



conferenceseries.com



conferenceseries.com
1064th Conference

World Physiotherapists & Physicians Summit

July 24-26, 2017 Melbourne, Australia

Scientific Tracks & Abstracts (Day 1)



WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia

Evidence based PT treatment for ankylosing spondylitis

Erika Cyrus Barker

Santa Paula University, Costa Rica

Patients with ankylosing spondylitis, have an increased risk of functional limitation if adequate treatment of all functional alterations is not performed. Pain is not the only symptom to be treated in patients with this condition, there are functional alterations characteristic of the disease, as well as alterations of the environment and the role of life that directly influence the well-being and functionability of patients. The main alterations presented by ankylosing spondylitis are, pain and stiffness caused by inflammation of the sacroiliac joints, which progressively extends to other joints of the spine, producing numerous changes in the patient's posture. Physiotherapy treatment in ankylosing spondylitis plays a very important role both in the prevention of the evolutionary process of the disease and in the treatment of the disease once the symptoms have appeared. Thus, one of the tools that the physiotherapist has for the treatment of AS in the long term is the Therapeutic Exercise. A study by Viitanen et al., provides a very important data for our investigation, the results showed that the duration of the disease does not affect the results; or in other words, that the effects of physical exercise on these patients are independent of the progress of the disease, or of the stage of the pathology in which the patient is found, so that age would not be an inconvenience for the inclusion of these patients in a physical exercise program. It should be noted that all the exercises of the program must be related to the alterations that patients of ankylosing spondylitis suffer as a result of it. Not all exercises are beneficial for this affectation. The present bibliographic review is accompanied by a proposal based on a series of case studies, the results of which have allowed patients in this condition to maintain an active life and with minimal limitations in function.

Biography

Erika Cyrus Barker is the Chair Director of Physical Therapy Program, Santa Paula University, Costa Rica and a Physical Therapist with studies in Rehab Sciences. She has completed her PhD in Medical Sciences Research. She has a Master's degree in Functional Rehabilitation of Elderly Population. She is also a Researcher in the field of functional limitations caused by chronic degenerative diseases.

ecyrus@uspsantapaula.com

Notes:

WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia

Research amongst physical therapists in the state of Kuwait: Participation, perception, attitude and barriers

Sameera Aljadi

Kuwait University, Kuwait

Objectives: The objectives of this descriptive study were to investigate the attitudes and perceptions of physical therapists regarding research, the intention to engage in research and the barriers to participating in research amongst physical therapists in the State of Kuwait.

Subjects & Methods: A previously validated questionnaire was distributed to 200 non-randomly selected physical therapists. The questionnaire gathered demographic data as well as information regarding research-related activities. Descriptive statistics, frequency and χ^2 analyses were used in this study.

Results: Of the 200 questionnaires distributed to physical therapists, 122 (61%) were completed and returned. The physical therapists had a positive attitude towards reading these findings in order to update their knowledge; however, only 16 (17%) of the physical therapists participated in clinical research. The common reasons given were: Minimal role and reduced ability, intention and level of engagement in initiating research, probably due to work overload, time constraints and limited access to resources.

Conclusions: Physical therapists in Kuwait had a positive attitude towards the application of research findings to their practice. However, they were not confident in initiating research due to work overload and lack of time as well as limited access to library resources. Therefore, we recommend stimulation to engage in research activities to be a requirement and to develop a system to improve the skills and knowledge of doing research.

