NATIONAL CONFERENCE OF PHYSICAL THERAPY

Mumbai- 2017

"From Glorious Past Towards Challenging Future: The Mission, Policy, Reforms".

NCPT

16th & 17th Dec 2017

CIDCO EXHIBITION & CONVENTION CENTRE, VASHI, NAVI MUMBAI

DIAMOND PARTNER: VISSCO Comforting Pain Since 1963

DIAMOND TECHNOLOGY PARTNER: MaRhyThe Matrix-Rhythmus-Therapie

GOLD PARTNER: Johari digital www.joharidigital.com

SILVER PARTNER: VIONIC THE SCIENCE OF STYLE

CLINICAL PARTNER: GB Gajanan Bhalerao's School of Neuro Rehab and Aquatic Therapy

KNOWLEDGE PARTNER: terna Knowledge to Empower

SUPPORT PARTNERS

A brand by: Dr. Piyush Jain G-XTREME KINESIOLOGY TAPE & IASTM TOOLS

Maharashtra Physiotherapist MAHA PHYSIO

PREF

NASHIK PHYSIOTHERAPISTS' ASSOCIATION

PROGRESSIVE PHYSIOTHERAPY SOCIETY NAGPUR

Immediate Effect of Matrix Rhythm Therapy in Migraine without Aura In Terms Of Pain and Quality Of Life: An Experimental Study

Varunnaik Assistant Professor, Kleu Institute Of Physiotherapy, Belagavi

Background: migraine is a primary type of headache globally affecting around 15% of population. Prognosis of the condition remains variable and no well-documented treatment protocol in physiotherapy is established. Matrix rhythm therapy (mrt) is the recent advancement in the field of physiotherapy with dimensions of pain relief and restricted range of motion.

Objectives:

1. To determine the effectiveness of matrix rhythm therapy in migraine in terms of pain intensity (visual analogue scale) and quality of life(MIDAS)
2. To determine the effectiveness of matrix rhythm therapy after a week in migraine in terms of pain and quality of life

Methodology:

Source of data: Niramay Physiotherapy Centre, Hanuman Nagar Circle, Hanuman Nagar, Belagavi

Method of collection of data (including sampling procedure if any):

Study design: experimental study

Sample size: 16 participants

Duration of data collection: 3 months

Sampling methods: convenience sampling

Results: analysis yet to be calculated

Conclusion: waiting

Effectiveness of matrix rhythm therapy in post traumatic post operative knee injuries

Dr. Neha Pelapkar, M.P.Th (Physiotherapist), Pune, India

Statement of the problem: now a days due to urbanisation and modern lifestyle, there is increased incidence of lower limb injuries. Usually these are been treated by orthopaedic surgeons. If they are of severe nature they are been operated and then referred to physiotherapist for post operative management. Once the patient is with physiotherapist, they face certain challenges in the form of post operative pain, swelling ect. Purpose of this study is to observe effectiveness of matrix rhythm therapy in post traumatic post operative knee injuries. Matrix rhythm therapy (marhythe) is derived from fundamental research of Dr. Randoll, Germany. This therapy is based on principle of readapting physiological resonance (coherence) of musculoskeletal system. Optimizing microcirculation and logistics at cellular level.

Methodology and theoretical orientation: We treated 3 subjects with post operative post traumatic injuries. The site of injury was mainly involving knee joint. All the subjects were ranging in age group of 20-40. All of them had suffered injuries due to road traffic accident. All subjects had restriction in knee flexion as well as knee extension pre therapy. All subjects were evaluated on the basis of pain (vas), which was 7/10 before starting the therapy and range of motion. They received matrix rhythm therapy in and around the area of knee joint.

Results: All the subjects had improved in the knee range of motion, in flexion (130) and extension (0). The vas post therapy reduced upto 2/10. Rate of recovery was faster (2-4 weeks) than usual time of rehabilitation.

Conclusion: Matrix rhythm therapy is one of the effective method to rehabilitate the patients with post traumatic post operative knee injuries. This is one of the advance therapy used in the field of medicine.

