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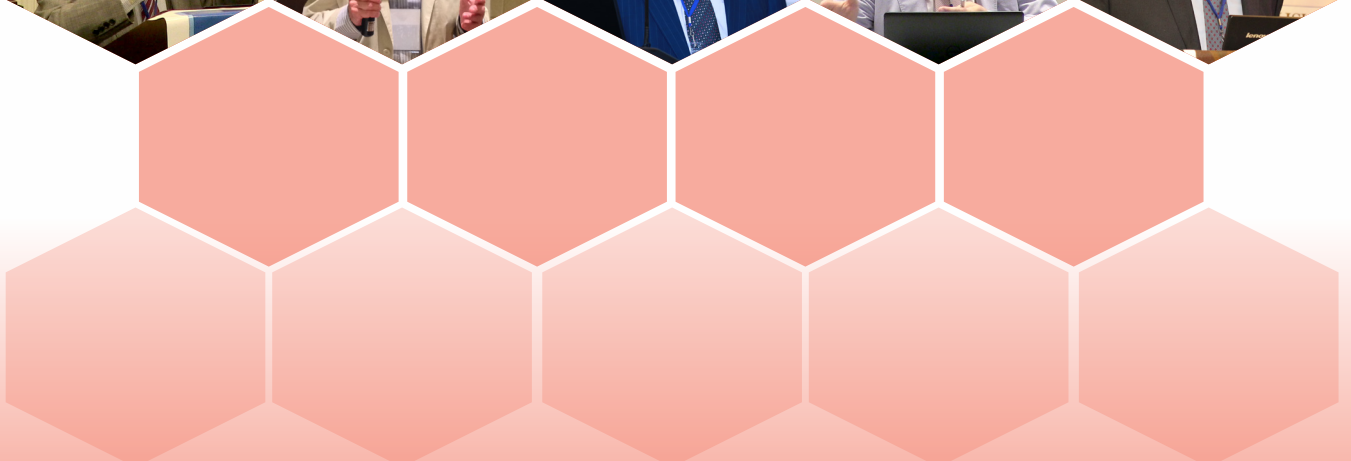


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817th Conference

Global Physiotherapy Congress

November 17-18, 2016 Atlanta, USA

Keynote Forum (Day 1)



Global Physiotherapy Congress

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Raymond Chong

Augusta University, USA

Non-significant results: Do your groups really come from the same population?

How many times have you stopped looking at your data after your statistical analysis reveals a non-significant outcome? Do you file the study away and not publish your work? Or do you report the results and attempt to rationalize why it happened? Sometimes, if the result is not what you expect, your intuition may be right. Here I will provide an example of how an initial statistical analysis can be followed-up with additional analyses to determine whether your data really comes from the same population as implied by the non-significant result.

Biography

Raymond Chong completed his PhD in 1997 from University of Oregon. He is the Director of Augusta University's Human Movement Science Lab. He is a lead Author in over 70% of his papers. In addition to serving as Executive Editor of the *Journal of Novel Physiotherapies*, he also serves on the editorial board of other journals including *Gait & Posture*.

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R Harihara Prakash

Sardar Patel University, India

Physiotherapy in preventive and promotive health -A road map

Physiotherapy, or physical therapy, is a health care discipline well positioned to take on an increased role in primary health care. Physiotherapy is an independent self-regulated profession. Physiotherapists have the necessary university education and experience to address the needs of health promotion and disease prevention, both on an individual basis as well as that of a community. Physiotherapists understand the importance of the broader determinants of health and their impact on individual and population health status. As an integral part of a collaborative interdisciplinary primary health care team, physiotherapists can assist in health promotion and disease prevention strategies, as well as in the identification and remediation of a myriad of health conditions. Physiotherapists, being health care professionals who are expert in movement and function, possess the knowledge, skills and training to adapt physical activity to the population in general, and to persons who are coping with chronic disease in particular. We have currently a 23 year old male (ischemic stroke) and 29 year female (hemorrhagic stroke) admitted for rehabilitation in our institute, who had absolutely no health scare before the onset of CVA. How many of us would have identified the risk, if we were to step in to the community and prescribe general exercise. I get to see more 30+ patients (age) suffering from CVA these days which is an uncommon finding 10 years back. Shockingly, school going children of age group between 13- 17 visits the outpatient department of our Physiotherapy unit for back and neck pain. Exercise is perceived differently among people and I feel it is more appropriate to prescribe individualized exercises. Though it may be successfully argued that general exercises would benefit many, the generalized exercise prescription or the lay man terms we use while prescribing exercises may not be comprehended well. We may reach to the public explaining the benefits of a healthy life style but when it comes to prescribing, I feel it needs to be individualized at least in these parts of the world where routine health screening is not undertaken. As a Physiotherapy professional, we undertake lot of rehabilitative task and had proved our presence among the medical fraternity and public as well. But at this manual therapy era, though a performer and fan of manual therapy, I strongly want to insist to our friends and colleagues and urge them to venture into something called 'PREHABILITATION'- meaning a 'form of strength training that aims to prevent injuries before they can occur'. This includes not alone strength training, but also ergonomics, lifestyle modification and education. This implies that physiotherapists play a major role in public health and prevention of non-communicable diseases which are the bane of modern sedentary lifestyles. It is acknowledged that physiotherapists bring unique skills to the primary health care team, but barriers to an expanded role have also been identified. Obstacles such as inadequate resources need to be addressed through the re-prioritization and allocation of physiotherapy services to primary health care. However, this should not be at the expense of the role that physiotherapy currently plays in secondary and tertiary care. A holistic approach to health care should integrate all three levels of health promotion and disease prevention.

Biography

R Harihara Prakash is the Principal and Professor at K M Patel Institute of Physiotherapy, Karamsad. He has 18 years of professional experience in clinical as well as academics. He is a Doctorate in Physical Therapy from National University of Medical Sciences, Spain. He was awarded with Rashtriya Vidhya Saraswathi Puraskar Award for his excellent contribution in academics. He was former Dean, Faculty of Physiotherapy, Baba Farid University of Health Sciences, Punjab. He is in the Editorial Board and peer reviewer for some international journals. He is also in the panel of NAAC. He has obtained various skills by certification in the field of neurology, osteopathy, manual therapy from various countries. He has published and presented research papers in various national and international conferences. He is an eminent speaker and an academician.

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