Biography

Sameera Aljadi has completed her PhD from University of Pittsburgh in 2004 and Masters in Orthopedic from Old Dominion University in 1998. Currently she is an Assistant Professor at Kuwait University, Faculty of Allied Health Sciences, Physical Therapy Department, State of Kuwait. She is also a Member of the American Physical Therapy Association and Kuwait Physical Therapy Association. She has published several papers in reputed journals over the past 10 years.

aljadis@hsc.edu.kw

Notes:

WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia

Validation of the UBD musculoskeletal screening chart for use in health care center

P Senthil, V Sivakumar, S Sudhakar and R Radhakrishnan
Mohamed Sathak AJ College of Physiotherapy, India

Background & Aim: Neck and shoulder pain can be a disabling and recurrent disorders characterized by periods of remission and exacerbation, so too does the prevalence of musculoskeletal dysfunction (MSD). Even the overactive and underactive muscles in the neck region lead to poor performance of upper extremity function also. The upper body dysfunction (UBD) screening chart was developed to assist in the detection of MSD. Although varying musculoskeletal assessment has been used, components of UBD screening chart had combined kinematic analysis and muscular imbalance due to the recurrent problems. Expanding the UBD screening chart use in health care system may improve the detection of MSD allowing for earlier treatment. The primary goal of this study was to evaluate the use of the UBD screening chart in health care by comparing the results of assessments of orthopedic surgeon with those of physiotherapist.

Methods: Patients from 25-45 years old recruited from an orthopedic health center were examined by an orthopedician and a physiotherapist who recorded the appearance of each participant's posture and the appearance and movement of the shoulder, neck and thoracic spine by deeming them normal or abnormal. UBD scores were compared between the investigators with the proportion of observed (P_{obs}), positive (P_{pos}) and negative (P_{neg}) agreement being the primary outcomes. Kappa statistics were also calculated.

Results: A total of 100 patients consented to participate who were previously diagnosed has MSD. Results showed reasonable agreement between the orthopedician and physiotherapist; $P_{obs}=0.698$, $P_{pos}=0.614$ and $P_{neg}=0.752$. The coefficient of agreement (estimated Kappa) was 0.3675 for the composite UBD score. For individual components of the UBD exam, the highest agreement between orthopedician and physiotherapist was in the assessment of posture and muscle imbalance.

Conclusion: Previously reported recurrent increase in signs and symptoms of musculoskeletal conditions has highlighted the need for a simple yet sensitive screening exam for the identification of musculoskeletal abnormalities. Results of this study suggest that health care practitioners can efficiently use the UBD chart examination in the assessment of populations with a high proportion of musculoskeletal issues.

Biography

P Senthil is currently working as a Professor in Physiotherapy field for past 15 years in both academics as well as hospital sector. He is interested in the musculoskeletal evaluation and its management part which is common issue in the community.

senthilp101010@gmail.com

Notes:

WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia

Aged care physiotherapy: Are we doing it right?

Nitish Mathew

Anglicare Chesalon Nursing Home, Australia

Australians have shown a great increase in life span when comparing the statistics of mortality rates since 1890. Credit goes to the higher medical and social standards practiced in the country that helps number of deaths as a result of motor vehicle accidents or heart diseases. But Australia like all other places is facing the challenge to eradicate long term health issues in geriatric population such as stroke, chronic obstructive pulmonary disease, heart diseases, osteoarthritis and osteoporosis. Despite failure in advanced medicine and surgery, physiotherapy helps restore normal health and fitness of individuals with such conditions. On the contrary, the Australian aged populations in the residential or aged care facilities, rural and remote areas are unable to receive regular physiotherapy treatments due to various reasons. Physiotherapy in aged care nursing homes focus on pain management by massage or heat packs, because government does not fund for other important goals of rehabilitation like, balance training, gait training, manipulations or strengthening. On the other hand, an average aged care physiotherapist earns from \$60K-\$101K annually, yet the number of physiotherapists working in aged care is less than other streams. The reasons behind less physiotherapists opting for aged care are numerous, which causes the undertrained nursing staff to provide pain management to residents in aged care facilities. The purpose of this study is to understand the barriers faced by aged population in Australia to take physiotherapy treatment. The researcher points out the current status of funding for aged care in nursing home and private health centers. The study is a helpful resource for physiotherapists in aged care facilities or those interested to join this field.

