003 from the Haute Ecole Léonard de Vinci in Brussels. He obtained an Interuniversity Diploma in Female Pelvic Health in 2017. He is teaching in this field at the Institut de Formation des Kinésithérapeutes du Nord de la France in Lille. He obtained a master's degree in health engineering in 2021. He is working in the urology department at the Roubaix Hospital. He also has been working in his own office since 2004.



A Review of the Ligamentous Articular Tissue Pain Referral Patterns: Implications for Musculoskeletal Rehabilitation

Robert Libbey, RMT

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Ligamentous articular tissues continue to be an under recognized source of dysfunction and nociception. Trauma and pathologies interrupt afferent impulses from capsuloligamentous structures resulting in altered somatosensory perceptions, movement dysfunctions, discomfort and or pain. Knowledge of documented capsuloligamentous articular tissue pain referral patterns are relatively unknown to Medical Physicians and orthopedic rehabilitation professionals. This knowledge may have significant implications in the design and modification of rehabilitative strategies for post-surgical and post capsuloligamentous injury patients. The author presents a review of the research documenting capsuloligamentous articular tissue pain referral patterns in the human.

Objectives: The purpose of this study was to review and consolidate the research documenting capsuloligamentous articular pain referral patterns of the axial and peripheral joint tissues into a central database.

Methodology: The literature search was conducted in 3 parts: (1) generically from 1996-2010, (2) literature searches February 02, 2010 to April 30, 2010 and again (3) June 29 to December 25, 2019.

Twelve major textbooks (Gray's Anatomy, Clinically Oriented Anatomy, Essential clinically applied anatomy of the peripheral nervous system in the limbs, Joint Denervation: An Atlas of Surgical Techniques, Textbook of Regional Anesthesia and Acute Pain Management, Atlas of Functional Anatomy for Regional Anesthesia and Pain Medicine, Functional Regional Anesthesia Anatomy, Ligament and Tendon Relaxation Treated by Prolotherapy, Prolo Your Pain Away! Curing Chronic Pain with Prolotherapy, Prolo Your Sports Injuries Away! Curing Sports Injuries & Enhancing Athletic Performance with Prolotherapy, Myofascial Pain and Fibromyalgia, Low back Pain Mechanism, Diagnosis and Treatment Principles of Prolotherapy, Joint structure and function) were screened to extract all data about joint, capsule, ligament and articular pain referral patterns for the peripheral and axial skeletal joints.

A literature search was conducted on PubMed/Medline, Embase, and Scholar to retrieve any relevant peer-reviewed articles. The following keywords were used to search for the pain referral patterns: (ligament, capsule, membrane, joint, meniscus, cartilage, zygapophyseal, facet, innervation, pain, referral, maps, pattern). The name of joint was added for each search. A base strategy was developed in Embase interface. This strategy was then converted to run effectively in other databases using different interfaces. Reference lists of all potentially relevant articles identified by the electronic searches were also checked for any eligible articles that have not been identified in the search.

Texts and studies that met the following criteria were included in this review: i) confirmed joint capsuloligamentous articular pain referral patterns or maps for the different body joints (temporomandibular joint, spine, shoulder, elbow, wrist/hand, hip, pelvis, knee, and ankle/foot);

ii) in English language. Selected studies at this stage were further included for a full-text review.

Results: Based on the eligibility criteria, all titles/abstracts identified through searches were screened for

potential inclusion. After final inclusion decision, the following data were extracted for each individual study in a database identifying: name of joint, name of ligament/capsule, pain referral pattern/area.

Discussion: Joint capsuloligamentous tissues contain neurologic elements and afferent mechanoreceptors which provide information on proprioception, position of limbs, muscles and joint capsules and localization of pain. Joint capsuloligamentous tissues in the axial and peripheral joints are innervated by afferent nerve fibres from the dorsal root(s) of any given spinal nerve(s). A ligamentomuscular reflex arc exists between mechanoreceptors in ligaments to associated muscles, contributing significantly to general function, muscle coordination, joint stability and pain.

Injury to capsuloligamentous tissues occur through repetitive tasks and quick stretch events. Neurologic elements and afferent mechanoreceptors within the ligamentomuscular reflex pathway may be injured, decreased in number or not activate normally. Creep deformation occurs with injury, which excites peripheral afferent nerve inputs transmitted to the spinal cord (peripheral sensitization). Afferent nerves synapse with the interneurons in the Laminae III-IV and converge on the wide dynamic-range (WDR) neurons located in Laminae V in the spinal cord. Synaptic connections of WDR neurons with nociceptors can contribute to increased pain sensation around the joint and generation of referred pain in muscles.