Case	Problem	Approach	Number of sessions	Results
Case 1	• Multiligament complex injury • Surgery in 2 stages	• Back • Hamstrings • quadriceps • itb • calf	7 sessions	Knee ROM 10-120 in relatively less painful way Results in 8 weeks duration
Case 2	• Hefty patient • persistent pain post one year of surgery	• Back • hamstrings • itb • calf	2 sessions	Results in 2 sessions vs predicted 4 sessions
Case 3	• 1-1/2 month post acl reconstruction, restricted ROM	• Hamstrings • Quadricepts	1 session	Painfree increase of ROM only in 1 session

A study on matrix rhythm therapy versus myofascial release and kinesio taping on upper trapezius trigger points: a pilot study

Marika Mattos*, Gaurang Baxi, Tushar J. Palekar
Intern, Dr. D.Y. Patil College Of Physiotherapy, Pimpri, Pune-411018

Background: Myofascial pain is defined as pain which comes from MTrps in muscle that are considered as hyperirritable spot located within a taut band of skeletal muscle. Mtrps are distinctive places in the muscle, with a marked with the discrete focal inflammation; they are high sensitivity palpable, perceptible in the course of the muscle fibers as small bumps, lumps, and nodules. Matrix rhythm therapy (mrt) works on normalizing the oscillating frequency of the cells (8-12hz) and improving supply of oxygenated blood and nutrition through the extra cellular matrix. Myofascial release (mfr) focuses on soft tissue that is tight or in spasm and by releasing the spasm or adhesions in turn reduce pain. Kinesio taping (kt) works by (1) increasing local circulation (2) reducing local edema by decreasing exudative substances, (3) improving circulation of blood.

Objective

- To find the effect of MRT on upper trapezius trigger points.
- To find the effect of MFR and KT on upper trapezius trigger points.
- To compare effects of MRT versus MFR and KT on upper trapezius trigger points.

Method: Subjects were randomly selected from those who complain of neck pain. They were randomly divided into two groups. Group a receive DMRT for 20 minutes on trigger points and group b was treated with MFR and KT for 20 minutes. Patients were assessed pre and post treatment on the basis of vas and cervical ROM for lateral flexion bilaterally. Patients in the group a were treated with mrt for 20 minutes on the trigger points for 3 alternate days. In group b patients were treated with MFR and KT which was left on for 48 hours, for 3 alternate days.

Result: MRT showed improvements for pain on VAS approximately 4.8 as compared to MFR and KT approximately 4.5 and increased ROM for lateral cervical flexion rt. approximately 3.4cm, lt. approximately 4.3cm as compared to MFR and KT rt. approximately 2.4cm, lt. approximately 2.6cm for upper trapezius triggered points.

Conclusion: MRT showed better result than MFR and KT on upper trapezius trigger points for pain and cervical lateral flexion.

Investigation on Chosen Physical Fitness Characteristics Among Female Veteran Basketball Players

*Anila Paul[1], Professor, Noble Sunny[2], Assistant Professor. Medical Trust Institute of Medical Sciences, College of Physiotherapy, Irum panam, Kochi, Kerala. 682309

Background: There are no literatures available on physical fitness characteristics among veteran basketball players. This study explored physical fitness characteristics of former professional basketball players who were actively involved in national and international games. Thus, aiming to gather information on challenges related to physical fitness among female veteran basket ball players.
Objective: To explore chosen physical fitness characteristics among female veteran basket ball players
Methodology: This cross sectional study with purposive sampling technique included twenty seven veteran female basketball players who participated voluntarily. Each player was assessed for anthropometric measurements and physical fitness parameters like, VO_2 max, Lower limb Flexibility, muscle endurance, balance, agility and body composition during "Rebound-2017" – a gathering of former national and international basketball players from all over the country at Kochi. Demographic data, body mass index and body fat percentage were assessed. Aerobic fitness was assessed with quarter mile walk test, flexibility with sit and reach box test, muscle endurance with sit to stand test, balance with single leg stance test and agility with T test. Statistical analysis was performed with descriptive statistics using SPSS and compared with existing normative values available in the literature.
Results: Twenty seven female veteran basketball players with mean age 49.89 (± 5.24) voluntarily participated in present study. Mean VO_2 max was 40.03 (±6.05), flexibility 26.19 (±7.26), endurance 14.35 (±3.6), balance on preferred foot 12.96 (±10.44), agility 19.11 (±3.65) and body fat percentage 38.05 (±4.3).
Conclusion: The findings of this study indicated reduced physical fitness level of chosen parameters among veteran female basketball players. The results suggest the need of maintenance of fitness through proper exercises. It throws light on the future challenges on physical fitness of present professional basketball players.