Biography

Nitish Mathew has completed his Bachelor's degree from MGM Institute of Health Sciences, India and Master's degree in Clinical Exercise Physiology from Waikato Institute, New Zealand. Over the years, he has worked in India, New Zealand and Australia as a Physiotherapist and Clinical Exercise Physiologist. He has received various awards for his contributions in sectors of rehabilitation, fitness training and social work. He has published 3 papers and is presently serving as an Aged Care Physiotherapist in Sydney.

physionitish3190@gmail.com

Notes:

WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia

Physical activity level among physiotherapy students in a South Indian college: A cross sectional survey

Subramanian Makesh Babu

Adhiparasakthi College of Physiotherapy, India

Physical activity is defined as any bodily movement produced by skeletal muscles that require energy expenditure. World Health Organization reports that about 60% of the global population does not do the daily minimum recommendation of 30 min of moderate intensity physical activity. In all developing countries, the levels of inactivity have been becoming virtually high and a great problem even in rapidly growing large cities of the world. According to the World Health Survey reports 9.4% Indian men are physically inactive which is the highest of physical inactivity in the Southeast Asian Region (countries include: India, Sri Lanka, Nepal, Bangladesh, Myanmar) and physical inactivity level of Indian women were reported as 15.6% which is the second place next to Bangladesh (27.0%). The studies performed by various researchers from various countries among college students have been found to have moderate to poor physical activity levels/habits. The primary objective of the study was to find out the level of physical activity among physiotherapy students in a South Indian college setting. Secondary objective of the study was to find out the association between physical activities with selected variables. The study design was a cross sectional survey. A total of 60 participants comprising of 30 male and 30 female students were selected for the study by means of convenience sampling. International Physical Activity Questionnaire (IPAQ) was used to identify the physical activity level of the students. IPAQ assesses physical activity undertaken across a comprehensive set of domains including: (1) Leisure time physical activity (2) domestic and gardening (yard) activities (3) work-related physical activity, and (4) transport-related physical activity. Physical activity levels were correlated with the selected variables. The data obtained from the study concluded that physical activity levels of male students are high compared to female students.

Biography

Subramanian Makesh Babu has completed his Bachelor of Physiotherapy degree from Tamil Nadu Dr. M G R Medical University, Chennai and completed Master of Physiotherapy with specialization Orthopedics & Traumatology from Sri Ramachandra University, Chennai, India. Currently he is pursuing PhD. He has been in clinical and teaching Physiotherapy for the past 15 years. Presently he is working as a Professor in Adhiparasakthi College of Physiotherapy in Tamil Nadu, India. He is Peer Reviewer for the African Journal of Health Sciences since 2008. His areas of research interests are physical activity, women's health, orthopedic and geriatric rehabilitation.

makeshpt@yahoo.co.in

Notes:

WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia

Spinal manipulation for low-back pain

Irfan Tifeku

Fizioterapia Medical Clinic, Kosovo

Low-back pain is a common condition that usually improves with self-care. However, it is occasionally difficult to treat. Some health care professionals are trained to use a technique called spinal manipulation to relieve low-back pain and improve physical function (the ability to walk and move). Spinal manipulation is one of several options including exercise, massage and physical therapy that can provide mild-to-moderate relief from low-back pain. Spinal manipulation appears to work as well as conventional treatments such as applying heat, using a firm mattress and taking pain-relieving medications (amp. Artrosilen 160 mg 4x; Galvanic currents). Spinal manipulation sometimes called spinal manipulative therapy is practiced by health care professionals such as chiropractors, osteopathic physicians, naturopathic physicians, physical therapists and some medical doctors. Practitioners perform spinal manipulation by using their hands or a device to apply a controlled force to a joint of the spine. The amount of force applied depends on the form of manipulation used. The goal of the treatment is to relieve pain and improve physical functioning. More recently, a 2010 Agency for Healthcare Research and Quality (AHRQ) report noted that complementary health therapies, including spinal manipulation, offer additional options to conventional treatments, which often have limited benefit in managing back and neck pain. The AHRQ analysis also found that spinal manipulation was more effective than placebo and as effective as medication in reducing low-back pain intensity. However, the researchers noted inconsistent results when they compared spinal manipulation with massage or physical therapy to reduce low-back pain intensity or disability. Researchers are investigating whether the effects of spinal manipulation depend on the length and frequency of treatment. In one study funded by NCCIH that examined long-term effects in more than 600 people with low-back pain, results suggested that chiropractic care involving spinal manipulation was at least as effective as conventional medical care for up to 18 months. However, less than 20% of participants in this study were pain free at 18 months, regardless of the type of treatment used.