Injury initiates a positive feedback loop causing changes in ligamentomuscular reflexes, increased muscle stiffness, decreased coordination, decreased local vascular circulation and activation of nociceptors leading to musculoskeletal pain syndromes. Nociceptive activity can excite neighbouring neurons in muscles that share the same segmental innervation as capsuloligamentous tissues. This facilitates the synaptic afferent input from the referred pain area and cause hyper-excitability of the dorsal horns or supraspinal regions (central sensitization) causing the perception of referred pain.

Conclusion: This review study identifies and consolidates information detailing pain referral patterns of the capsule, ligament and articular tissues of the axial and peripheral joints in the human into a central database. This study informs and supports research confirming it to be clinically beneficial for medical professionals to include capsule, ligament and articular tissues in their diagnostic protocols. Knowledge of this data by medical professionals may have significant implications in the design of treatment and rehabilitative strategies for patients post-surgical and post injury.



Does understanding force production and tissue tolerance play a role in the rehabilitation of upper limb injuries in both athletes & non-athletes?

Ian Gatt PhD (c)

Head of Performance Services & Lead Physiotherapist - Great Britain Boxing

Returning someone back to their activities is always an important goal in various settings. Return-to-sport or return-to-work is important depending on one's context. In both contexts, however, do we consider the ability of someone to generate internal force, and equally the ability of the injured tissues to tolerate external forces? Are they useful in daily practice? This presentation aims at enabling the practitioner to appreciate how we can consider these metrics through simple objective measures. Quantifying these objective measures can allow a better understanding of the status of the person in front of us, therefore allowing for better planning of interventions aimed at closing the gap towards returning to the required activities. So, if you fancy enhancing your prognostic factors, tune into this presentation which will pack a punch.

Biography:

Ian is a sport physiotherapist, with over 22 years of experience working predominantly with the Great Britain Boxing program. He is an Upper Limb Injury Specialist with the prestigious English Institute of Sport (EIS) providing an advisory role to various sports. Ian is also a visiting lecturer at various UK universities and teaches internationally on the UpperLimb. Further he is completing a PhD in Upper Limb Biomechanics. Ian has developed a keen interest and international reputation in the assessment and management of sporting upper limb injuries. You can follow Ian on social media; Twitter (@iangattphysio), Instagram (@iangattgattman) and LinkedIn (Ian Gatt – The Boxing Physio).

Exploring the needs of stroke patients after discharge from rehabilitation centres in Saudi Arabian Communities: an IPA qualitative exploratory study design.

Basema Temehy,* Andrew Soundy¹, Ahmad Sahely¹, Yasmin Palejwala¹, Jonathan Heath¹ and Sheeba Rosewilliam¹.

School of Sports, Exercise and Rehabilitation Sciences, University of Birmingham, UK.

There are about 29 strokes per 100,000 people, annually, in the Kingdom of Saudi Arabia (KSA). These patients require long-term rehabilitation services to enhance recovery and independence in the community. Currently there are limited long-term rehabilitation services in KSA and research is needed to establish pathways for provision of community-based rehabilitation (CBR). To develop effective new CBR models, understanding the experiences and needs of stroke patients in KSA who have undergone post-stroke care services is essential. This study aims to gain insight into stroke patients' needs after their discharge from rehabilitation centres in Saudi Arabia.

An interpretive phenomenological analysis (IPA) study was undertaken using semi-structured interviews. Participants were eligible if they had a stroke, completed their in-hospital rehabilitation sessions and had been discharged within the past three years. Semi-structured interviews were conducted using interview guides. Transcripts were translated and analysed using interpretive phenomenological analysis.

Twenty-four (15 males and 9 females) participants were recruited from two hospitals in KSA. The key findings suggested that patients experienced limited community rehabilitation services post discharge unless they were financially able to pay for private therapy. Coping barriers including Medical, Psychological, Social, and Financial and facilitators including Faith, Recovery, Social support and leisure were identified. Participants suggested strategies to improve services within hospital and community for rehabilitation, needs of staff, access to services and ongoing care.

Further work is required to develop, implement and evaluate a community rehabilitation intervention that includes education, and self-management elements to support stroke survivors in the community in KSA.