Biography

Irfan Tifeku has completed his Master of Science in Physiotherapy from University of Medicine in Tirana. He is the Director of the clinic Fizioterapia, a private clinic of the physiotherapy in Prishtina, Kosovo. He has published more than 12 papers in reputed journals and has been part of different conferences and congresses in Kosovo, Albania and abroad in Europe. He has been for two years assistant professor of Kinesiology in the University of Tetovo, in Macedonia. He is specialized in the branch of osteopathy and ultrasound.

irfani_16@hotmail.com

Notes:



conferenceseries.com



conferenceseries.com
1064th Conference

World Physiotherapists & Physicians Summit

July 24-26, 2017 Melbourne, Australia

Workshop (Day 2)



WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia



Gunnel A L Berry

Association of Reflexologists, UK

Adapted reflex therapy in spinal pain: Workshop

Adapted reflextherapy, AdRx, has been used by the author as a physiotherapy treatment in the National Health Service (UK) and Private Practice to relieve acute and persistent musculoskeletal pain for over 20 years. The therapy is applied with manual pressure and mobilizing techniques on the feet to assist physiological and anatomical changes in context of persistent global musculoskeletal pain. While AdRx facilitates pain relief it has also been found to improve spine mobility and improve quality of life. AdRx is founded on practice based evidence using clinical measures to assess changes pre and post intervention. Emphasis is made on the rationale of neuro-physiological plasticity within cautious and safe practice. This workshop demonstrates AdRx including clinical reasoning of the hypothesis underpinning the technique.

Biography

Gunnel A L Berry is the Member of the Chartered Society of Physiotherapy in the United Kingdom and had completed her training at the Middlesex Hospital London in 1974. She has completed her MSc degree in Advanced Physiotherapy at the University College London in 1995 and a Post Graduate Certificate in Research Methodology at University of Brighton, UK in 2006. She has completed her Reflexology training at the Bayly School of Reflexology in 1989. She has published papers in various journals, worked with Nova publication and recently self-published a book about AdRx containing numerous case studies. Although retired from her clinical practice she remains the Research and Educational Officer for the Health Professionals in Reflex Therapy, UK.

gunnel.berry1@gmail.com

Notes:

WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia



Romina Ghassemi D C

Romina Ghassemi D.C. BAX-U.com, USA

A new approach to addressing poor-posture-induced musculoskeletal symptomatology from head to toe! An easy approach to early detection and prevention of the underlying cause of degenerative spinal disease

In 2017 patient population's common denominator is not the flu but technology. Prolonged texting, computer use, sitting and driving are causing a rise in loss of time from work, increased pain and an accelerating rate of degenerative spinal joint diseases. In this presentation, you can learn the clinical causes of an unhealthy posture and their relationship to the interruption of neural pathways. You can learn how to evaluate complaints of pain and stiffness using knowledge of biomechanical malfunction and its impact on muscular, skeletal and neural systems. This is a new approach to patient care as seen through the impact of biomechanics. You can learn the basic steps of patient consultation, biomechanical examination and the incorporation of a conservative treatment plan for reducing the underlying causes of spinal symptoms and long term degenerative changes. This workshop is designed to be informative and easy to understand.

Biography

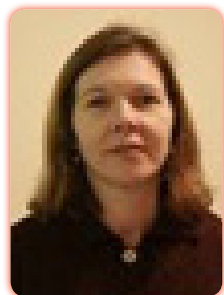
Romina Ghassemi D C has received her Doctorate degree from the University of Applied Health and Sciences, USA in 1995. In 2000, she has obtained her Specialty in Biomechanics and Spinal Correction. During her practice she and her team have helped hundreds of clients achieve spinal correction leading to better posture and health. She is an active speaker on posture awareness and has created a line of home care products to help her patients achieve better posture.

romina009@gmail.com

Notes:

WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia



Deborah Hilton

Deborah Hilton Statistics Online, Australia

The number needed to treat statistic may improve the understanding of likelihood to benefit or be harmed as a result of treatment options?

Statement of the Problem: Physiotherapists utilize evidence-based physiotherapy/medicine principles routinely and hence need to interpret literature and research evidence being outcomes reported in systematic reviews and randomized controlled trials quickly and efficiently. Subsequent decision-making involves using this evidence in conjunction with their professional expertise and experience as it relates to individual patients. Various statistics and summary measures are reported in the literature and outcomes may be continuous or dichotomous in nature and hence reported statistics vary. Commonly calculated statistics include the relative risk, relative risk reduction and absolute risk reduction. The number needed to treat [NNT] statistic is another option that may aide interpretation and this describes the number who need to be treated with the intervention for one to improve whom would not have improved otherwise with control treatment. While reported to varying degrees in the scientific literature more recently it can be efficiently and reliably calculated using one of many downloadable spreadsheets.

Methodology: The Australian Physiotherapy Evidence Database (PEDro) was searched in order to locate a selection of physiotherapy research articles that reported various dichotomous outcomes that could be converted to the NNT statistic for the purpose of this analysis.

Findings: The NNT statistic for nine studies with a PEDro score 6 was calculated using the Internet-based downloadable spreadsheet on the PEDro website. For six studies, the NNT point estimates ranged from 2 to 4 (95% confidence interval 1-10). One study had a NNT of 8, while two other studies produced number needed to harm values.

Conclusion & Significance: The NNT can be calculated quickly and efficiently using Internet-based calculators and/or other decision-making tools, and may be an alternative that provides readily interpretable information to assist in conveying the likely benefits (and/or risks) of treatment to patients.

Biography

Deborah Hilton has qualifications of BPhy and an MPH. Her dissertation was an analysis of the Australian Diabetes Screening Study, and this was published in the Medical Journal of Australia.

deborah.hilton@gmail.com

Notes:



conferenceseries.com



conferenceseries.com
1064th Conference

World Physiotherapists & Physicians Summit

July 24-26, 2017 Melbourne, Australia

Scientific Tracks & Abstracts (Day 2)



WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia

Clinical education: An analysis of clinical reasoning amongst physiotherapy students in Fiji

Venasio Ramabuke

Fiji National University, Fiji

Clinical reasoning is a key competency in any physiotherapy clinical education academic program. A clear and structured thought process informing practice is critical in the clinician's ability to make good decisions. 41 undergraduate physiotherapy students, in their 3rd and 4th year from the Fiji National University were assessed on their ability to make decisions on ill-defined cues via clinical vignettes. The Script Concordance Test (SCT) with the pass mark standardized at one standard deviation from the class mean score was the assessment tool used to analyze diagnostic clinical reasoning in undergraduate physiotherapy students. Third year students demonstrated a mean score of 59.32%±8.03 while the fourth years scored a slightly higher mean score of 64.97%±10.17 in concordance to the reference norms set by the expert clinicians. There were no significant differences between the 3th to 4th year (p value=0.29) and the 3rd year to the expert (p value=0.40) scores. There were also no significant differences in the 4th year to the expert (p value=0.55) scores. Increasing exposure to clinical experience may have had some effect on increasing levels of clinical reasoning but was not significant. An exposure to an environment that allows for harnessing of thinking skills may be more important in leveraging clinical making abilities. Interventions that help students make good decisions is crucial in training them to be good clinicians. The SCT is a valid assessment tool for psychometric analysis of clinical reasoning amongst physiotherapy students.