Thalassemia: Impact Of Physiotherapy

Dhanita Jadhav

MCGM e Comprehensive, Thalassemia Care, Pediatric Hematology-Oncology & BMT Centre, India

Background: Patients with thalassemia often complain of pain, fatigue and breathlessness. Studies have shown that these patients have reduced muscle mass, are at higher risk for osteoporosis and engage in significantly less physical activity. Significant cardiac iron overload also decreases their exercise capacity further. However, there is dearth of literature studying the impact of physiotherapy on bone health and overall wellbeing in thalassemia. Therefore the current study aimed at studying the impact of physiotherapy in management in individuals with thalassemia.

Materials and Methods: The records of 160 patients reporting at Comprehensive Thalassemia Care Centre, from June 2017- June 2018 were retrospectively analysed. 145 of these were transfusion dependent thalassemia (TDT) and 15 were non-transfusion dependent thalassemia (NTDT) from 5 to 30 years of age. They underwent systemic examination (ROM, Tightness, Manual muscle testing) followed by management (pain management, strengthening exercises, aerobic exercises and pulmonary rehabilitation) as per their complaints. Assessment was done using Visual Analogue Scale (VAS) for pain and fatigue. Symptom of breathlessness was assessed by New York Heart Association (NYHA) grades. Effect of physiotherapy on categorical variables (pain, fatigue, dyspnea) was evaluated using paired 't' test.

Results: Of the 160 patients, 97 were males and 63 were females. Among the symptomatic patients, 92 had bony pains, 21 had dyspnea and 31 complained of fatigue. 16 patients were asymptomatic. After physiotherapy there was significant improvement in pain ($p < 0.001$), dyspnea ($p < 0.001$) and fatigue ($p < 0.001$) in TDT patients. Though the number of NTDT patients was small, NTDT patients too showed significant improvement in pain ($p < 0.001$), dyspnea ($p < 0.05$) and fatigue ($p < 0.001$).

Conclusion: Our study shows that inclusion of physiotherapy in management protocol of patients with thalassemia has significant positive impact on their symptoms. Thus, we recommend ongoing physiotherapy regime as an essential part of comprehensive thalassemia care.



Effects of Aerobic Training & Resistance Training in Type 2 Diabetes

Yuthika Rao

Mahatma Gandhi Physiotherapy College, Rajasthan, India

Background: Exercising is one of the best ways to manage your diabetes. But which type of exercise – aerobic or anaerobic

Objective: To determine the effects of aerobic training alone, resistance training alone, and combined exercise training on haemoglobin A1c values in patients with type 2 diabetes.

Design: Randomized, controlled trial.

Setting: 8 community-based facilities.

Methodology : 251 adults age 39 to 70 years with type 2 diabetes. A negative result on a stress test or clearance by a cardiologist, and adherence to exercise during a 4-week run-in period, were required before randomization.

Interventions: Aerobic training, resistance training, or both types of exercise (combined exercise training). A sedentary control group was included. Exercise training was performed 3 times weekly for 22 weeks (weeks 5 to 26 of the study).

Outcome measure : The primary outcome was the change in haemoglobin A1c value at 6 months.

Results: The absolute change in the haemoglobin A1c value in the combined exercise training group compared with the control group was -0.51 percentage point (95% CI, -0.87 to -0.14) in the aerobic training group and -0.38 percentage point (CI, -0.72 to -0.22) in the resistance training group. Combined exercise training resulted in an additional change in the haemoglobin A1c value of -0.46 percentage point (CI, -0.83 to -0.09) compared with aerobic training alone and -0.59 percentage point (CI, -0.95 to -0.23) compared with resistance training alone.

Conclusion: Either aerobic or resistance training alone improves glycaemic control in type 2 diabetes, but the improvements are greatest with combined aerobic and resistance training

Key Words : Type 2 Diabetes Mellitus, Aerobic Training, Resistance Training

Biography:

Dr. Yuthika Rao (PT) is a PhD Scholar, completed her masters in 2014 from Geetanjali University, Udaipur. She is specialized in Cardio Respiratory Disorders. She is presently working as Assistant Professor in Mahatma Gandhi Physiotherapy College, unit of Mahatma Gandhi Medical Sciences & Technology, Jaipur. She has been awarded with Star Faculty, Young Achievers Award, Outstanding Contribution Award for her excellence in her field. She has published papers in reputed journals. So I believe "Keep smiling and focus on the process of your recovery."

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