Biography

Venasio Ramabuke is currently pursuing his Masters of Education from the University of the South Pacific. He is also a Lecturer for the Physiotherapy program at the College of Medicine, Nursing and Health Sciences-Fiji National University. He has completed his Basic Physiotherapy studies at the Fiji School of Medicine in 2001, before completing his Bachelor's degree in Sport and Exercise Science from the University of the Sunshine Coast, Queensland. He has been working as a Clinical Physiotherapist prior to taking up an academic role.

vnsramabuke@yahoo.com.au

Notes:

WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia

A randomized clinical investigation into placing pain spot externally to crossing area of the two currents of interferential therapy on pain

Abulkhair M Beatti¹, Eidan M Alzahran², Tariq Alqahtani³ and Hanan Alsaif³¹Armed Forces Centre for Health Rehabilitation, KSA²Prince Sultan Military College of Health Science, KSA³King Fahd Military Medical Complex, KSA

Statement of the Problem: Interferential therapy (IFT) has been applied in a quadripolar way so that the two currents intersect in the painful area. Clinically, no clear reduction effect of pain has been confirmed with this application method of IFT. Experimentally, the highest voltage of IFT is being induced outside the intersection area of the two used currents. Thus, it is probably true that placing the painful area outside the intersection spot of the two currents would reveal a significant pain reduction which was investigated in this study.

Methodology & Theoretical Orientation: A double-blind placebo-controlled clinical investigation on 168 subjects with sub-acute low back pain subjects was carried out. Participants were randomly assigned to: (1) External IFT (painful spot was at 2 cm outside of the outer borders of the electrodes), (2) Placebo external IFT, (3) Traditional IFT (painful spot was at the crossing area of the two currents), and (4) Placebo traditional IFT. Groups 1 and 3 received 20 min of IFT at 100 Hz and comfortable stimulation intensity. Groups 2 and 4 received sham IFT for 20 min. Before and immediately after IFT session, pain severity, pressure threshold (PPT) and distribution were assessed using visual analogue scale (VAS), algometer and distance from pain source, respectively. Distance from the tip of middle finger to the ground during forward trunk flexion determined range of motion (ROM).

Findings: VAS and ROM improved with all groups, $P < 0.001$ and $P = 0.04$ respectively. No statistical differences appeared between groups, for VAS $P = 0.15-0.95$ and for ROM $P = 0.10-0.83$. True IFTs improved VAS and ROM to same extent. There was a trend of better VAS reduction with true IFTs compared to placebos. Oppositely, PPT and pain distribution did not significantly change with any of the groups, $P = 0.11$ and $P = 0.48$ respectively. Significant statistical difference between groups was in favor of placebo groups; for PPT ($P = 0.01$) and for pain distribution ($P = 0.04$). True IFTs changed PPT and pain distribution closely.

Conclusion & Significance: This study failed to show neither real pain reduction effect of IFT nor difference between traditional and external applications. None of the pain outcome measures assessed here, nor the ROM were affected by IFT. That is because, both true and placebo applications reduced pain and improved the ROM to same extent. However, there was a trend of superiority of true applications to both placebos for reducing pain severity.

Biography

Abulkhair M Beatti is the Director of Armed Forces Centre for Health Rehabilitation and Consultant Physiotherapy, Taif, Saudi Arabia. He is also a Collaborate Lecturer at Dammam University, Saudi Arabia. He has completed his BSc and MSc at King Saud University, Saudi Arabia and a PhD in Physiotherapy at University of Queensland, Australia. His research focuses on the study of various aspects of interferential therapy in the management of pain. His current investigations also relate to elucidating the effect of interferential therapy on pain while using different arrangement of electrodes in relation to the pain spot.

a.beatti@gmail.com

Notes:



conferenceseries.com



conferenceseries.com
1064th Conference

World Physiotherapists & Physicians Summit

July 24-26, 2017 Melbourne, Australia

Workshop (Day 3)



WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia



Erika Cyrus Barker

Santa Paula University, Costa Rica

Prescription of exercise in older adults, physiotherapeutic approach

How to correctly prescribe exercise to elderly population was the problem that needed study. The definition states that, from a functional perspective, a healthy old person is one who is capable of facing the process of change with an adequate level of functional adaptability and personal satisfaction. With advanced age, the older adult can reach a state of vulnerability, fragility, which predates and predisposes the individual to disability and functional dependence, hospitalization and death. The fragility phenotype described by Fried et al. 2001, mentioned by Gine'-Garriga et al., identifies a fragile individual when 3 or more of the following criteria are present; unintentional weight loss, muscle weakness, fatigue or low resistance to small effort, slow gait and low level of physical activity. It constitutes a fundamental decision of the prescription phase of any neuromuscular training program aimed at improving or maintaining health. In addition, the correct analysis or multivariate integration of the exercise selection will allow the identification and progression of the same ones whose motor characteristics are common or very similar and therefore constitute exercises similar and interchangeable with each other to cover the same objectives from the point of view of health and functionality. It is important for the physical therapist to know the essential assessments and goals before prescribing exercise to older adults.

Biography

Erika Cyrus Barker is the Chair Director of Physical Therapy Program, Santa Paula University, Costa Rica and a Physical Therapist with studies in Rehab Sciences. She has completed her PhD in Medical Sciences Research. She has a Master's degree in Functional Rehabilitation of Elderly Population. She is also a Researcher in the field of functional limitations caused by chronic degenerative diseases.

ecyrus@uspsantapaula.com

Notes:



conferenceseries.com



conferenceseries.com
1064th Conference

World Physiotherapists & Physicians Summit

July 24-26, 2017 Melbourne, Australia

Scientific Tracks & Abstracts (Day 3)



WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia

Hazards, menace and consequences of physical inactivity – a global perspective

Subramanian Makeash Babu

Adhiparasakthi College of Physiotherapy, India

Physical inactivity is a term used to identify people who do not get the recommended level of regular physical activity. Physical inactivity has a major health impact on the world. In all developing countries, the levels of inactivity are becoming virtually high. Physical inactivity is the fourth leading risk factor for the global mortality. Globally, around 31% of adults aged 15 and over were insufficiently active in 2008 (men 28% and women 34%) and approximately 3.2 million deaths each year are attributable to insufficient physical activity. Elimination of physical inactivity would remove between 6% and 10% of the major Non Communicable Diseases of Coronary Heart Disease, type 2 diabetes, and breast and colon cancers, and increase life expectancy. In 2008, prevalence of insufficient physical activity was highest in the WHO Region of the Americas and the Eastern Mediterranean Region. Almost 50% of women were insufficiently active, while the prevalence for men was 40% in the Americas and 36% in Eastern Mediterranean.

41 % of men and 48 % of women being insufficiently physically active in high-income countries compared to 18 per cent of men and 21 per cent of women in low-income countries. Various cross-sectional and longitudinal research have established certain positive relationship between participation in moderate-to-vigorous physical activity (PA) and increase in cardiovascular and musculoskeletal fitness, weight management, and reduction of adult-like risk factors such as obesity and high blood pressure for chronic diseases. Adults aged 18–64 should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week or an equivalent combination of moderate- and vigorous-intensity activity. The current levels of physical inactivity are partly due to insufficient participation in physical activity during leisure time and an increase in sedentary behavior during occupational and domestic activities.

Biography

Subramanian Makeash Babu has completed Bachelor of Physiotherapy from The Tamil Nadu Dr M.G.R. Medical University, Chennai and completed Master of Physiotherapy with Specialization - Orthopaedics & Traumatology from Sri Ramachandra University, Chennai, India. Currently he is pursuing PhD. He has been in clinical and teaching Physiotherapy for the past 15 years. Presently he is working as Professor in Adhiparasakthi College of Physiotherapy, Tamil Nadu, India. He has received "Award of Professional Excellence" in 5th National Physiotherapy Conference (2017) Organized by School of Physiotherapy, VELS UNIVERSITY, Chennai, India and had received Dr. M.G. Mokashi "Best Physiotherapist Best Teacher Award" in the National Level Physiotherapy Conference - PHYSIO-CON 2016, Srinagar, India. He is a peer reviewer for the African Journal of Health Sciences since 2008 and has been co-author of research papers for National and International academics. His areas of research interests are Physical Activity, Women's Health, Orthopaedic and Geriatric Rehabilitation.

makeshpt@yahoo.co.in

Notes:

WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia

Influence of upper limb and lower limb exercise in reviving blood pressure in hypertensive patients

Anum Haider Ladak

Memon Medical Institute and Hospital, Pakistan

Background: Hypertension is the leading cardio vascular problem worldwide. Hypertension persist in the patient for a long time without any symptom which results in weakening of coronary vessels. Hypertension is a major risk factor for stroke, neuropathy and coronary artery disease. Increased blood pressure and lack of exercise are strongly associated with each other.

Aim & Objective: The purpose of this study was to explore the effectiveness of lower limb (cycling) and upper limb exercises (arm stretch trainer) in reducing blood pressure in hypertensive patients.

Method: Case control study was performed on 80 participants with the age between 40-60 years. Participants taken for the study were divided into two groups. Group A with 40 participants were receiving upper limb exercises and the Group B with 40 participants were receiving lower limb exercises. Total 10 sessions of both type of exercises were administered.

Result: A statistically significant difference was found in systolic and diastolic pressure before and after the exercises. Systolic blood pressure was reduced to 133.95 ± 4.187 after lower limb exercise and 171.800 ± 5.616 after upper limb exercise. Whereas, diastolic blood pressure was reduced to 84.500 ± 2.83 by using lower limb cycling exercise and 92.27 ± 3.40 by using upper limb exercise. T test result shows p value less than 0.005 of both systolic and diastolic blood pressure.

Conclusion: Both the exercises have impact in reducing blood pressure but patients who want quick recovery should go for lower limb exercises.

Biography

Anum Haider Ladak has completed her MSc from Liaquat National Hospital in Neuro Musculoskeletal Rehabilitation. She is working as a Physiotherapist in Aga Khan Hospital, Pakistan.

anumladak@hotmail.com

Notes:

WORLD PHYSIOTHERAPISTS & PHYSICIANS SUMMIT

July 24-26, 2017 Melbourne, Australia

Role of footwear in plantar fasciitis

Muhammad Usama Khalid

The Pakistan Society for the Rehabilitation of Disabled, Pakistan

Pakistan is a developing country with 29.5% of the people living below poverty line. Habits of the people are largely diversified. There is no availability of footwear for 15% of the people due to financial constraints and cultural habits. Medical practitioners in Pakistan hardly have digital records, but keep written records. I found it very difficult to interview 10 renowned practitioners in Lahore, but when I did, I was satisfied that 20 patients had been treated by these practitioners. The research concludes that one out of 13 patients visiting physiotherapist or orthopedics complaining about pain in the heel, stiffness and restricted range of motion (ROM), medically called plantar fasciitis. Plantar fasciitis is a most common complaint by people with chronic pain under their heels. This was most common in 50% of patients owing to shoes with hard soles, high heels for women, uneven roads, trauma and activities involving weights or in athletes. Plantar fascia is a thick connective tissue (aponeurosis) that supports the arch on the bottom of the foot. It runs from calcaneal tuberosity forward to the head of metatarsal. Due to overuse, plantar fascia can get inflamed. The most common way is to suggest heel pad cushion, slight stretching ultrasonic, cold pack and rest. If not cured, a patient is suggested to use anti-inflammatory drugs. The disease in Lahore is most common among laborers, athletes, diabetics and osteoporotic patients. The disease is most common in women.

Biography

Muhammad Usama Khalid is currently a student of the five year professional degree program of the Doctor of Physical Therapy.

khalidpak284@yahoo.com

Notes: